NEWSLETTER

THE ASSOCIATION OF FORMER PAHO/WHO STAFF MEMBERS

VOL. XXIX, NO. 2 JUNE 2018

International Reunion, 5 - 9 November 2018

Contents

SAVE THE DATE

INTERNATIONAL REUNION WILL BE A CARIBBEAN CRUISE FROM 5 TO 9 NOVEMBER 2018

Join us for a 4-night Caribbean cruise on the Carnival Victory ship, departing Miami, US at 4 PM on 5 November and returning to Miami, US at 8 AM on 9 November. We will have a morning in Key West, US and a full afternoon and evening at Cozumel, Mexico. The ship was refurbished in 2015 and has a theater, library, spa and fitness center. Prices range from US$ 373.05 (inside cabin), US$ 423.05 (ocean view), and US$ 513.05 (balcony) or US$ 697.05 (suite). Prices include all Taxes & Port Fees and Gratuities, as well as all meals. Rates are per person, double occupancy (Single or Triple occupancy rates are available upon request) and are subject to change. A US$ 150.00 per person deposit will lock in your price and final payment is due by August, though registrations can be made up to one week before sailing depending upon availability. Single and triple rates are available upon request or if you plan to share a cabin but do not know who that person will be at time of registration, please inform before registering to:

info@goexoticvacations.com

If you would like to join us, please sign up with your deposit now to assure the best price by going to:

www.goexoticvacations.com/group/AFSM, Password: AFSM

Additional information about the boat, the itinerary and drinks package options can be found in the "CRUISE INFORMATION" tab. Be sure to check very well the information about the drinks, as these are not included in the cruise price.

Staff Health Insurance and Pension Update

By Carol Collado

Staff Health Insurance

As Spring comes upon us and the energy surges, it is a good time to take stock and think about what you are doing to maintain your health. As we increase in age, our metabolism slows and often we have some chronic problems. That does not mean that it is time to only "sit back and enjoy". It is a good time to look at the lifestyle choices you are making regarding activity, diet, maintaining the mind active and social relationships strong. Think about the lessons from those who live in "blue zones" as seen in a recent article in our Newsletter. It is an opportunity to make sure that you are doing your part to keep healthy.

Part of this could involve a review of recommendations on immunizations. One relatively new vaccine available since October 2017 is the new shingles vaccine (Shingrix). It is known that shingles incidence increases with age and the consequences of having shingles can be devastating and debilitating for months, so best to avoid the possibility. Both the World Health Organization and the US Centers for Disease Control (CDC) are strongly recommending that those over 50 be vaccinated with this new vaccine which is considerably more effective than the older version (91% vs 51%). The recommendation is valid even for those previously vaccinated with the older version.

In June the Staff Health Insurance Global Oversight Committee (GOC) will meet and consider financial aspects and audit recommendations. This is the body which recommends policy and rules changes to the Director General, so we will be pending their results. We are fortunate this year to have both the Region and retirees represented. We understand that the recent Medicare study done in the US will be on the agenda so stay tuned for news on that front.

We would like to correct an error in the information given in our last Newsletter. We said at that time:

"*As of July 2018, the cost containment measures identified in the 2017 Rules will take effect for those living in the US. Please read the new Rules to assure your understanding. There has been an 18-month delay in the implementation so that people can adapt. One important feature is that out-of-network providers will no longer be reimbursed at 80% of their total bill; rather the reimbursement will be based upon identified costs per zip code (more to come on this as we get closer to the date)"*

Apparently, that measure was never officialized and therefore it is again being proposed to be included in the changes to the Rules for 2019. In that case, those with providers outside the network will have until January of 2020 to find an alternative provider if they so desire.

The new online submission of claims is being tried out in Argentina and Guatemala. Since this involves a number of changes in IT and processing systems, we understand that there have been

some “glitches”, and for those of you involved we request your patience but remind you that we are here to help if necessary.

We had hoped to be able to bring news of the awarded contracts for the administration of the SHI in the US, but at this writing, apparently, they are still negotiating some aspects.

Pension

The good news is that we are now enjoying the benefits of the 2% cost of living increase awarded after the first quarter of 2018.

If you have not visited the UNJSPF website in a while, we urge you to do so. It is totally reformed and quite easy to navigate. You will find visible links to things like the Certificate of Entitlement, Pension history and others. There is also a quarterly newsletter (last March 2018) found under publications which will keep you abreast of the workings and challenges of this organization.

Certificates of Entitlement

As you will remember, each year, we receive a Certificate of Entitlement (CE) from the Fund which requires that we sign and return the original to New York to demonstrate that we are still alive. This year, the CEs were sent out at the beginning of June. If, by September, the Fund has had no response from the member, they will send a repeat. An original, signed copy of the bar-coded CE must be registered at the Fund by the end of the year, or the pension payments will be discontinued. Since re-instatement once this happens can take up to 4 to 6 months, it is important that we make all provisions to assure its return successfully. Because in the past there have been a number of persons whose CE has gone astray, we suggest that you monitor the return of the CE on your Member Self Service (MSS) portal at the UNJSPF. Due to the large number of participants needing the CE to be registered, UNJSPF estimates that your CE reception should be cataloged within 4-6 weeks after reception.

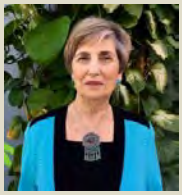
We have suggested before that everyone create an MSS account. If you have not yet done so, there are detailed instructions as to how to create it on p.9 in the July 2017 AFSM Newsletter (available at afsmpaho.com) or on the UNJSPF (https://www.unjspf.org/member-self-service/).

This year, in relation to the CE, there is an added benefit of having an MSS account for those who may have mail delivery problems. UNJSPF has placed on each participant MSS account a digital copy of the individual’s CE. You can print it, sign as usual in blue ink, and use that as the original to send to the Fund. Take into account that the address to send the signed CE is different if you use regular mail or if you use express Courier. Find the appropriate address in the tab Contact Information (https://www.unjspf.org/contact-us/). Because of audit requirements, this option is **not available to those on a two track payment system.**

Any further questions regarding the CE should be able to be answered on the specific UNJSPF webpage (https://www.unjspf.org/certificate-of-entitlement/)

Health Tips
Understanding Alzheimer's Disease and Dementia: Part I: The Basics and Caregiving[1]

By Martha Peláez and Gloria A. Coe



Please note that this is Part I of a two-part series. Part I, is: "Understanding Alzheimer's Disease and Dementia", and Part II is: "A Focus on Prevention". It will be published in the next AFSM Newsletter.

What is Alzheimer's disease? What is Dementia?

Alzheimer's disease is an illness of the nerve cells of the brain that causes problems with memory, thinking and behavior. It is one type of dementia but not the only one. Dementia is a disorder of the brain that has various causes and requires specific tests to identify its cause. The various causes of dementia are linked to warning signs and abnormal conditions of the brain usually of older people. One-third of older people worldwide now die with dementia.[2] Table 1 presents the five most common kinds of dementia:

Table 1 Characteristics of the Five Most Common Kinds of Dementia	
Alzheimer's disease	Alzheimer's disease is the most common cause of dementia. Early signs of Alzheimer's are that the individual has difficulty remembering recent conversations, names or events. Later, the individual has difficulty communicating, experiences confusion about where they are, exhibits poor judgment as well as behavioral changes. As the illness progresses, the individual finds it difficult to speak, swallow and walk.
Vascular dementia	The brain changes associated with vascular dementia are found in about 40% of brains of individuals with dementia. Signs of

[1] The information presented in this article has been taken from the 2018 Alzheimer's Disease Facts and Figures Report of the Alzheimer's Association. The full report is available at: https://www.alz.org/facts/overview.asp

[2] First WHO ministerial conference on global action against dementia 16-17 March 2015, Geneva, Switzerland meeting report. http://www.who.int/mediacentre/events/meetings/2015/global-action-against-dementia/en/.

	vascular dementia are a decrease in an individual's ability to make decisions, plan or organize. This is different from memory loss often associated with the initial symptoms of Alzheimer's. Brain changes of Alzheimer's and vascular dementia commonly coexist.
Dementia with Lewy bodies (DLB)	Dementia with Lewy bodies is the second most common cause of dementia. The Lewy bodies affect the region of the brain that control thinking, memory and body movements. Early warning signs are trouble sleeping, visual hallucinations, and slowness, gait imbalance or other parkinsonian movement features. These may occur without significant loss of memory.
Mixed dementia	Mixed dementia is most commonly Alzheimer's Disease combined with vascular dementia. The likelihood of having mixed dementia increases with age and is highest in the oldest-old or people 85 years and older.
Fronto-temporal lobar degeneration (FTLD)	Fronto-temporal lobar degeneration is when the lobes of the brain underneath the forehead and the ears waste away. Early symptoms typically include marked changes in personality and behavior and/or difficulty speaking or understanding conversations. These may occur without significant loss of memory.

Diagnosis of dementias:

The process requires a careful and comprehensive medical evaluation to determine the cause and make a diagnosis. Diagnosis is often done by a team of specialists including neurologists, geriatricians, and psychiatrists.

The following information is needed for a diagnosis:

- Medical and family history, including a history of thinking and reasoning and behavioral changes.
- Tests of the individuals reasoning and thinking, physical abilities and balance, and of their nervous system.
- Blood tests and brain imaging to rule out other causes of dementia such as a tumor or vitamin deficiencies; and to identify if there is high level of beta-amyloid, a hallmark of Alzheimer's. Normal levels of beta amyloid suggest Alzheimer's is not the cause of the dementia.

It is important to understand that ***dementia is not a normal part of ageing.*** There are important differences between the signs of dementia and typical changes in body functions as one grows older. Here are three examples:

- Forgetting names and appointments and remembering them latter is a common change with age. Normal aging is very different from memory loss that disrupts daily life and requires increasing use of memory aids and assistance from family members.
- Getting confused about the day of the week and figuring it out later is different than individuals who have trouble keeping track of dates, seasons of the year, and passage of time.
- Misplacing things from time to time and retracing steps to find them is common in older persons. Individuals with Alzheimer's lose their ability to retrace steps and often accuse others of stealing.

Treatment for Dementia:
As of today, there are no drug treatments that slow or stop the damage and destruction of the nerve cells of the brain that cause Alzheimer's. The U.S. Food and Drug Administration (FDA) approved six drugs that temporarily improve the function of the nerve cells by increasing the amount of chemicals called neurotransmitters in the brain. The effectiveness of these drugs varies from person to person and is limited in duration.

Literature reviews of randomized controlled trials of therapies that do not use drugs, found that some treatments are beneficial to people with Alzheimer's disease. Among these are:

- Exercise: aerobic exercise and a combination of aerobic and non-aerobic exercise have positive effects on the brain and may have a positive effect on slowing the loss of memory and difficulty communicating.
- Stimulating the brain: treatments ranged from identifying and cataloguing objects to exercises presenting information about time, place or person to help an individual understand his/her surroundings and situation, known as reality orientation exercises. Benefits for the healthy function of the brain lasted up to 3 months after activities to stimulate the brain ended.

Caregiving:
The care family and friends usually provide to people with Alzheimer's Disease or other dementias are at times overwhelming and often take a toll on the caregiver's physical and emotional health. Having a plan and resources to distribute dementia caregiving tasks with a support team is essential. Caregiving needs grow with the progression of the disease and may require 24/7 hands-on work for many years.

- If you are a caregiver, do you have a plan?
- If you think you may become a caregiver in the near future, make a plan.

- If you think that you may need help yourself and have no idea where help will come from; ask. The Alzheimer's Association has support groups in practically every country of the world. Join a support group.

The following is a list of common caregiving tasks for people with dementia:

- Helping with basic daily living activities such as household chores, managing finances and legal affairs, and eventually with personal activities such as bathing, dressing, feeding, using the toilet, managing incontinence, and helping the person to walk and transfer from chair to bed.
- Helping the person follow treatment recommendations and take medications correctly.
- Managing behavioral symptoms of the disease such as aggressive behavior, wandering, depression, agitation, anxiety, repetitive activity and nighttime disturbances.
- Providing emotional support and a sense of security.

In addition, caregivers become 'managers' of care plans, including "in-home services" or "nursing care". Caregivers also manage family relations, including communication with other family members about decision-making and arranging for relief and respite.

Caregiver's emotional and social well-being is essential for their own health and longevity. Caring for a loved-one is very rewarding and yet can also be emotionally stressful and physically difficult. Evidence suggests that the stress of providing dementia care increases the caregiver's susceptibility to disease and health complications. No wonder, Alzheimer's Disease and related disorders are said to be diseases that impact not only one patient but the whole family. Therefore, caregiver support groups, caregiving counseling, and caregiving services should be at the core of interventions available in a care plan for patients with Alzheimer's Disease and dementias.

Should you be interested in additional information, the AFSM website has a paper in English and Spanish with background information on dementia and its growing importance to public health.

Please send an email to AFSMPAHO@gmail.com if you would like to participate in an on-line conversation group discussing memory and memory improvement issues. N

Techno Tips

AFSM Electronic Communication System:

We need your collaboration

By Antonio Hernández

The AFSM Board has given priority to improve the electronic communication system for its members; the Communication Committee is working on an outreach program for all members or their representatives, through an email communication system. To reach this goal, we need your collaboration by either contacting us if you are not receiving the regular messages or alerting your retired colleagues if they have not received messages or have not registered their email address.

To present the challenge we are facing, I would like to provide the current status of the membership.

- Currently, it is estimated that there are over 1600 retirees that qualify to be AFSM members.
- From the above figure, only 653 retirees, or their spouses or representatives, are listed as members. Spouses can continue benefiting from the membership through receiving information on pension, health insurance and other relevant information provided by AFSM.
- From the roster of retirees, only 530 (83%) of them have a registered email address and are included in the "AFSM Mail Distribution System." From this group, only 504 addresses are accepted by the system. The remaining 26 have been rejected by the system by reasons that will be explained below.
- For the 103 (17%) members without registered email, they are either not receiving information in a timely manner or not receiving any information at all. Because of this, any exchange of information with the Pension Fund and with the Staff Health Insurance office will take longer to be received.

Our preliminary assessment shows that only 80% of the 530 registered members with email address are regularly receiving the messages posted in the AFSM mail distribution system. If you are one of the 530 members with a registered electronic address and you are not getting any message from AFSM, there are several reasons for that. We will address some of the more common reasons for not receiving the message:

- **The most common issue for not receiving messages, is that members have changed their email address and forgot to notify AFSM or have stopped using the email address registered with AFSM.** This has occurred with members that moved from paid mail services to free email systems like Gmail, Yahoo or Hotmail.
- AFSM uses a service for mail distribution to the members. The mail distribution system sends the message to the list of registered addresses. These massive message packages "Blast" could be perceived by the recipient inbox of the member as an "SPAM Message" and the message is sent either directly to the "Spam Box" or is eliminated without notifying the owner of the account. The first step to correct this issue is to check the "Spam" or "Junk box" in your system for messages from AFSM.
- Other common reasons for not receiving messages is due to a "Full Inbox." Some email accounts have a limit of messages you could keep active in the Inbox; once the limit is reached, new messages are rejected. This rejection is known as a "Soft Bounce". If you do not correct this problem, the distribution system that sent the message will eliminate your email address after several bounces and you will stop receiving messages. You should perform regular maintenance in your "Inbox" by deleting or archiving messages. Other systems allow you to define the number of messages you could keep active.
- A solution to keep receiving messages, especially with Gmail, Yahoo and Hotmail accounts, is to include the AFSM electronic address AFSMPAHO@gmail.com in the contacts list or address book of your mail system. Your mail system will recognize the AFSM address and will accept the messages.
- A misspelling of the email address results in the total rejection of the message. This is known as a "Hard Bounce" and the address is blocked by the distribution system. Be sure that we have your correct email address.

If you have problems with your electronic communication with AFSM or if you are aware you are not receiving AFSM messages, we encourage you to either follow the procedures indicated in this article or contact us using the AFSM Website. We will be glad to help you to solve any electronic communication problem.

Remember, keep AFSM informed of any change of email address or your physical address. Having registered your current email address is fundamental to have timely access to communication. Remember that in the AFSM Website https://www.AFSMPAHO.com under "Documents" tab you have access to the forms to change or update your information.

Your collaboration and active participation to improve AFSM's Communication System is highly appreciated. Help AFSM with the Members Outreach Program for PAHO Retirees. We need you! ℵ

HELPFUL TIPS ON HOW TO USE AND PROTECT YOUR CREDIT CARD WORLDWIDE

1. Give your credit card company a call and let them know the dates and the countries you will be passing through to prevent the foreign charges being flagged as fraud and having your card shut down.

2. To guard against any other potential credit card mishaps abroad, bring a backup credit card and keep it in a separate and secure place.

3. Carry a copy of your credit card company's international number in case your card is lost or stolen.

4. Feel secure knowing that chip and PIN technology (also known as EMV) is available on all PAHO/WHO FCU credit cards. The embedded chip in each card makes the card extremely difficult to counterfeit or copy, offering cardholders' built-in security and peace of mind. As a PAHO/WHO FCU cardholder, you should have received a four-digit PIN (personal identification number) to use with your card.

5. If you have misplaced your PIN, call the credit union to request a copy. Keep in mind that it could take 7 to 10 working days to receive it.

6. When asked to enter your PIN, make sure of your surroundings and cover the key pad.

7. Never keep your PIN next to your card or share it with anyone.

IF YOU ARE NOT A CREDIT UNION MEMBER ALREADY, IT'S NOT TOO LATE TO JOIN!
We offer various products and services that meet the financial needs of all age groups! Visit our website on how to open an account today or call us at 866-724-6328.

In Memoriam

DEATHS REPORTED IN 2017 and 2018
NOT PREVIOUSLY REPORTED

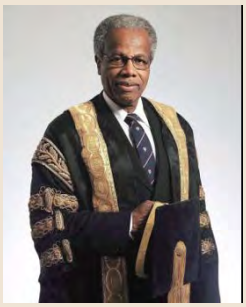
Nerida Castro	**12 September 2017**
Sergio R. Docal	**18 October 2017**
Miguela V. Pérez Esandi	**27 October 2017**
Emigdio Valbuena Valdéz	**11 November 2017**
João Batista Pereira	**18 November 2017**
Harold Alexander Drayton	**11 March 2018**
Maria Alice Clausen Roschke	**21 May 2018**
Homero Silva	**13 June 2018**
Martha Bailey	**14 June 2018**

Condolences to an AFSM member

To Amanda Tapia-Ellauri for her husband José Ellauri

A Memoir Worth Reading
George Alleyne's Autobiography

Excerpts taken from the Forward by Julio Frenk, from the book "The Grooming of a Chancellor"



Human beings have always expected inspiring words of wisdom from their leaders. These words may come as a political speech, a moral exhortation or a literary essay. Sometimes they arrive in the guise of a memoir. This is the case in *The Grooming of a Chancellor*,[1] a judicious account of a fruitful life that is being published, auspiciously, at a time imbued with uncertainty. One of the early definitions of the word *memorie* (the Anglo-French origin of memoir) is "something written to be kept in mind".[2] It is the ultimate expression of a personal struggle against oblivion. In its sagest form it is not a struggle against forgetting in general, but against forgetting what is commendable, admirable, or worthy. This is what seems to worry Sir George Alleyne the most. This apprehension is understandable given the fact that Sir George grew up in a culture and a time in which you had to earn the right to draft a memoir.[3]

So, such humble hesitation starts a recount of a fascinating life story that spreads over two centuries. It begins in St Philip, Barbados, in the early 1930s; continues in the University of the West Indies in the 1960s; acquires an international character in the 1980s and 1990s, crowning a peak in 1995 at the Pan American Health Organization (PAHO); and concludes with the arrival to the chancellery of the University of the West Indies just a few years ago.

In reading Sir George's memoir, one realizes that in addition to excellence, the practice of research and medicine helped him develop the gift of elegance. This gift is also present in the recount of his public life, which is tidy and eloquent. He chooses with great tact the relevant moments of his career and discusses them with good judgement and depth. He has a good story to tell and a rich perspective derived from a life that includes outstanding experiences. This memoir from a remarkable leader will nourish and inspire the lives of those seeking to make our world a better place. N

The book can be purchased from Amazon.com
https://www.amazon.com/s/ref=nb_sb_noss_2?url=search-alias%3Daps&field-keywords=book%3A+The+Grooming+of+a+Chancellor

[1] University of the West Indies Press, February 1, 2018
[2] "Memoir", Dictionary.com, http://www.dictioinary.com/browse/memoir. Accessed 28 February 2017.
[3] N. Genzlinger, "The Problem with Memoirs", New York Times, 30 January 2011. http://www.nytimes.com/2011/01/30/books/review/Genzlinger-t.html?pagewanted=all&_r=o. Accessed 28 February 2017.

Where are they now?

"My life in Retirement"

By Thomas R. Yerg

Retirement since July of 2003 has provided time for tennis, exercise classes with my wife Diane, attending the Arlington County Senior's Chess Club, plenty of reading time, as well as a series of contracts with PAHO/WHO as a contributor to chapters of Health Statistics from the Americas, and Health Conditions in the Americas, edition 2007 and 2012. Between 2008 and 2011, I produced a series of "home videos" on my participation in the Peace Corps Bolivia Tuberculosis Control Program from 1967 to 1970. However, the most important thing to me has been the time I spend with my family and particularly with my two granddaughters Gwen, born 2011 and Renee, born 2013.

Before retirement, I set an objective to pass the United Nations Spanish language exam, which I accomplished in 2003. I had attended Spanish

classes for years, and read forty plus novels in Spanish, including all those of Gabriel García Márquez. I increased my reading vocabulary by recording every word I didn't understand. In this process I created my own personal dictionary with definitions in Spanish and English and quotes to put the words in context. I have continued reading and collecting words, but now focus more on entertaining literature with a social message– usually a detective novel. Also, I am especially interested in collecting dictionaries that focus on word connotations and colloquial expressions in countries of Latin America.

In 2017, I participated in several chess tournaments including the Virginia Senior Open and Virginia State Open. In these tournaments, I had an opportunity to play against very high-rated players including a Life Master. While I lost six games in those two tournaments, I am not discouraged; I won three games and am still learning. ℵ

Combatting the Abuse of Elderly People: the role of WHO

(This article was taken from

WHO AFSM Quarterly News, April 2018)

By Lindsay Martínez

People of all ages who depend on others to ensure their basic needs and/or general well-being may become victims of ill-treatment or neglect by those who care for them or are in a position of power over them. Whether the victims are children, adolescents, or adults of all ages, abuse generally occurs behind closed doors, hidden from others and unrecognized by the authorities. Consequently, it is difficult to estimate, far less measure accurately, the extent of the problem, though the available evidence shows that it is common and widespread, and probably increasing. This article focuses on abuse of elderly people and what WHO is doing to combat it.

The situation

With increasing age, most elderly people gradually lose their independence through deterioration of physical or mental capacity, or both. Becoming dependent on others for help entails vulnerability to potential abuse. Abuse of the elderly takes several forms, including psychological abuse, financial abuse, neglect, physical abuse, sexual abuse – and also includes abusive acts or lack of necessary action in medical settings. Abuse can occur in the home or, probably more often, in residential medical facilities and institutions for long-term care. Although shocking cases reach the attention of the media from time to time, the subject is generally taboo. Victims may be ashamed to complain and are often afraid or unable to complain or seek help. The consequences of physical abuse are likely to be both physical and psychological, seriously damaging the victim's health and quality of life. Physical and other forms of abuse lead to anxiety and depression, deterioration of health, and may even result in premature death. Detailed information on abuse of the elderly is provided on WHO websites, at www.who.int/ageing and at http://apps.who.int/violence-info/elder-abuse. The documents and graphics include guidance on prevention of elderly abuse, how to intervene when it occurs, and how members of the public can help.

Reporting abuse incidents is not mandatory and reliable data is scarce. WHO concluded that worldwide around 16% of people aged 60 years and older experienced some form of abuse in 2016-17, an underestimate because most cases go unrecognized and unreported,

particularly in developing countries. As life expectancy increases, elder abuse is expected to increase in countries with rapidly ageing populations. The global population of people aged 60 years or more is set to double by 2050. In many countries, the problem of elder abuse is not well recognized or understood.

International recognition of the problem

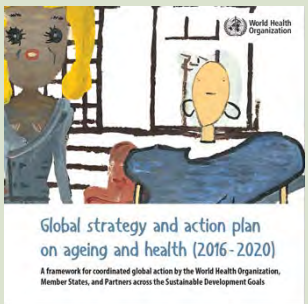
Until recently, WHO has not given high priority to the health needs of elderly persons, and the international community has been slow to take effective action to protect them from discrimination and abuse. In 2011, the UN General Assembly, noting the general lack of implementation of the 2002 Madrid International Plan on Ageing, adopted a resolution (UN RES 66/127) which included a comprehensive set of recommendations covering all aspects and responsibilities at all levels for ensuring the rights and well-being of elderly persons. This resolution also designated 15 June as annual World Elder Abuse Awareness Day.

In the first *Global status report on violence prevention (2014),* WHO, together with UNODC and UNDP, assembled survey data from 133 countries in all WHO Regions on different types of violence at all ages, including physical and psychological abuse of the elderly. The report revealed major deficiencies in surveillance and reporting, policies and action plans based on data, legislation and its enforcement, multisectoral coordination, and programs for prevention of elderly abuse. Compared to other forms of violence, abuse of the elderly came low or last among the proportion of countries addressing these issues.

The 2015 Sustainable Development Goals set out in Goal 3 to *Ensure healthy lives and promote well-being for all at all ages,* thus including a call for attention to the needs of elderly people. As health and well-being are denied to elderly victims of abuse, and in accordance with this SDG goal, in 2016 the WHA adopted the *Global strategy and action plan on ageing and health* which includes guidance for coordinated action to prevent and respond to abuse of the elderly.

The role of WHO today

WHO is raising awareness, providing guidance, and encouraging commitment by all countries to develop systems to prevent, delay, or reverse declines in physical and mental capacity, and to ensure long-term care and support for dependent elderly persons in the community, as reflected in the global strategy and in guidelines published in 2017 on *Integrated care for older people*. The opportunity was taken on World Elder Abuse Awareness Day (2017) to launch an infographic illustration of the various forms of abuse that occur among elderly people, the predisposing factors, how to prevent abuse, and how the public



can get involved (see website). Because the needs, resources and societal attitudes to the elderly differ around the world, strategies and measures need to be adapted to the national/regional context. To this end, WHO is preparing a series of documents on the development of effective, equitable, sustainable systems for long-term care in different settings; the first, concerning sub-Saharan Africa, was published in December 2017.

The special challenges involved in long-term care of the elderly are recognized and addressed in the WHO documents, where it is acknowledged that prevention of elder abuse often depends on providing support for their caregivers, who are liable to become stressed, exhausted and even depressed, and that reliance solely on families (mainly the women) for long-term care of their elderly relatives is an unsustainable approach for the future. Ongoing

demographic and societal changes require that systems in the community provide for the needs and protection of elderly people.

Country and local initiatives

The following examples show how, in some countries, raising awareness has led to prevention and response to elder abuse. The early results are encouraging, if not yet conclusive.

- In the UK, a prevention programme has been launched to educate caregivers who have ill-treated their elderly dependents. These caregivers receive instruction on the medical status and needs of the dependent person, the services and resources available to provide help and support, and all that is involved in caring for the elderly. They also receive training on recognition of the stages of anger and how to manage anger.
- In the USA, a comprehensive response programme to support the victims of abuse has been set up, in which social workers and lawyers work together to develop a treatment plan for individual victims. The plan covers all of the victim's practical needs to ensure safety and security in the home and during transport, and legal interventions to deal with issues such as eviction orders, living wills, power of attorney, and recovery of property. The social workers and lawyers together advocate with the local authorities to ensure that the dependent person's needs are met.
- Remaining connected with the local community is important in preventing abuse of elderly people. Social isolation increases vulnerability. In some countries innovative efforts are being made at the local level to prevent the elderly from becoming isolated and lonely by bringing together young children and the elderly in day-care centers or arranging for elderly people who live alone to share their accommodation with a student. These and other means of keeping contact with the people around them play an important protective role.

To bring us up to date from the WHO standpoint, Dr Etienne Krug, Director of the Department of Disability, Violence and Injury Prevention, kindly agreed to respond to questions on progress and prospects. His comments follow.

Dr. Krug's comments

At present it is difficult to see much progress in tackling abuse of the elderly. We work to raise awareness and hence to mobilize resources, but resources are seriously lacking for the kind of effort that is needed. The elderly have been very much neglected compared to other population groups. Most of the emphasis has been on violence against women and children.

Abuse of elderly people needs to be seen both as a health problem and an economic issue. If people remain healthy as they grow older, they cost less to the community. If they become victims of abuse, their health deteriorates. So, there is a cost associated with abuse. We don't yet know how much that cost may be, but it can be very high indeed due to the extra medical costs resulting from violence against elderly people, as a study in the USA has

shown. Mobilizing serious political commitment and action will depend on recognition of the economic aspect as well as the health impact of abuse.

One of the main problems we face is the lack of data from most countries, especially developing countries. Most countries do not collect data on elderly abuse, and if they do, the reports may be passed to the police and/or social services and on to the national authority, but they are not sent to WHO. We do not have a system in place to collect national data on this subject and at present WHO lacks the resources to undertake this effort. More and better data is needed to show the extent of the problem and to measure progress, or worsening, of the situation over time.

On the brighter side, awareness of elderly abuse is now growing and there are encouraging examples of initiatives to counter it in several countries, such as those cited in this article. Increasing attention is now being paid to the elderly as the implications of increasing life expectancy become understood. Political commitment may be driven by demographic change. Measures to support healthy ageing are needed to avoid massive increases in health-care costs in ageing populations. Possibilities for fund-raising to combat abuse of the elderly may arise through these economic realities, as well as better recognition of what is a major health problem for a large and growing proportion of society. Abuse of the elderly is preventable. With adequate funding, much more could be done to ensure the protection of vulnerable elderly people and to support the victims of abuse.

Conclusion

The attention that WHO is giving to this worldwide problem is timely and important, particularly as the problem appears to be growing. The information and guidance provided by WHO show what needs to be done at all levels, including how the general public can contribute. Readers are encouraged to discover the excellent documents and illustrative material online. At the very least we should be aware of how to recognize cases of abuse, know how to react, talk about it with those around us – and understand how we can take practical measures to protect ourselves against any potential risk of abuse in the future. N

Welcome to new AFSM members

From El Salvador

Ana Isabel Quan Escobar

News from Colombia Chapter

By Carlos Hernán Daza

The twelfth Annual Assembly of the Colombian Chapter of the Association of Former Staff Members of PAHO/WHO was held on 20 March 2018, in Bogotá, and had the support of the Representation and the participation of the Representative, Dr. Gina Watson.

During the Assembly, the Management Report of the Board of Directors for the period 2016 - 2018 was received, in which the purposes of the Chapter were highlighted, which are summarized below as:

1. Promote friendship and solidarity among members and actively recruit new retirees.
2. Establish regional focal points such as in Medellín, Cartagena, Bucaramanga and Cali.
3. Support social service programs such as the ones carried out in Bogotá: Union Project, "*Mary is my Mother*" ("María es mi Madre") soup-kitchen and the *House of Hope*.
4. Support PAHO in its country programs and keep the information current.
5. Strengthen ties with the United Nations Office and the Association of Former UN Staff (ASOPENUC) as they relate to the pension.
6. Use the communications network among AFSM members, such as the WhatsApp: "Colombian Chapter Board of Directors" that was established by the Board of Directors.

An analysis was conducted of the activities carried out to meet these objectives, and the progress achieved was weighed against those areas in which continued efforts will be necessary.

It was clear what support and collaboration the Organization provided to the retirees, not only by the Representative but also by the Representation's staff. Likewise, support for two issues that have been of concern to former staff were highlighted. First, the tax regulations in the country and abroad, to which retirees must be in full compliance; and secondly, the reception and processing of the Certificates of Entitlement that the Pension Fund sends to

its beneficiaries, and the need to immediately sign and return them. The support of the Representation has been invaluable.

The support of the Colombia Representation was also highlighted, for its providing an identification card for retirees to use to identify themselves in emergency clinics that have an agreement with PAHO for the provision of health services in Bogotá, Cali and Medellín.

An assessment was made of the Chapter's support for the “Mary is my Mother” Project and a presentation was made by the Chapter President, who highlighted the support by the AFSM Board of Directors in Washington and the Federal Credit Union, as well as the enthusiasm of the members of the Chapter to promote progress in fulfilling the objectives approved by the Assembly.

The Assembly acknowledged the work of the former Board, composed of Carlos Hernán Daza, Luis Jorge Pérez, Nelly Marín, María Mercedes Rodríguez, Germán Mora and Diego Victoria.

A new Board was elected for the period from 20 March 2018 to 20 September 2019, which is comprised of Ana Lucía Acero as President, Julio González as Vice President, Freda de Dueñas as Treasurer, María Mercedes Rodríguez as Secretary and Raúl Londoño and Jorge Ospina as Members at Large. *N*

XII Asamblea de la AFSM, Capitulo Colombiano, 21 de Marzo, 2018

Remembering our Colleagues

Harold Alexander Drayton
1929 - 2018

By Robert A. Pumphrey Funeral Homes

Professor Harold Alexander Drayton died on Sunday 11 March 2018 in Gaithersburg Maryland, United States.

Born on 20 August 1929 in Georgetown, Guyana, Dr. Drayton first attended Queen's College in Guyana and subsequently he attended the University of Edinburgh where he completed a doctorate in cancer virology, while serving as the first President of the Federation of West Indian Student Unions of the United Kingdom. He began his distinguished career as a high school teacher in Grenada and Jamaica in the late 1950s.

In 1962, he was a lecturer in Zoology at the Kwame Nkrumah University of Science and Technology in Kumasi, Ghana when he was recruited by Cheddi Jagan, then-Premier of British Guiana, to establish the country's first university. While overseeing the 1963 founding of the University of Guyana, including the recruitment of faculty and administrative staff, he also served as a Professor of Biology and the university's first Deputy Vice-Chancellor and Vice Principal. He was head of the university's Biology Department from 1963 to 1972. During this tenure he introduced curriculum in Social Biology, Caribbean Health Studies, and training for public health professionals that would be widely adopted across the English-speaking Caribbean.

Dr. Drayton also served as a Caribbean Regional Advisor in Human Resources Development for the Pan-American Health Organization (PAHO) in Barbados and was Director of the Center for International Health of the University of Texas' Medical Branch in Galveston, Texas. Throughout his career he served as an advisor, consultant and advocate to the University of Guyana and Guyana's Ministry of Health and was a consultant to the Caribbean Community Secretariat.

Dr. Drayton is survived by his wife Dr. Vonna Lou Caleb Drayton, an Epidemiologist and Public Health Specialist at Booz Allen Hamilton in Washington D.C.; his children Ms. Alison Drayton (Falzon), a Principal of Drayton Sher Lawyers in Sydney, Australia and Dr. Richard Drayton, the Rhodes Professor of Imperial History at King's College London; grandchildren Elliott and Samuel Falzon and Lucie and Sarah Drayton; and his siblings Mrs. Thelma Vincent, Mrs. Eileen Woo-Ming, Dr. David Butts, Mrs. Sulsie Muchal, Mrs. Shar Glickman, son-in-law, Mr. Edmund Falzon and daughter-in-law Dr. Vita Peacock Drayton. $\mathcal{N}$

Things to Remember

Your opinion is important

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

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

To reach us, send us emails to:

afsmpaho@gmail.com

You can also write to:

AFSM c/o PAHO
525 23rd Street NW
Washington DC 20037-2895

Contact Information

Please refer to AFSM Directory and be certain that all your personal contact information is correct. Visit AFSM web site and find details on who to write to, depending on the matter you want to inquire about or inform us of. We also encourage you to provide us with updates of your address, email or telephone, if there are changes, so that the Newsletter and other important information can be sent to you on time. Any changes or additions to your contact information should be sent by postal mail to PAHO Headquarters in Washington DC or, preferably, by email to:
afsmpaho@gmail.com

PAHO/WHO AFSM Web link:
http://www.afsmpaho.com, and to register please use your email address as your ID and as password use: **Paho1902!**

To become member of the Facebook page of AFSM
Go to: **http://www.facebook.com/group s/230159803692834/**

The Back Page

Board of Directors

Officers

Germán Perdomo ('18)
President

Carol Collado ('20)
Vice President

Gloria Morales ('18)
Secretary

Hortensia R. Saginor ('20)
Membership Officer

Sylvia Schultz ('19)
Treasurer

Members-at-large

Marilyn Rice ('18)

José Ramiro Cruz ('20)

Hernán Rosenberg ('19)

Enrique Fefer ('19)

Honorary Members

Jaime Ayalde
President Emeritus

Nancy Berinstein
President Emetirus

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

Committees

Communications Committee
Coordinator – Antonio Hernández
Members –
Hernán Rosenberg
Gloria Morales, Germán Perdomo,

Outreach Committee
Coordinator – Germán Perdomo
Members –
Brazil: César Vieira
Chile: Alfredo Ballevona
USA: Amalia Castro, Carol Collado, Hernán Rosenberg

External Relations Committee
Coordinator – Hernán Rosenberg
Members –
Carol Collado, Enrique Fefer

Elections Committee
Coordinator: Hernán Rosenberg
Members – Enrique Fefer, Antonio Hernández, Sylvia Schultz

Publications Committee
Coordinator and Editor-in-Chief – Marilyn Rice
Members – Carol Collado, Enrique Fefer, Gloria Morales, Germán Perdomo, Hortensia Saginor, Hernán Rosenberg, Antonio Hernández, Gloria Coe, Patricia Ilijic

Health Insurance and Pension Committee
Coordinator – Carol Collado
Members –
Gloria Morales, Nancy Berinstein, Jerry Hanson, Haydée Olcese, Alfredo Ballevona, Horacio Toro

***Membership Officer* – Hortensia R. Saginor**

***Auditor* – Fredy Burgos**

Presidents of AFSM Country Chapters

Bolivia Chapter
Horacio Toro Ocampo, *htoroocampo@yahoo.com*

Brazil Chapter
César Vieira, *cesarvieira@globo.com*

Chile Chapter
Alfredo Ballevona, *aballevona@gmail.com*

Colombia Chapter
Ana Luía Acero, *anitacero1@hotmail.com*