Good news!

1. Our website is finally available in both languages: English and French. Here is the home page. You will find on page 3 the information on how to access it.

2. As you can see, the first and second pages of the QNT are in colour. And this will be the case from now on. We extend our warmest thanks to the WHO printing department and its chief, for their helpfulness and great competence in making this possible.

See contents on page 3
News and events: 2nd trip to Morocco

Central square in Chefchaouen

The guide giving explanations to the group

Simulation of a Moroccan wedding

Dancers and musicians

Camel trekking in the desert

Aït Ben-Haddou, village in High-Atlas, inscribed by UNESCO

The gorges of the Todgha

Merzuga Kasbah

Photos
D. Cohen, J-P Menu, C. Modis, P. Richard
Morocco 2007

Following the great success of the trip to Morocco last year, a new excursion was undertaken this year, from the 12-21 March 2007. This new voyage, more varied than the preceding one, was, once again, very much appreciated. The group comprised 28 people, of whom 14 had participated in last year’s trip.

Arrival in Tangier, formerly an international city, which has kept its special style, onto Tetuan, capital of Northern Morocco, once under Spanish protection, an intellectual and religious city of the north, then Chefchaouen, a small town clinging to the mountain of Rif, all in blue, very colourful. Then Fez, probably the most interesting town, the cultural capital of the kingdom, visited last year, which never deceives disappoints.

A very interesting evening — typical dinner, music, dancing, simulation of a Moroccan marriage with members of the group as actors — in the riad of Mr Lazrak, our guide, as he was last year.

From Fez across the mid-Atlas, very beautiful landscapes, until Midelt, then Erfoud by way of Errachidia, to Merzuga and its dunes, gateway to the desert.

From there, an excursion by Jeep to a Berber settlement where we passed the night in tents, after a camel (dromadaire) ride to admire the sunset behind the dunes; there, around the camp fire, we enjoyed Berber dances and songs. The majority of the group slept in tents, the others returned to the hotel in Erfoud.

The following morning, after admiring the sunrise, we returned to Erfoud where the coach was waiting for us for our departure to Tinehigr via Tinedjad, villages clinging to the mountain side, then across the impressive gorges of Todgha, coloured in red and ochre, 30 meters wide and 250 meters high; then the Dades Valley, across the High Atlas, arrival at Quarzazate, administrative capital of the Draa region with its fortified Kasbahs. We visited the Kasbah of Aït Benhaddou, a fortified village inscribed in UNESCO’s World Heritage List, and finally the beautiful ochre city of Marrakech, one of the Imperial cities, also visited last year, but including this year the Majorelle garden, known for its extraordinary variety of essences. Return to Geneva from Marrakech.

In view of the success of this second trip, it is possible that we shall be organizing, if demand is sufficient, a third and last voyage on the following lines: Geneva-Marrakech, Tafraout—Taroudant-Tiznit (the other part of the desert) - Agadir, then along the Atlantic coast to Rabat, the trip ending with two or three nights in Fez for the World sacred music festival which takes place every year in this town at the beginning of June; then, returning Fez- Geneva.

Those interested are invited to let us know.

D. cohen
ANNOUNCING THE NEW AFSM WEB SITE

We keep our members informed through the Quarterly Newsletter, circular letters and other mailings. Now AFSM can communicate with its membership and with WHO former staff worldwide in a new way—through its own web site. The late Director-General, Dr Lee gave AFSM financial support to create a site within the WHO web domain. We are deeply grateful to Dr Lee for giving us this opportunity and for support from the current WHO Director-General, Dr Chan. Also we thank the WHO web team for establishing the web site and showing us how to keep it up-to-date.

You can find the web site from the WHO home page at: www.who.int by clicking on “WHO sites” then on “Association of Former WHO Staff” or bookmark this address: www.who.int/formerstaff.

We aim to use the web site to make it easy to find general information about the objectives, structure, and activities of AFSM. News about new developments in pension and staff health insurance issues will be posted as well as announcements of events, travel and other activities. You can also find a full text collection of the QNT from 2003 to the latest issue as well as links to useful internet resources for retirees. A special section highlights our work on WHO memory and history projects. A French language version is also available.

The web site is still in its early stages. We have many ideas for new items to include, in particular links and showcases on regional former staff organizations and activities.

We hope that you will find this web site useful. We welcome your suggestions and comments which will help us to develop it. And we wish you all an interesting and enjoyable surfing.

Carole Modis and the Committee

AFSM General Assembly:
First announcement

Our 4th General assembly will take place on Thursday, 25 October 2007 at WHO Headquarters, Room A; we hope it will be as usual a well attended and lively assembly; you are from now invited to send us your suggestions on the items you wish to be dealt with.

2nd World Elder Abuse Awareness Day

The WEAAD was celebrated over two days, 14 and 15 June, at WHO Headquarters in Geneva; AFSM took part in the organization and the running of these events;

14 June: Progress and future strategies
Welcome by Dr David Cohen and Dr Astrid Stuckselberger, NGO Committee on Ageing at the United Nations Geneva, and Dr Elizabeth Podnieks, INPEA (International Network on Prevention of Elder Abuse).

Part I: Best practice and needs: Region, UN, internationally.
Presentations by J. Cramer, Alter Ego, Swiss association against elder abuse and mistreatment; Heat wave 2003: evidence of mistreatment in Europe by Prof. Charles-Henri Rapin, Geneva University Hospital, who revealed that 80,000 older people had deceased due to the 2003 heat wave.; Cité seniors: an initiative of the City of Geneva by Maurice Graber, Geneva Social Service; Older women abuse: a neglected reality of NGOs and UN world, by Dr Astrid Stuckselberger.

Part II: Open Forum: Discussion and potential collaboration
UN retiree organizations’ Members: WHO AFSM, AAFI/AFICS, UNI 3.
UN NGOs: Committee on the Status of women, Committee on ageing, working group on Human Rights, GINA, etc. Participants in the Forum
Closing by Roger Fontana, President AFSM.

15 June: Official WHO Day
Chaired by Dr Alex Kalache, WHO Ageing and Life Course Programme

Welcome message by the representative of the City of Geneva.
Keynote speakers: Stephen Lewis, Toronto, Canada: Abuse of older women within the context of the AIDS epidemics in Africa. Comments by Richard Blewitt, HelpAge International;
Baroness Sally Greengross, House of Lords, United Kingdom, formerly Secretary General Age Concern, UK: Policies on elder abuse prevention and management: what works within the context of the UK and Europe.

This very interesting seminar was followed by a reception at WHO Cafeteria, offered by the City of Geneva.
News and events

Health Insurance

Health insurance statutes are now printed (English and French); you may obtain them on demand from the Office of Health insurance. We have also a few copies in Office 4141.

60th World Health Assembly

At its 60th session, the Health Assembly discussed a number of public health issues and adopted two key resolutions on pandemic influenza preparedness and public health, innovation and intellectual property. Other issues discussed included the application of the International Health Regulations; smallpox eradication; noncommunicable diseases; better medicines for children; and progress in the rational use of medicines.

The Health Assembly also adopted resolutions on the technical and administrative work of WHO and approved the largest-ever budget

New members

We have pleasure in welcoming into our large “family” the following new members, who we congratulate warmly on their decision.

Life membership:
BOURNE Rosemary; CLEMENT Geneviève; COSTA E SILVA Jorge Alberto; D’ALMEIDA Ayite Manko; DOYLE Sandra; DUPPENHALER Vivienne; FUENTE Francisco de la; ELNAGGAR Aziza; MAKUTO Daniel; MOREAU Catherine; SKRIVER Thelma; VOtor MAWUPE Kofi.

Conversion from annual membership to life membership:
BRUNET Marcel; CEREDA Jean; CESTRE-L’ODALYS Maryse; SADEK Mary Celine; YAO Kuan.

Annual membership:
ASAMOAH Andrew
BAGCHI Kalyan; BONDET Jean; LARTIGUE Liliane; RITSON Roberta; SIMMONS Lindsay; THOMAS Anthony; YAO Kuan.

Communications

We have received the postal cheque below that we were not able to cash, and we ignore the name of the person who sent it; please let us know your identity.

Lunchtime seminars are organized by many of the headquarters departments and are announced on posters in the lifts. Too often former staff who would like to attend one of these seminars find out about them too late. In order to organize a better system to inform former staff, we ask those of you in the Geneva area who are interested to contact AFSM.
Our health

The Executive Board, at its meeting on 29th January 2007, approved the proposal to establish a World Malaria Day.

(1) Malaria Day shall be commemorated annually on 25 April or on such other day or days as individual Member States may decide, in order to provide education and understanding of malaria as a global scourge that is preventable and a disease that is curable;

(2) Malaria Day shall be the culmination of year-long intensified implementation of national malaria-control strategies, including community-based activities for malaria prevention and treatment in endemic areas, and the occasion to inform the general public about the obstacles encountered and progress achieved in controlling malaria.

Malaria pills without profit

The big pharmaceutical companies are rightly criticized for concentrating on the development and marketing of drugs that sell for high prices in the industrialized world while neglecting to produce medication that could save millions of lives in the poorest countries.

So it came as especially welcome news last week that Paris-based Sanofi-Aventis, the world's fourth-largest drug company, working in collaboration with a nonprofit drug-development organization pioneered by Doctors Without Borders, will soon introduce a cheap and easy-to-use pill to combat malaria in sub-Saharan Africa.

The pill combines two drugs that are already in use into a single medication that can be taken once a day for three days by young children and twice a day for three days by adults, to cure the infection.

The course of treatment is notably cheap — less than 50 cents for children and less than $1 for adults. Sanofi will make no profit on sales to public health agencies and international institutions that typically serve poor people. But it will also produce a branded version to be sold in the private markets of developing countries at three or four times the public price.

To its additional credit, the company has agreed not to seek a patent on the one-pill formulation so that generic companies, like those in India, can produce the pills cheaply and add to the quantities of medicine needed to treat many millions of malaria victims around the world.

Now that Sanofi has shown, in the words of one executive, that "we are not nasty people working against poor countries and seeking only profits," let us hope that many other big drug companies feel the same humanitarian impulse.

R. Pal, from The International Herald Tribune, 6 March 2007

Nap your way to longer life!

According to an article in The Economist (17 Feb. 2007), "Taking siestas may reduce the risk of heart attacks": a few excerpts follow. The periodical quotes a recent study published in the Archives of Internal Medicine claiming to find a link between daytime naps and good health. Research involved 23,000 Greek patients with no history of coronary disease, cancer or stroke, for an average of six years. Their conclusion: napping might just save your life.

The study found that the group of adults who took naps (defined as 30-minute naps) at least three times a week had a third fewer deaths from heart disease than an equivalent group who did not sleep at all during the day. The benefit was greater for men than for women (however, there were too few deaths among women during the study to know whether they benefited at all). It was also greater for working men than for those who had retired.

A number of previous studies done in the Mediterranean and parts of Central America (where siestas are common), have conflicting results, but
the researchers of the present study argue that those studies have often been flawed. The subjects in some, for example, had survived heart attacks, and may therefore have benefited more from napping than healthy individuals do. Given that all the subjects of the new study were Greek, could the celebrated Mediterranean diet deserve credit, rather than the siestas? According to one of the researchers, Dimitrios Trichopoulos of Harvard’s School of Public Health, the answer was “No”. Unlike other studies, the study conducted by him and his colleague Androniki Naska of the University of Athens Medical School, was controlled for diet, smoking, exercise and other variables.

As for many scientific surveys and studies, these results should be considered with caution, with due regard to different individual histories, circumstances and medical status. However, in a lighter vein, this will give comfort and support to some of us who do take a short siesta after lunch, close their eyes and reflect on the fate of the world.

Y. Beigbeder

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Advances in the fight against ageing

Drugs to treat Alzheimer’s and Parkinson’s or cardiovascular disease? There is hope for the years 2013-2015.

A new initiative has begun at a research centre, GenKyoTex (Geneva-Kyoto-Texas) under the leadership of Prof. Karl-Heintz Krause, chief physician in a laboratory working on experimental cell therapy at the faculty of medicine of Geneva. He is working on the possibility of blocking the production of free radicals implicated in ageing and in many diseases.

These free radicals (oxidizing stress) which are present in our organism are necessary, for example to kill bacteria, but they are harmful when they occur in too large numbers. “We have chosen, therefore to act in anticipation by inhibiting the source where free radicals are produced, in the enzyme family “NOX”, explains Professor Krause. Molecules capable of blocking these enzymes have been discovered. The animal testing phase has begun; the first testing on human patients could begin in 2010.

Y. Beigbeder

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AMD: HOPE

(Age related Macular Degeneration: see QNT 63)

You may recall there are two forms of this disease: dry or atrophic and wet or hemorrhagic.

In the dry form with its slow evolution, we have no other option but to administer mega doses of vitamins in the hope of slowing down the progress of the disease.

A promising new treatment for the wet form was announced at the end of last year. Growth inhibitors called “anti vascular endothelial growth factor (VEGF)” are administered by injection into the eye. Used also in oncology, this substance acts by blocking the VEGF1, a key factor implicated in the proliferation of blood vessels.

The drug is administered every four to six weeks for several months. Under its influence, the vessels stop growing and even have a tendency to regress. This harmful process is halted in 90% of the cases. If the treatment is started at a very early stage, an improvement in the quality of vision occurs in a third of the cases.

D.Cohen, from the bulletin Pulsations, Geneva University Hospital, May 2007.

1. Vascular Endothelial Growth Factor
The WHO “extraterritorial” compound is situated overlooking the rapids of the Congo River, some ten kilometers west of Brazzaville. From 1950 to 1953, it was owned by a hydro-electric firm which exploited the twenty-three meters difference in the level of the Congo and its small tributary the Djoué.

The quarters built for the dam’s engineers now are home to WHO staff. The area is lush and full of flowers. Each bungalow is draped with the local tropical flora, including acacias, flame trees, ironwood, bougainvillea, mangroves and palms. The lawns all around are carefully tended by the WHO gardeners.

Leaving WHO, we pass first of all the superb greens of the golf club which overlooks the rivers with a view of the rapids crashing unendingly over the rocks. Next we see a small group of huts near a cemetery where goats run freely and climb on the tombs. Soon we are on the bridge over the Djoué, the tributary which throws itself impetuously into the river. Cow carcasses are often thrown in the water, attracting the crocodiles. The bridge is guarded day and night by young members of the JMNRS (Jeunes du Mouvement National Révolutionnaire) armed with machine guns. In theory, the WHO “CD” car plates give free passage. But the behaviour of the guards is quite unpredictable.

Once past the bridge, we join Schoelcher Avenue with the Bacongo district on the right and the gendarmerie barracks on the right. If we turn right along General De Gaulle Avenue, on the right are a group of official buildings, including the Pasteur Institute and the President’s palace fronted by its French garden. We are close to the Plateau shopping centre; in the market there we can buy the country’s produce—mangos, avocados, pineapples, bananas and peanuts. Presently we rejoin the side of the river which carries down floating islands of water lilies. On the right there is a monument honoring Savorgnan de Brazza who gave his name to the city; a few meters farther along is the statue of General de Gaulle, whose name is associated with the country’s independence.

Continuing left, we come to the town hall, the police station and high street where most Europeans do their shopping at the SAIVA, our little supermarket. Its excellent cheese counter gives the nostalgic Gaul the illusion of being back in France with the taste of Roquefort or camembert.

Going back up the river, we pass the Beach landing dock, point of departure for the ferries to Kinshasa. An old kapok tree branches out next to the customs building. At this spot, the river has shrunk to a width of only three and a half kilometers. Still going up the river, we arrive at M’Pia, a Bateke village of fishermen and potters which had a population of 2000 people when the French arrived there in 1882.
Only a few huts remain, but there are still some canoes coming in and out of the small picturesque port.

The African quarter of "Brazza" is also very interesting. Poto-Poto district is said to be inhabited by more than one hundred different ethnic groups. Its various dwellings make a curious sight ranging from cement huts to wooden or corrugated iron shacks with straw or sheet metal roofs surrounded by small green and flowering holdings and vacant lots which are dusty in the dry season and muddy in the rainy season. The swarms of children, the smallest with bare bottoms, follow our cars shouting "moundélé" which means "white man". Right in the centre is the Moungali market. In this most authentic and picturesque of markets, the vendors are grouped by specialty. Brightly colored scarves, made in Holland or France, are carefully stacked on the rickety counters. Along side we find grilled caterpillars, fish both smoked or more or less fresh and covered with flies—same for the butcher’s meat with its strong unappetizing smells. The fruit is tempting. Also for sale are gris gris, charms to cure all types of illness.

At the crossing of Paris and Mindouli streets is located the school of African painting of Poto-Poto. The themes of the paintings are scenes from every day life in Africa.

This quick tour of Brazzaville would not be complete without mentioning the church of St Anne of the Congo. This modern edifice, begun in 1943, is remarkable for its huge steeply-pitched roof which is covered with luminous ceramic tiles that reflect the changing light of the day.

We, who once lived and worked in this place, hold it vividly in our mind’s eye.
In memoriam

Jean Humphries died surrounded by her family in Scotland on 21 January 2007 after almost a year's battle against cancer.

This was not the first time in her life that Jean faced debilitating illness with exemplary courage. But this was a scheme also prized by the Swedish government and Jean was out of a job almost before she had begun.

Fortunately, it was possible to retain her as the administrative assistant to the Secretariat Committee on Research Involving Human Subjects. A whole generation of Directors will remember her efficiency, charm, and, not least, her wry and masterful handling of acerbic confrontations. Several tried to tempt her away to other pastures, but she was having none of it. However, with a change of administration, the committee went into decline. No chairman was appointed, the function disappeared from the organigram, and Jean, discouraged, quietly took leave of the organization two years before her time.

Away from the Office, Jean enjoyed various activities including skiing, Scottish Country Dancing, walking and sailing. She was a member of the Church of Scotland and regularly worshipped in the Auditorium de Calvin in Geneva. Jean will be remembered by her many friends in Switzerland and worldwide for her cheery personality and sense of fun.

Dr John Dunne

Jim Cullen, who died on 26 August, 2006 was born in New Zealand which he left at the age of seven when his parents moved to England.

Jim volunteered for the Royal Navy during the Second World War and became a pilot.

On being demobbed in 1946 he studied Business Administration but after two years he joined the British Colonial Service and began work as a Sanitarian in the Malaria Eradication Programme. After assignments in Mauritius and Tanzania, learning on the job, he was recruited in 1956 by WHO as a Biologist (Medical Entomology) to work on an anti-malaria project in Zaire.

There followed assignments in Ghana, Uganda, Nigeria and Togo. His growing mastery of malaria control led to his appointment as an instructor in Malaria Eradication Training Centres in the latter two countries. By then he was a Fellow of the Royal Entomological Society of London. In Togo, Jim was instructing in French and this ability led to assignments in the Lebanon and Tunisia. In 1972 he moved to Afghanistan, a country he had always hankered after, where he worked until 1978.

Jim's final years with WHO changed from long assignments to short missions. Briefly he forsook the anophelines mosquito in favour of the tse-tse fly with assignments in Burkina Faso and Ivory Coast.

In 1960, he returned to his first love as a Research Officer on Malaria in Thailand. He retired from WHO, aged 60, in 1982. Afterwards he did some follow-up missions; the last one was in 1986 to Vietnam which was interested in the Epidemiological Early Warning System he had developed. In general Jim considered Mauritius, Uganda and Tunisia as the places in which he achieved most during his professional life, where the effects of the campaigns have been maintained over many years.

Jim joined BAFUNCS in 1983 and served as Pensions and Bereavement Officer from 1989 until 2002. His calm and helpful personality and the support he gave were greatly appreciated by all who turned to him in times of need.

Based on an appreciation by Toby Loftas, in the BAFUNCS Newsletter (British Association of Former United Nations Civil Servants)
In memoriam

Ernest Samuel Walmsley Bidwell was born on 26 January 1923 at Bathurst in The Gambia.

Ernest studied medicine at King’s College Medical School in Newcastle, UK. Returning to government service in the Gambia he was responsible for all medical and health activities over a large area of the protectorate, running a 70-bed hospital, touring rural health centres and dispensaries at weekly intervals and supervising a TB Clinic and sanatorium in Bathurst. In 1960 he returned to the UK for postgraduate studies at the London School of Hygiene and Tropical Medicine (DTMH) followed by an FRCP in Tropical Medicine (Edin.).

Ernest then took up a post in Ibadan, Western Nigeria where, as medical officer and public health administrator, he was responsible for the planning and execution of TB activities. He joined WHO in 1968 as Team Leader of a Tuberculosis field project in Mali, moving to Benin in 1971 as WHO Programme Coordinator. In 1974 he was assigned to the post of WHO Programme Coordinator in Nigeria. In 1977 Ernest Bidwell was appointed Director of the Headquarters Programme Committee in Geneva where he served until his retirement in 1983. During this period he was instrumental in the concept development of the primary health care strategy.

Ernest was an excellent manager though he acknowledged that he “must have incurred the displeasure and even annoyance of many who found it difficult to accommodate my directness and confrontational stance in matters of principle. Associated, not infrequently, with a lack of subtlety in advancing my cause”. His experiences at the grassroots level left him with a certain impatience with some of the less than – as he saw it – realistic policies promoted by headquarters, as well as a bad back from hours of travelling over rough terrain in a landrover. Unfailingly kind to those in distress, Ernest considered that a day without laughter was a day lost. Such an attitude puzzled certain colleagues, underlining their remoteness from the continent he knew so well.... Once retired, Ernest was involved in the revision of the National Health Policy of the Gambia.

Rosemary Villars

Deceased persons as recently notified to us

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<th>Name</th>
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<td>BORBOR, Mrs Eveline</td>
<td>24.05.2007</td>
<td>MINTCHEV, Dr Peter</td>
<td>June 2007</td>
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<td>TAYLOR, Mr Alistair</td>
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<td>May 2006</td>
<td>WALLART, Mr Yves</td>
<td>30.04.2007</td>
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To our readers: if you have any relevant information, please be so kind as to share it with us: information from your region, jokes, etc.
Your letters, articles, etc., preferably through e-mail messages will be most welcome.
ACTION TO BE TAKEN ON THE DEATH OF A WHO PENSIONER
(Notes prepared by the Association of former WHO Staff Members (AFSM/AOMS) as guidance to survivors.)

In the event of the death of a U.N. Pensioner, persons entitled to a surviving spouse’s pension should take the following action:

1. Inform the Secretariat of the UN Joint Staff Pension Fund (UNJSPF) either at:
   - Palais de Nations, CH 1211 Geneva 10, office D-08; or by e-mail jspf@un.org, or telephone 0041 22 791 1824,
   - United Nations, P.O.Box 5036, New York, N.Y. 10017; E-mail unjspf@un.org; telephone: 001 212 963 6931.
   - The UN Pension Fund also has a website: www.unjspf.org

   Please send them the original death certificate. The pension will be paid in full for the month in which the pensioner dies. For persons living in the regions, please contact the UN Joint Pension Fund as indicated above, or ask the regional office to assist.

2. The surviving spouse should complete the appropriate form PENS E/2 “Instructions for Payment of Benefits”. In addition, in case of change of address and/or bank details and currency, the form PF.23 “Change in Payment Options” should also be completed. These forms can be obtained from the UNJSPF Secretariat at one of the addresses above, or on the website.

3. Inform the WHO Staff Health Insurance Office in Geneva, Avenue Appia, 1211 Geneva 27, tel.: 0041 22 791 1818. Entitled survivors will continue to be reimbursed medical expenses as in the past. For persons living in the regions, who sent their medical claims to the regional office, the same procedure will be continued.

4. Contact us at AFSM/AOMS Geneva, by telephone at 0041 22 791 3103 or by letter or E-mail (afsm_aoms@who.int) if you need assistance or information. In this case, as a service to our deceased members, we will contact the appropriate WHO and UN offices prompting them to take necessary action, and will keep you informed.

PS. You may ask the UN Staff Mutual Insurance Society whether you are entitled to the reimbursement of a certain amount of the undertaker’s costs.

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What our readers think of the QNT

... To express thanks for the much appreciated Quarterly News (Mary Oliphant ABBOTT)
Many thanks for the very nice OMS Nouvelles (Jo Elrik ASVALL).
...The Quarterly News is interesting and I read the directory from page to page just to know which of us oldies is still going strong... (Joan BENTLEY).
I receive with pleasure the journal « News ». I appreciate reading the different articles.-
Many thanks to the whole Editorial Board (Marcel BRUNNER)
I always appreciate the NEWS... (Robert César DASPRES).
I think the QN is great (Elizabeth GIRARDET)
Congratulations on AFSM News and the white paper. (Margit HILSENRAD)
...Only English version of QNT be sent to English speaking persons and French version to French speaking persons... (Hari Ram KAKAR)
I have just received your QUATERLY NEWS and I thank you very much for the same. Continue sending this highly informative document which keeps the former WHO staff updated from time to time. I being a very old staff member of WHO, retired from SEAR Region after almost 42 years of dedicated service, know many of HQs former and present staff members.
I thank you again for the NEWS Bulletin and take this opportunity to wish all of you SEASONS Greetings. (Surinder Kumar MARWAH)
The Quarterly News is very interesting (Anne-Marie TERRASSON-CHÉNAT)
Street clinics and schools in Calcutta (Kolkata)

Coming back from a humanitarian mission with the Foundation CALCUTTA-RESCUE: a visit to The Street clinics and Schools in Calcutta. by Geneviève Martinod (from 10.12.2006 to 12.01.07)

In India, during the school orientation period, when young people have many questions, I had the opportunity to accompany volunteer workers and meet the doctors working for a humanitarian mission "Calcutta-Rescue" which has created an initiative for street schools and clinics in this Indian metropolis—where poverty and wealth are mixed without restraint in the extremes of noise and airborne pollution.

History: Calcutta RESCUE has come about through the efforts of Dr Jack Preger who first started offering free medical treatment to the poor from a pavement clinic on Middleton Row, Kolkata in 1979.

The profile of the work increased along with the support of international medias and several support Groups and Charities without whom Calcutta Rescue would not exist today.

CALCUTTA RESCUE - a brief introduction:

Calcutta Rescue is a non governmental organisation operating in Kolkata and rural West Bengal. It is registered under West Bengal Societies Act 1961. It aims to provide free medical care and other benefits to the destitute and socially disadvantaged of these areas regardless of sex, age, caste or religion.

At present the organisation operates four referral outpatient clinics at Tala Park, Chipur; Sealdah and Belgachia. Between them they see approximately 250 to 350 patients a day. Free treatment, nutritional supplements, clothes and hygiene products are given to patients suffering from illnesses such as tuberculosis, leprosy, diabetes, heart disease, thalassemia, malnutrition and trauma etc.,. Calcutta Rescue’s outreach project works as a referral service for the clinic and assists with ensuring compliance and providing health education advice at patients homes. The outreach also runs preventative health interventions in selected areas. The State and local government have implemented national level interventions against diseases like leprosy, TB, HIV/AIDS etc.,, and Calcutta Rescue is working as a partner with the state to deliver TB treatment in both an urban and rural setting and in national initiatives against leprosy and arsenic control.

Besides medical care, CR also emphasises education. CR operates two non-formal schools which provide nearly 300 slum children with free education, food and health screening and thus better prospects than their socio-economic condition might otherwise allow. Those children showing promise are given the opportunity to attend formal school, the fees, uniform and books also being provided for free. There are also two vocational training projects, based in two villages south of Calcutta, which teach the rudiments of weaving and produce cloth for patients’ clothes and handicrafts. Finally, there is a handicrafts department which gives training to
Street clinics and schools in Calcutta (Kolkata)

Street clinics and schools in Calcutta (Kolkata) were established for women, most of whom are ex-patients and would not otherwise have a source of income.

Calcutta Rescue has FCRA registration and is financed mainly by several support groups in Europe, Canada and Australia. The organisation is largely operated by local staff and currently employs around 142 people and adheres to all Statutory Requirements of reporting, accounting, taxation etc.,.

Calcutta Rescue welcomes your support. Please pay a visit to:

www.calcuttarescue.com to learn about contributions, volunteering sponsorships and other ways to support the beneficiaries.

Swiss antenna: www;Calcutta-espoir Case postale 395 860 - AIGLE 1
Tel. 024.466.35.85. CCP 18-6071-8

On the lighter side

At a jewellery store a young man bought an expensive locket as a present for his girlfriend. "Don't you want her name engraved upon it?" asked the jeweller. The young man thought for a moment, and then, ever the pragmatic, steadfastly replied, "No, just engrave it: to my one and only love. That way, if we break up and she throws it back at me in anger, I can use it again for my next girl friend."

An old man had a serious hearing problem for a number of years. He went to an ENT specialist who gave him a hearing aid which had just arrived on the market. True to its worth, the instrument gave him 100% audibility. The old man came back to the specialist after a month for a routine check-up and thanked him profusely. The specialist was happy and commented. "Your family must be really pleased you can hear again." The old man had a hearty laugh and replied, "Oh, I have not told my wife and children yet. I just sit around and listen to their conversations. You would be surprised; I have changed my will three times, already!"

From UNPA newsletter, SEAR, April 2007
INFILTRATION: a mole paid by Philip Morris (available in French only)

This book* which was presented in QNT 66 outlines the events in a trial for slander brought by a professor associated with the Faculty of Medicine of Geneva who considered his honour to be damaged by two champions of the anti-tobacco fight in Geneva.

This story is an important one: the well-known firm Philip Morris succeeded in engaging in its department of research and development, Professor Ragnar Rylander, a Swedish scientist and member of the Institute of Social and Preventive Medicine of the Faculty of Medicine of Geneva; his assignment was to prove that passive smoking is without danger for children.

Professor Ragnar Rylander had been working for Philip Morris for thirty years without the knowledge of the University of Geneva until he was unmasked by Pascal Diethelm, a recently retired WHO staff member and president of OxyGenève, with the assistance of his friend Dr Jean-Charles Rielle, director of the Institute of Social and Preventive Medicine; the affair was unveiled at a press conference on 29 March 2001.

Pascal Diethelm militates for the interdiction of smoking in public places and carries out research on passive smoking. While surfing on the web site of Philip Morris, he discovered several articles authored by Ragnar Rylander, a professor associated with the University of Geneva, and so began a huge process of investigation. One of the articles, among many, startled him "Tobacco smoke in the environment does not modify the risk of illness. On the contrary, it has been found that some symptoms were caused by humidity and moulds in the habitat." Diethelm found more than 16,000 references to Rylander who went so far as to say that passive smoking could, in small doses, even immunize an individual against lung cancer!

For his “work” Rylander was highly paid e.g. bills for 40,000 dollars, 87,000 dollars. Pascal Diethelm discovered all this on the web site of Philip Morris, since Minnesota law obliges cigarette makers to have a certain transparency—the public must be able to access all documents concerning their activities.

After the press conference of 29 March 2001 and sensational articles in various newspapers, Ragnar Rylander brought a suit against Pascal Diethelm and Jean-Charles Rielle for slander. He hired one of the best lawyers in Geneva. This affair would last almost three years, until 15 December 2003. There were three trials: the first was won by Rylander; Diethelm and Rielle were fined 4,000 Swiss francs each plus the cost of the trial and a portion of the fees of Rylander’s lawyer. Next there was an appeal which, though mitigated, was still won by Rylander and resulted in a fine of 1,000 Swiss francs. It was only after recourse to the Federal Tribunal, the highest court in Switzerland, which brought the case to the Court of Justice in Geneva that Professor Rylander was declared guilty of “scientific fraud without precedence in the field of passive smoking”. The accused were acquitted and Rylander was condemned to pay the cost of the trial and part of the lawyers’ fees of Diethelm and Rielle.

It must be stressed that the University of Geneva was for some time reluctant to recognize the truth—that is to say that one of its illustrious scientists was corrupt and worked for an industrial firm which, to say the least, worked against health.

The book *Infiltration* reads like a novel and is the work of two journalists Sophie Malka and Marco Gregori. They followed the affair step by step and interviewed all of the protagonists, including for fairness, Professor Rylander after his condemnation. He continues to play the victim, but his arguments are hardly convincing.

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