



NEWSLETTER

THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

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JUNE 2020

CANCELLATION OF THE SUMMER LUNCHEON

We regret to inform you that, due to Covid-19, the Board of Directors has agreed to suspend our Summer Luncheon for this year. It is especially unfortunate because, since the Association was created, the annual Summer Luncheons have offered us a way to meet face-to-face with our colleagues and friends. And on some occasions, as was the case this year, invited guests have come to inform us on different topics of interest. We hope everyone will stay well and safe, taking the necessary precautions and following the rules to avoid unnecessary contagions.



Keeping physical distance reduces the risk of contagion

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CANCELLATION OF THE BIENNIAL INTERNATIONAL REUNION

Due to Covid-19, the AFSM Board of Directors agreed to cancel plans for the International Meeting that has been held every two years in different countries of the Region. This year the Meeting had been planned in Punta Leona, Costa Rica, and we hope to re-program it when the situation permits.

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At some point this Newsletter will only be available to AFSM members. Not a member? Apply to be a member using the Registration Form: <https://www.afsmpaho.com/copy-of-documents>

AFSM In the time of Covid-19
(With apologies to Gabriel García Márquez)

By Hernán Rosenberg

During normal times we are used to reading in this newsletter pages information that provides us reasons we have for belonging to our Association. These include:



- Social aspects - like meeting friends, finding out about former colleagues as well as those who have left us (obituaries are the most read section of our newsletter), or maintaining contact information of all the members to facilitate contacts
- Labor union type information - like monitoring updates on the pension fund and health insurance
- Useful personal information - such as that related to healthy lifestyles for older adults
- Institutional news - information on what is happening at PAHO and WHO
- Solidarity - supporting former colleagues or their descendants on a variety of topics such as health, bureaucracy, or simple company. Support appeals with insurance for people who request it

That is what happened in normal times, but unfortunately, we are not living normal times.

- We face the worst global public health crisis in history. Not only do we have a virus that does not respect borders, but additionally we have as yet no cure, there is no vaccine, and it especially affects those of our age. This has forced us to severely adjust our lifestyle, with quarantines, social distancing and other preventive measures, which are the only practices we can use to avoid the contagion while we wait to find a vaccine or effective medicines.

- Difficult as this period has been, everything seems to indicate that the process of reopening the economy when the health aspects are stabilized, will be even longer and more complicated.
- Our beloved PAHO is going through one of its worst financial moments due to the lack of payment of quotas by some countries. If extreme measures are not taken, the organization could become insolvent by September.

In this scenario, it is extremely important to reinforce AFSM's standing up to protect former staff. Although we have a separate health insurance, former UN officials (AFICS) are mobilizing to avoid damaging changes to their insurance. This could "inspire" similar measures in ours.

And how are former staff defended? With numbers! When we have had the support of our members, we have accomplished things, such as gaining reimbursement for the premiums paid for US national health insurance (Medicare) for those living in the US. And some have wondered what use that is to them if they don't live in that country? It has been estimated that the savings for PAHO/WHO health insurance will be in the millions of dollars over time. This reduces pressure on the health insurance system and prevents premium increases for all participants, no matter where they live. This change in insurance would have been impossible without the active intervention of AFSM.

AFSM has supported PAHO and the UN Pension Fund in locating former staff who have not sent in their certificates of authenticity, necessary to ensure that they continue to receive their pension. This effort would have been much more efficient, and the problems would have been solved faster if the affected people had been members of AFSM with their information up-to-date, since we had an enormous job to do in order to locate some missing people, including more than 100 hours of painstaking work and contact with relevant PWRs.

And the list goes on. But it seems obvious how important it is for AFSM to fully represent the largest number of former staff (not just retirees), both to ensure the continuance of existing services as well as to support our members in the changing world we will face.

So we urge you to pass this message on to your friends and acquaintances who are not members but who qualify for membership and invite them to sign up.¹ Some

¹ The registration of a new member can be done by mail or electronically using the Registration form, found on our website, <https://www.afsmpaho.com/copy-of-documents>

participate in AFICS, which is excellent, but it does not cover all the needs of former PAHO staff, such as health insurance. In addition, there is a significant discount on registration fees for those who belong to both organizations.

But the most important thing is to invite all of you to participate more actively in our activities, both regionally and in the country where you are living. The new reality requires adjusting to and being creative with the scheduling of activities. Please contact us with your needs and ideas at: https://www.afsmpaho.com/form_map.

We are here to serve you. **N**

Welcome to new AFSM members

From USA

Joann Cussianovich - Stuart,
Florida

Adu-Krow Williams –
Montebello, New York

From Other Countries

Adrianus Vlugman – St. Georges, Barbados

Irene Leal – Viña del Mar, Chile

Hilda Leal de Molina – San José Pinula,
Guatemala

Hedwig Goede – Paramaribo, Suriname

Roberto Salvatella Agrelo – Montevideo,
Uruguay

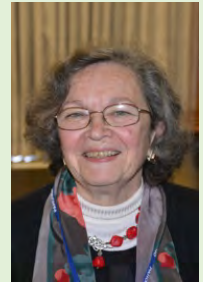
Health and Pension Update

By Carol Collado

Health

Covid -19

Let us start today with the elephant in the room: COVID-19. For the past several months all of us have been dealing with this pandemic situation. In our last newsletter we identified the restrictions we are facing in our normal lifestyles, and we cautioned everyone about not falling for the many false information sources on the Internet. There have been many. Let's review what we do know:



- COVID-19 is recognized as a virulent, fast acting and deadly virus which has manifested a number of variations or mutations in the 6 months that scientists have been following it.
- Every day we are learning more about this virus and the way it acts, however, we have only basic information, making a quick answer for a cure, effective treatment or a vaccine to be readily available and accessible to all impossible.
- Many of the world's governments put in place policies for social distancing. The purpose of this has been widely misunderstood. When the first waves of seriously ill patients were being admitted to hospitals, these institutions were unprepared, and they could not handle the mounting quantity of seriously ill patients. Social distancing was a means to give the hospitals an opportunity to have equipment and policies in place to deal with this new threat. A reduced number of cases or the leveling of the expected curve of incidence enabled institutions to better provide services needed. Manufacturing changed priorities to produce material and equipment needed, and institutions and governments responded. It worked. Numbers of cases stopped the very quick ascent and, in most cases, leveled off due to the lack of person to person contact.
- Due to the social distancing, "stay at home" policies, both individuals, businesses and the larger country and global economies took a direct hit. At this point, we are not sure what the long-term results will be, but most experts believe that there will be significant lifestyle changes in both personal and general spheres.

Having at least contained the new transmissions to a relative plateau, many authorities are anxious to begin the 'recovery stages' to minimize negative economic effects. It is critical that this be carried out with caution. Containing the curve's rapid increase does not mean that the virus has gone away and renewing our normal social contacts without caution could lead to a second even more disastrous wave of infections. WHO has provided countries with guidelines as to how each recovery stage should be implemented, citing

milestones which should be reached. Each government must consider how to proceed, and more than one has tried to implement the recovery too fast, with the result that they have had significant case increases and have had to backtrack. Caution must be observed. Please remember social distancing, mask use and washing your hands. Stay safe!

Because human beings are social animals, many are now dealing with the problems brought about by the social distancing: apathy, depression, feeling disconnected from loved ones, anxiety, or the simple 'cabin fever'...the need to get out and resume 'normal' activities. The length of the social distancing has come as a surprise to many. If you have not yet begun a health promoting regimen doing some form of healthy activity (walking, exercises, etc.), it is time to consider starting this. However, in addition, everyone should try and incorporate daily mental stimulation activities (doing puzzles or crosswords, meditation, reading and discussing, or similar activities).

All of us are, because of advanced years, considered as a population at risk. In addition, many have acquired additional underlying conditions, such as hypertension or diabetes, which increase the risk. Basically, the risk is of having serious complications and considerable chances of dying should we contract the disease. Please remember this and pass the word on to your loved ones. Better to stay safe than sorry!

The official WHO and PAHO information sites are:

WHO <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

PAHO <https://www.paho.org/en>

For those interested in the latest, WHO conducts a press conference on the topic every Monday, Wednesday and Friday at 3pm GMT

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Other SHI news

Good News: You will remember that we were hoping to have the 2% health insurance increase absorbed by the organization instead of participants for 2020, and it was delayed because the DG wanted additional information? The information has now been provided and it looks as though we will see that change in 2021.

Having said that, please remember that, as a self-insured agency, it is each person's responsibility to monitor costs so that we do not face either benefit cuts or additional increases in premiums. One enterprising participant reported this month that he had been ordering his meds through the contractor by mail since that had been sold as a cost-cutting measure. Imagine his surprise when, due to a chance happening, he found the same pharmaceutical at 30% less cost at his local pharmacy! If not an emergency, it is good practice to call around and seek comparative costs for services. Even in situations where there is a network involved, such as Aetna in the US, there can be great differences within the approved providers, especially for contracted services such as lab work or pharmacy benefits.

For the most part, SHI Online has functioned well since its inauguration. We are concerned, however, that only a small percentage of the retirees in this Region have registered. As I am sure you all know, online submission makes processing considerably faster and especially with social distancing and the close of the PAHO offices, this is an important consideration. At present, when claims arrive in paper to the WDC office, a designated person goes by the mailroom once a week to collect and begin processing them. Add to that the delays which may occur in the country offices and the use of the pouch system, and you are probably looking at a month for processing, at least. AFSM is aware that perhaps many of you have not registered due to unfamiliarity with how to file claims on the computer. We are fully committed to trying to support those who require assistance, and in some countries there have been volunteers who have been helping on an individual basis those who have requested assistance. We would be happy to help in this process and welcome suggestions as to how you would like to see this developed. For example, once social distancing has opened, would conducting a hands-on class with practice be helpful? Or would making available educational material to you, other than that already on our website, help you to advance in this respect? (<https://www.afsmpaho.com/copy-of-documents>) Do let us know how AFSM can make this a reality for each of you.

An updated list is available, by country, of the hospitals with contracts with PAHO/WHO that recognize our insurance cards, on the AFSM website (<https://www.afsmpaho.com/copy-of-documents>) under Documents.

Pension

We last reported that there were over 100 Certificates of Entitlement (CE) in the Region of the Americas that had not been returned to the Pension Fund, and therefore this participant would be cut off from receiving his or her pension. Reinstatement is a lengthy process, causing severe economic difficulties for the person. We were able to locate all of the missing PAHO/WHO CEs, except for 14. This year, due to the closing of the UN in New York due to corona virus measures, the UNJSPF has sent the notices out in to the USA in mid June. Sending to other countries will be in a phased in process with UNJSPF trying to adjust for the pandemic related difficulties faced by many. Once received, please be vigilant and return yours as soon as possible to avoid being lost. UNJSPF will only accept a signed original document, it cannot be faxed, emailed or sent by other means. There are different addresses for these to be sent, according to the type of postal service used:

If documents are sent by regular postal mail:

United Nations Joint Staff Pension Fund
c/o United Nations
P.O. Box 5036
New York, NY 10163-5036 USA

If documents are sent by express courier (DHL, FedEx, etc.) or registered mail:

United Nations Joint Staff Pension Fund
37th floor, 1 DHP

885 Second Avenue
New York, NY 10017 USA

If you have signed up for a Member Self-Service (MSS) account at UNJSPF you can sign in and download an original copy of your CE from that site, sign and return it if you not receive it in the mail. You can also confirm that the UNJSPF has received your CE on MSS (usually about 6 weeks after mailing).

Those of you with doubtful or no postal systems will be happy to know that the UNJSPF process to digitize the CE has passed the first phase and has now entered into a controlled pilot with the World Food Program. This involves using digital identity and Blockchain¹ technologies to automate the Certificate of Entitlement process with secure mechanisms that create traceable, immutable, and independently auditable evidence. We will be following this as the pilot progresses.

We hope everyone is enjoying their cost of living increase, which was effective as of April, and has noted that the deduction for health insurance has now stabilized. Member Self-Service accounts have now been updated with the 2019 information.

Since the last Newsletter, there was an initially distressing episode with partial information which went out under an erroneous title of the Director of UNJSPF resigning. We investigated and provided you pertinent information through our blast message feature. Our pension fund is in a good financial position. We will continue to monitor this and other such incidents so that you have the latest information and can rest secure.

Jamaica and Uruguay have been added to the list of countries with toll free numbers to contact the UNJSPF. The full list can be found at <https://www.unjspf.org/toll-free-numbers/>

The Fund has also created a site to answer Covid related questions: <https://www.unjspf.org/covid-19-and-the-unjspf-your-frequently-asked-questions-answered/>

In closing, please know that AFSM is aware of the importance that prompt receipt of your pension as well as claim processing in health care are critical to everyone's well-being. These are uncharted times and we and our organizations are working hard to find acceptable forms of continuing to serve us as the pandemic changes our ways of doing almost everything. Be assured that we are, keeping our fingers on the pulses of what is happening in this regard and, as always, will keep you informed as we learn more. **N**

¹Blockchain is a growing list of records, called *blocks*, that are linked using cryptography. Each block contains a cryptographic hash of the previous block, a timestamp, and transaction data. By design, a blockchain is resistant to modification of the data.

Staying Connected and Physically Active in the Time of COVID-19

By Gloria A. Coe



On 12 May 2020, Bill Gates reflecting over the previous five years, recalled how he had warned “the biggest potential killer the world faced wasn’t war, but a pandemic.” And yet, we were not prepared.¹ Today, older adults who Live and Love in the Time of COVID-19, face tremendous challenges, not least of these are to be safe, self-isolate, maintain physical distance, and above all else, improve our health through engaging socially across the abyss of loneliness and to exercise each day.

Social connections of older adults are challenging, especially for those living in the United States. A recent publication *Social Isolation and Loneliness in Older Adults*, highlights data indicating 35% of adults 45 years and older and 43% of those 60 and older report feeling lonely. A May 2020 article in Lancet stresses “social disconnection puts older adults at greater risk of depression and anxiety.”²

COVID-19 AND SOCIAL CONTACT

In the age of COVID-19 loneliness might be inevitable as we self-isolate and practice physical distancing. Loneliness can become embedded in solidarity since we are all (including our family) motivated by love and the desire to safeguard older adults from Coronavirus. Recognizing older adults will probably self-isolate for an exceptionally long time we must now choose to reach out and be socially active in different ways than before and reduce the psychological effects of loneliness.³

Among these new ways, phone and online connections become key:

- Call or contact neighbors and friends to see how they are doing, ensure they are well, discussing family and recent events.
- Engage in projects you have always wanted to do a high priority. For instance, reviewing, organizing, identifying family pictures, preparing family albums, documenting family heirlooms, preparing family genealogy, writing the family history, among others.

¹ Huddleston Jr T. Bill Gates: ‘I wish I had done more’ to call attention to pandemic danger. Make It, Power Players, CNBC May 12, 2020: <https://www.cnbc.com/2020/05/12/bill-gates-wishes-hed-done-more-to-warn-about-pandemic-danger.html>

² Armitage R, Nellums LB. COVID-19 and the consequences of isolating the elderly. The Lancet Public Health, Vol 5, Issue 5, E256, May 01, 2020: [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(20\)30061-X/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30061-X/fulltext)

³ Arbaje A. Coronavirus and COVID-19: Caregiving for the Elderly. John Hopkins Medicine: Health, Infectious Diseases; 2020. <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-caregiving-for-the-elderly>

- Attend online virtual meetings such as church services, concerts, lectures, among others.⁴
- Find free online courses

COVID-19: TECHNOLOGY BREAKS THROUGH LONELINESS

In normal times there is no substitute for human touch: holding hands, embracing, wonderful big bear hugs. However, living and loving in the Times of COVID-19 require new strategies.

Key to reinforcing and extending our social circle is using computer technology to connect with friends and family and expand our social contacts. Linda Fried, Dean of the Mailman School of Public Health of Columbia University, indicates “There’s clear evidence across a number of studies that older adults do well with being online if they see a utility to it.”⁵ A 2017 study by “Pew research found that 77% of older adults needed assistance when it came to learning how to use technology.”⁶ Many of us who do not know how to use the technology are asking for help.

COVID-19 AND EXERCISE

The University of Oxford Centre for Evidence-Based Medicine undertook a rapid review of research focusing on “frailty in people who were previously mobile but are now house-bound due to Covid-19 isolation”. The published article focused on how to minimize developing frailty, maximize mobility, and emphasized four key messages:⁷

1. There is clear evidence that exercise “can improve mobility, prevent frailty, prevent falls and improve or maintain functional ability.”
2. A mixture of resistance, strength and balancing exercises are most effective.
3. Including social activities may improve commitment to exercise and reduce the risk of depression and anxiety that may worsen frailty.
4. Technology may strengthen exercise programs via, for instance, internet, video games, media broadcasts, or phone calls.

Although we recognize some older adults may need to limit their exercise program due to preconditions, our focus is on adults who were previously active before COVID-19.

The British Geriatrics Society stressed in a recent article:

Lockdown and social distancing measures, meant to protect vulnerable older people from COVID-19, have led to dangerously low levels of physical activity. If not addressed as a matter of urgency this will prove to be detrimental to their physical and mental health. For many older people, reduced levels of fitness will likely result in a loss of independence and an increased need for medical treatment in the future.⁸ [emphasis added]

⁴ In the greater DC area: Washington National Cathedral <https://cathedral.org/online>. Metropolitan Opera: <https://www.metopera.org/user-information/nightly-met-opera-streams/>. The InterAmerican Dialogue: Leadership for the Americas: <https://www.thedialogue.org/>.

⁵ Silberner J. In a time of distancing due to coronavirus, the health threat of loneliness looms. STAT, Mar 28, 2020: <https://www.statnews.com/2020/03/28/coronavirus-isolation-loneliness-health/>

⁶ Anderson M, Perrin W. Technology use among seniors. Pew Research Center: Internet & Technology. <https://www.pewresearch.org/internet/2017/05/17/technology-use-among-seniors/>

⁷ Hartman-Boyce J, Davies N, Frost R, Bussey J, Park S. Centre for Evidence-Based Medicine, University of Oxford. 3/20&27/2020. <https://www.cebm.net/covid-19/maximising-mobility-in-the-older-people-when-isolated-with-covid-19/>

⁸ British Geriatrics Society. Protecting older people from COVID-19 must not come at the expense of their health and wellbeing. Medical press, May 15, 2020: <https://medicalxpress.com/news/2020-05-older-people-covid-expense-health.html>

The journal *Brain, Behavior and Immunity* focusing on isolation and distancing laments their effects “on our daily activity and exercise routines.” The article focuses on the “case for staying active during the COVID-19 pandemic” emphasizes regular “physical activity exerts a multitude of beneficial health effects but, perhaps more importantly during this pandemic, is its ability to enhance immune defense.”⁹

The immune defense system can reduce the severity of coronavirus. Strengthening the immune system is achieved by:

- Daily exercise
- Sleep
- Stress-relieving routines
- Healthy diet of fresh fruits and vegetables, whole grains, fatty fish, nuts, and olive oil providing large amounts of vitamins A, B2, B6, B12, C, D, and E.¹⁰

The National Institute on Aging of the National Institutes of Health (NIA/NIH), in its website demonstrates older adults doing four types of mutually reinforcing exercises: endurance, strength, balance and flexibility.¹¹

Vivifrail, developed in Spain by a specialist in the physiology of exercise, was designed to prevent fragility and falls in older adults. Vivifrail is part of the Health Promotion and Quality of Life program in the European Union; in Spain it is disseminated by the Ministry of Health and Consumer Affairs.¹²

On the internet, there are hundreds of exercise programs for older adults, in English and Spanish, of varying lengths of time, for different ages, and they are free.¹³ In general, they are safe and well done.

Almost 2000 years ago, the Roman poet, born in Calatayud, Spain wrote: “Life is not merely being alive, but being well.” Being alive and well during the Time of COVID-19 requires each of us to be socially connected with family and friends and to exercise each day.

Wishing you good health, that you stay safe, and above all else, please stay in touch by contacting us at: https://www.afsmpaho.com/form_map. **N**

⁹ Simpson RJ, Katsanis E. The immunological case for staying active during the COVID-19 pandemic. *Brain, Behavior, and Immunity*, April 18, 2020: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7165095/>

¹⁰ Thomas L. How to boost your immune system to fight coronavirus. *News Medical Life Sciences*. Mar 31, 2020: <https://www.news-medical.net/news/20200331/How-to-boost-your-immune-system-to-fight-coronavirus.aspx>

¹¹ National Institute on Aging. Four Types of Exercise Can Improve Your Health and Physical Ability. <https://www.nia.nih.gov/health/four-types-exercise-can-improve-your-health-and-physical-ability>

¹² Vivifrail: <http://vivifrail.com/>, For English, click on the flag of the United Kingdom

¹³ For instance, google: older adult exercise videos

How Then Shall We Live?

A Personal Reflection about Corona Virus Pandemic

*By Sumedha Mona Khanna
(A concerned human being)*



April 2020 was the cruelest month in history. Life has changed as we know it. We are changed utterly. We are learning that we can live without many things - such as going to movies, meeting friends in a bar or a restaurant to just chat, hugging and touching family and loved ones - but the most cruel of all is not being able to hold hands or comfort our dying loved ones; not being able to say proper goodbyes; not attending funerals; not able to touch and express sympathy.

Last Christmas, April was unimaginable. Now we don't even know if we will gather at Christmas again with loved ones. We can take nothing for granted.

We have no summer plans. In fact, we have no Plans, only Hope.

Corona virus has dominated the entire world.

For the first time, in this life, the entire humanity is locked in – locked in their homes, communities; in their towns, in their countries. The streets are empty; the huge glamorous shopping malls are vacant - all shops closed; the airports normally bustling with life are now empty - hardly anyone is travelling, and many countries have closed their borders. Even driving from one community to another or from one state to another is blocked. Everyone is afraid of spreading or contracting the virus.

How can an enemy that we cannot even see take over the entire world? It's like a world war, but no one sees the enemy; no one has any war tools to kill or even attack this enemy - and everyone is afraid. Fear has taken over.

No one knows how it came or where it goes; how it attacks; where and how to find it; how to fight with it; how to kill it or stop it. The entire knowledge that the world has acquired over the last 100 years or so is useless to deal with it or even understand it.

Yet, it is spreading fast, attacking whenever and wherever it wants and killing so many. It is vicious, strong, virulent. If we can't even see it, then we can't touch it, we can't stop it or kill it. The entire humanity is baffled, helpless and caught in its grip.

One begins to wonder:

What is it showing us?

What is it teaching us?

That the entire world: all of technology, the expansive expertise, the futuristic thinkers, the philosophers, the intellectuals, the financiers, the political leaders – they are all helpless and mostly clueless in the face of this *Invisible Enemy*. Although it cannot be seen, it attacks anyone who is available and willing to provide it transportation, though we do know that it can't fly or travel on its own; it needs us for its movement and we help it to move easily from one of us to another.

As of July 4th, overall, more than 11 million people have been affected and over 530,000 deaths. Already there are over 3 million cases in the United States with more than 130,000 deaths. More people here have died in just over a month than in the Vietnam War that lasted over two decades. Unfathomable!

And this calamity has not been caused by humans - or has it? We don't have clear answers to that; what we have are mostly speculations about its origin, or how it spreads. There are many theories, rumors, fake news, or maybe even some accurate information, but to date most of it cannot be verified. Maybe one day we shall know - may be if there is courage.

Currently, the TRUTH is that no one knows for sure, so no one knows how to deal with it. As yet, there is no cure, no uniform treatment. Countermeasures to prevent the spread of COVID-19 are all non-medical: avoiding public gatherings, sheltering in place, social distancing, wearing masks (and gloves) and washing one's hands frequently. And it is up to us to practice them.

SOCIAL-DISTANCING is a new word we have all learned. Never before have people across the entire world had to be kept in place.

SHELTER-IN-PLACE is another new term we are learning. Simply put, it means we are prisoners in our own homes.

This is not Normal for human beings. Now we are talking about -THE NEW NORMAL - and no one has a clue about what this New Normal is about. What is it going to look like? We are seeing it or envisioning it with the eyes of what we are understanding is *Normal*:

1. Increasing inequality between rich and poor, between the have and have-nots.
2. Over-consumption – acquiring more of everything.
3. No regard for pollution that we are creating in the environment.
4. Climate changes and unpredictability that we seem to have become adjusted to as Normal.
5. Overuse of technology that is also creating social isolation and social distancing that we do not seem to realize because the technology gives us an illusion of being connected.
6. Changing/declining family structures and connections.

7. Isolation of seniors/elders from the intergenerational families into so-called “Senior Facilities” or Continuing Care Facilities. Has our longevity become a burden for us and for our families and society?
8. Education systems that are not adequately preparing younger generations for this changing world situation. They too will grow older one day, so what can they learn from their elders?
9. Declining social support systems – there are more people isolated than ever before.
10. Increasing social indifference or apathy, limited social engagement and at a more personal level less time for personal and spiritual growth.

This is the NOW NORMAL.

NO WONDER WE NEED A NEW NORMAL IF HUMANITY HAS TO SURVIVE ANOTHER DECADE.

Is the Corona Virus pandemic creating a shift in our consciousness about life? I hope so.

AND THE QUESTION WE ALL NEED TO ASK IS: “HOW THEN SHALL WE LIVE”?

This will require Creative Consciousness and our Vision of Life based on new Values which include:

- One World
- Interdependence
- Unity of All Life on this planet
- Our Resources are not Unlimited
- Conservation
- Equity - Sharing the wealth
- Respect
- Humility
- Gratitude
- Removal of Greed
- Removal of Hate - seeking peace not wars

We need to change our Worldview from Perception to Possibility. And we need New, Creative and Progressive Leadership at all levels.

I hope that the world will engage in a discussion - based on real soul-searching at personal, family, community, national and international levels, about:

What Really matters for the Humanity? *What changes do we need to make at Personal, Family, Community, National and International levels.?*

Let us engage in these dialogues and talk about HOW CAN THE MOST NEEDED CHANGES BE BROUGHT ABOUT.

The Question is:

Do we engage in these dialogues at each level to bring about the needed changes?

Or

Do we just return to the Same Old, once the world reopens?

WILL LIFE EVER BE THE SAME AGAIN? N

In Memoriam

DEATHS INFORMED IN 2020 NOT PREVIOUSLY REPORTED

Dora Isabel Alberti de Vera Ocampo	30 December, 2014
Celia Carrillo Romero	21 March, 2020
Luz María Silva Rosas	25 March, 2020
Astrid Ohanian	28 March, 2020
Guillermo Dávila	29 March, 2020
Anthony Piel	6 April, 2020
Joao Luis Alvarenga	19 April, 2020
Helena Berry Morelli	22 April, 2020
Kam Mung	27 April, 2020
Antonio Pío	29 April, 2020
Ana María Estévez	10 May, 2020
Jorge Castellanos	15 May, 2020
Halmond Dyer	19 June, 2020
Luz María Rivera de Giraldo	26 June, 2020

Techno-Tips: Somebody could be spying on me¹

By Antonio Hernández



This is neither the title of the next thriller nor an urban legend going around. This is a real-life threat resulting from the use of smart devices with cameras, mainly computers, tablets, and phones. While I am working on the computer, a hacker or cybercriminal has the potential to watch and hear me, even though I might not be using the camera or microphone. This is true for the more common operating systems in both Android and Windows.

How do they do it? First, they try to find a way to insert malicious “malware” software into your device. Malware is a type of trojan² program from the family of Remote Administration Trojan (RAT) computer virus programs. Once installed, the cybercriminal can take control of the device and activate the camera and the microphone, unbeknownst to you. This phenomenon is prevalent in devices and programs that are designed more for functionality than for security. It is the price we pay for having access to user-friendly technologies at an acceptable cost.

How can I lower the risk of an intrusion? There are several recommendations to be followed in order to avoid intrusions:

- Cover the camera in your device. Use an adhesive tape or, better yet, get a specially designed window or shade to blind the camera. It costs no more than a couple of dollars. I have added this to all my devices and a “good practice” is to keep it closed when the camera is not in use. In video conferences and face-time communications, I open it only when I am sure I am with a trusted person or group at the other end. This also protects your privacy and lets you avoid uncomfortable situations.

¹ This article was written based on an article published in the Colombian newspaper El Tiempo, on June 18th 2020

² Called trojan for the mythological Trojan Horse

- Be aware of the programs and Apps that you download into your devices, especially the FREE ones. Try to verify the source or company of the program or check comments and reviews for the product, written by the public. Always download programs from the official company site.
- In the programs and Apps you download, especially the FREE ones, always read the “Fine Print” before installing. You will be surprised by all authorizations you are giving for the use of your information. One quite common feature used with mobile platforms like cellular phones and tablets is authorization to track your location. They could essentially follow you around all time!
- Avoid all messages and survey offers that promise more than makes sense for them to offer. Those are always unrealistic, and they serve as a mechanism to harvest your information and infect your device. I always keep in mind “This is too good to be true.”
- Never insert USB drives in your devices if you don’t know where they were used before.

Remember, always apply your common sense and safe practices when you are using your devices. **N**



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News from the Colombia Chapter of AFSM



By Ricardo Torres



The Colombian Chapter of AFSM, during the first semester of the current year, with the support of its Board of Directors, has been developing some activities, although reduced due to the painful quarantine that we have maintained since mid-March of this year due to the pandemic of COVID-19.

Many of these activities, carried out in groups or through the participation of one or more members of our group of retirees, can be summarized as follows:

- During this quarantine season, the support of our AFSM to the “SOUPKITCHEN MARIA ES MI MADRE” project, providing breakfast and lunch to more than 120 elderly and homeless people, has also been very beneficial, and it has also included the delivery of materials and personal hygiene supplies.
- Dr. Raúl Londoño, member of the Board of Directors, has been supporting and leading humanitarian aid projects in the town of Subachoque, Cundinamarca Department, during the COVID-19 pandemic, benefiting poor populations suffering from high food vulnerability. The PROSUBACHOQUE Foundation, led by Dr. Londoño, formed an alliance with municipal authorities, churches and NGOs, to provide food care for people over 70, people with disabilities, or poor families with children. They made a “DONATON”¹ to get donations in kind and in money. As of 31 May, they obtained resources for the acquisition of groceries for 4,000 families. Of these, they distributed nearly 2,000 in a first installment and in June they will make a second installment. With this food aid, they have managed to alleviate hunger while maintaining appropriate compliance with confinement and health care regulations. Another positive accomplishment is that during this period, crime has decreased by 100%, including intra-family crime.
- Letters and messages of condolence were sent to relatives upon the death of some members of our AFSM. In addition, we participated in virtual wakes.
- The creation of the WhatsApp “chat” group, with the 42 members of our AFSM, has been a useful communication tool among all members to, among other things, exchange information; discuss and analyze information relevant to the COVID-19 epidemic; share interesting links on art, culture, sports and news; and participate with our associates on the occasion of a death of family and/or friends or to send birthday greetings.

¹ Donation Marathon

- AFSM members, through its Board of Directors, have expressed their desire to support the technical cooperation carried out by the PAHO/WHO Representation with national authorities, in this time of pandemic, and the Representative has received our expressions of support.
- Other activities of the ASFM-COL board are related to supporting members in managing the return of their Certificates of Entitlement that they must send annually to the Pension Fund, as well as the process of training and documentation in the use of the new SHI-Online platform.

Due to the circumstances of the isolation, which is approaching three consecutive months, we have chosen to hold virtual meetings using the ZOOM platform for video conferences. The last in-person meeting of the Board was held in February 2020, in which a work plan was generated. On 26 May, we had our first virtual meeting (with 6 board members and the President, Dr. Elmer Escobar, by telephone) in which our work plan was reorganized based on home confinement, and adjusted to include, among other things, to: 1) appoint the AFSM-COL focal point with the AFSM-WDC; 2) send a letter of appreciation to Patricia Ilijic of the Credit Union, on the occasion of her retirement, for all the support provided to AFSM-COL in recent years; and 3) prepare this report for the AFSM-WDC June 2020 newsletter. Our next virtual meeting is scheduled for Tuesday, 9 June.

It is important to recognize the work of the PAHO/WHO Representative in our country, Dr. Gina Tambini, who has excelled in providing tireless support of her technical and administrative team to the health authorities in the control and management of the COVID-19 pandemic, and for accompanying President Iván Duque in press conferences during key moments. **N**



Where are they now?

By Veta Brown



Friends and colleagues of the Pan American Health Organization, Regional Office of World Health Organization, I am happy to renew acquaintances through this “Where Are they Now?” articles provided by members of the Association of Former Staff Members.

I currently reside in my home country, The Bahamas, having returned here after my retirement from PAHO/WHO in October 2006 as Caribbean Program Coordinator, Barbados. During my almost 17 years with PAHO/WHO, in addition to the Barbados assignment, I also held postings in Washington DC, as External Relations Officer and in Guyana as Country Representative.

My personal strengths have always been in the areas of mentoring young professionals, being responsive to social needs of others, advocating for health systems strengthening and supporting family members to navigate the health services.

So after my PAHO /WHO career, from 2007 to 2012, I worked full-time as Board Chairman, Public Hospitals Authority, Bahamas, as well as serving as a mentor for the Caribbean Health Leadership Institute Program, which was based at that time at the University of the West Indies. The program relied on external funding to enhance the management skills of young health professionals from the region. In both programs emphasis was placed on strengthening the organizational structure and performance of the health system, building of team linkages, establishing monitoring and evaluation criteria for services, and promoting programs to include the engagement and respect of patients/clients.

My parents both died in 2009, within five months of each other, after being married for 66 years. Being able to assist them to navigate the health system during their brief illnesses has been one of the most precious memories of my life. We have a strong and intact family network, and everyone contributes. However, I was the person with the “inside track” to the health system. Being able to assist my parents to navigate the system with dignity and respect brought me joy and comfort. I was HOME, and not abroad, when they needed me most. This was important and greatly appreciated by my siblings.

In preparation for our return home, my husband Granville and I decided to sell our marital home and construct a purpose-built retirement home on a larger scope of family property given to me by my father. This enabled us to design a home that is fully “disabled friendly”, with wide doors, long windows, a veranda, ramps, ground-floor living for Gran and I, with upstairs accommodation for guests and adequate property for gardening. This has served us well, particularly over the past 2

years when Gran has had to receive extensive medical attention abroad. He has had to spend some time in a wheelchair. He spent two months in hospital in Florida, in both 2018 and 2019, and he is now home, making good progress and moving independently.

Since 2012, my activities have been primarily directed to social outreach pursuits with my church and providing support to various family members with health challenges. I keep stimulated mentally by participating in various professional webinars for management and leadership, and in 2017 I obtained my “Lean Six Sigma, Green Belt Certification”. My mentoring role for young health professionals continues formally through an occasional consultancy contract and informally by my giving personal guidance to individuals when in my opinion “things are not going right for the consumers in the health sector”.

Last year my skills in planning and management were put to good use in the construction field as I assumed the role of project manager for my daughter’s condominium. The contractor was amazed about the amount of scrutiny I brought to the project. Thankfully, it was successful, and Gravette did not have to lose time from her very demanding job. Regrettably, my efforts in guiding, “directing” activities with our sons have not always produced “exciting” results,

My hobby is gardening, not flowers or house plants but the propagation of local fruit trees and using the products to make drinks, deserts, and sometimes sauces, primarily for the use of the extended family and close friends. In this regard, I have participated in various seminars offered by our Ministry of Agriculture. However, since COVID-19 and Hurricane Dorian, our government is mounting a program to diversify the economy and to build more resilience in the food industry, to reduce the impact of importation of food supplies. In this regard, during June/July 2020 I am enrolled in a formal course to obtain a Certificate in Agriculture as a backyard farmer. My aim is to expand my hobby to make it financially viable in the next few years - so here’s to the future, Farmer Veta B.

COVID19 has presented many challenges to safe travel and will change the way the industry operates in the future. I am therefore very happy that since retiring I was able to enjoy new travel experiences to Kuai, in Hawaii; Senegal, Ghana, South Africa, Kenya , Zanzibar and Nigeria in Africa; as well as to Chile in South America, all arranged by our daughter. There are still some sights in Europe I would like to visit, but these will depend on many circumstances and God’s Grace in the future.

Until then, The Bahamas is still the most beautiful place on the earth and I look forward to welcoming any of you when you travel to our fair land in the post COVID-19 “New Normal” conditions.

In the interim, I continue to enjoy and make my daily contributions while trying to live life purposefully, recognizing that parenting and concern for others is a full-time and lifelong calling.

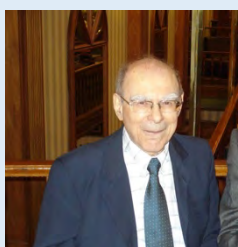
Love and peace to all. **N**

Obituary of Antonio Pío

President Emeritus of AFICS Argentina

(1933- 2020)

By Isabel N. Kantor¹



Antonio Pío completed his Medical studies at the Rosario School of Medical Sciences (1954-1960) where he specialized in Pneumology and Epidemiology. He was Chief of Epidemiology at the National Institute of Tuberculosis (TB) and E. Coni in Santa Fe (1961-69), then Head of Research at the National Institute of Epidemiology in Mar del Plata (1970-71), Regional Advisor in TB for PAHO/WHO in Washington (1971-79), Head of the TB and Respiratory Infections Unit at WHO in Geneva (1980-87), and Director of the Program for the Control of Acute Respiratory Infections at WHO in Geneva from 1987 until his retirement.

I would like to pay tribute to Antonio Pío by remembering him at the different times and functions when I met him.



In the early 1970s, Antonio visited countries on behalf of PAHO/WHO, advising on control programs, and above all supporting people who worked in them in every position, whether with small or great responsibilities. He was interested in every detail, took notes, and then from the Central Office gave his guidance and help. This in turn made possible and reinforced the development of the Annual International TB Laboratory Courses, which were held at CEPANZO (PAHO / WHO), at the Coni Institute (Santa Fe), as well as in many other locations. He enthusiastically supported the training and development of young professionals and technicians. In the 1980s, I remember that in his WHO Unit he had only 2 assistants. In spite of that, with great strength of work and good use of scarce resources, he managed to conduct basic studies of the epidemiology of TB in various countries. He also carried out the first regional studies on multiple drug resistance, having an early vision of this problem that would later become crucial in public health.

After his retirement, he returned to Argentina, and with his wife María Isabel chose to reside again in Mar del Plata. He became affiliated with AFICS and visited us regularly when traveling

¹ Source: Noticiero AFICS (Asociación de Ex Funcionarios de Naciones Unidas-Argentina). Año 34, No.2, 2020, Abril-Junio 2020

to Buenos Aires. In 2012, we asked him - earnestly - to agree to preside over our AFICS Association, knowing full well that it would be a challenging responsibility. He accepted, and once he took over he devoted himself enthusiastically and fully to AFICS.



During his tenure, he presented proposals to the FAFICS Council on the need for greater dissemination of the Emergency Fund of the Pension Fund, and increased assistance to retirees in emergency situations, with the necessary budgetary provisions. In 2014, at the 43rd Meeting of the Council, he received recognition "for the persistence with which he defended the rights of the retiree in a trial before the appeals court of the UN Pension Fund". That trial, which was finally won, set an historical precedent, and the

"double track" system was annulled in Argentina, incorporating all retirees into the current single-track system.

In the 44th FAFICS Council Meeting in Geneva in 2015, he made a major presentation in which he underlined the need for FAFICS to intensify the dissemination of information to member associations, especially on the Emergency Fund. He showed that efforts to promote the Fund had been of little use, especially among retirees with small pensions, many of whom were having difficulties in understanding the administrative procedures that were only available in English, and that required a good command of the English language and complicated terminology. He noted that associations should also be allowed to submit applications to the Pension Fund on behalf of members with difficulties in doing so, which would in turn increase the use of resources from the Emergency Fund. At the end of his presentation, he reminded the FAFICS authorities that the art of communication is the language of leadership.

In 2015, his term as President of AFICS Argentina ended, but he continued to collaborate in the preparation of its Newscast. During the Assembly meeting in October 2015 he was appointed President Emeritus. The two Executive Committees that succeeded him continued to consult him frequently, and he, with his simple, respectful and cordial style, continued to transmit his wisdom to us. **N**

Obituary for Halmond Charles Dyer

1932 – 2020



We regret to announce the passing of Halmond Charles Dyer (“Hal”) on 19 June 2020, after a long illness.

Hal was born on 2 March 1932, the 6th of 7 children, to Patrick Dyer and his wife Josephine of Plymouth, Montserrat, West Indies. A stellar high school career culminated in his being awarded the coveted Leeward Islands Scholarship. Though a historian at heart, Hal elected to pursue a degree in medicine at the (then) University College of the West Indies.

He distinguished himself at university, graduating with a gold medal in Surgery. Hal moved on to Harvard University, where he completed a master’s degree (Masters in Public Health, MPH) at the Harvard University School of Public Health.

On his return to Jamaica, Hal established a much-needed University Health Service. For some years he had dual roles at UWI: he was both Director of the Health Service as well as Senior Lecturer in the Department of Social and Preventive Medicine (Faculty of Medicine). In the latter post, one of his achievements was structuring the Family Practitioners Program, and he was both lecturer and mentor to the students who enrolled.

He also assisted in setting up community health clinics, both on the campus and in areas throughout the island where such clinics were desperately needed. To further develop a spirit of “giving back to the community”, he encouraged student participation in this project. The August Town Clinic was a particular focus; Hal was dearly loved by his patients there.

Although Hal was a brilliant clinician and a gifted diagnostician, with a warm and reassuring bedside manner, he later developed a penchant for administration and spent a major part of his professional career in that field.

He had been, for some time, a consultant for the World Health Organization (WHO). When offered the job of Country Representative for the Pan American Health Organization (PAHO), Hal moved to Trinidad and Tobago for a 4-year tour of duty. With a subsequent promotion, Hal became Head (*El Jefe*) of the Office of Caribbean Program Coordination, head-quartered in Barbados, serving the Caribbean, Central and South America. In this context he was instrumental in the launching and managing the first Caribbean Cooperation in Health Initiative, a program of technical cooperation for the English-Speaking Caribbean based upon agreed priorities. This Initiative has continued to grow and still is being implemented.

He was a good leader, highly appreciated by the CARICOM (Caribbean Community and Common Market) authorities and other contributors to PAHO's work in the Caribbean. On a more personal note, his warmth and understanding of the people working with him made of Dr. Dyer an extraordinary human being.

Hal's final position in the eastern Caribbean was as Director of the Caribbean Environmental Health Institute in St. Lucia. However, failing health forced his retirement. He found a new home in south Florida, USA.

No account of Hal's life would be complete without reference to his love, bordering almost on reverence, for the game of cricket. He was appointed, and was delighted to serve for many years, as Honorary Physician of the West Indies Cricket Board of Control. He collected every edition of *Wisden* (a monthly cricket magazine). Attending a Test Match was the only pastime that could lure him from his professional duties!

Hal received numerous honors for his service to medicine and the community, including the following:

- The University of West Indies (UWI), when celebrating its first forty years of existence, named 10 alumni who had contributed significantly to the Caribbean region. Hal Dyer was one of those signaled out for commendation.
- Jamaica, his adopted country, also honored him by conferring on him the Order of Distinction, Commander Class (CD).
- Queen Elizabeth II, too, thanked him for his service to the Commonwealth by awarding him the Order of the British Empire (OBE).

Hal's passing leaves, to mourn him: His widow, Dr. Alma Ashmeade-Dyer; his children, Charles Dyer, Dr. Karen Dyer (David Wilkinson), Lesley Angela Dyer, Jonathan Dyer (Christine); his grandchildren, Dr. Kristin Sharp (Tom), Natalie Hepburn, and Madeline Dyer; his loving eldest sister, Daisy Nanton; his 3 sisters-in-law; and many nieces and nephews, several members of his extended family, and a host of colleagues and friends across the Caribbean, the United Kingdom and the United States.

Requiescat in Pace. **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, go to:

https://www.afsmpaho.com/form_map

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>

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