Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people


Autumn landscape from the cover page of the poetry book “The third period” by Fitzroy Gregory Joseph, (Trinidad and Tobago), life member AFSM
(see poem on page 12)
AFSM annual reception 6 October 2016

As you know, our annual reception was displaced from December to October, due to the bad weather usually in December. Here is some photos of the reception. You will find others in the French version and find all of them on our website.

We made a deliberate error in the picture entitled Vienna by night in Quarterly News No.104 (inside cover, French section). Actually, the photo showed the “Chain bridge” between Buda and Pest. Two readers, Roberto Masironi and Jean-Michel Leclercq, corrected us. Congratulations to them!
EDITORIAL

Like two years ago, we did not need to hold any elections as we only received 11 candidatures for the 12 vacant posts. Most of our sister associations of retirees are suffering from the same lack of candidatures, but is this sufficient consolation? We are very grateful especially to those long-serving Committee members who, in spite of their family commitments and for some, their health problems, once again have submitted their candidature.

For years now, we have been drawing your attention to the need for new blood on the Committee. Thankfully, Keith Wynn heard our plea and we are very grateful to him.

Our friend Dev Ray, who assumed the former presidency and carried out his duties with competence and commitment, feels that he cannot take on another term of office for personal reasons. As the only candidate, I have the honour to take up the torch.

I am proud of our Association and, together with all the Committee members, want it to thrive and progress. I will put my heart and soul into the task. We are very fortunate to have the support of our Director-General and the WHO Administration. Our voice is heard and that gives us our strength.

Why don’t you come and join our adventure? We really need some colleagues to be co-opted who can bring their experience and some of their time to help others.

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Send your contributions to:
David Cohen
dacohen@sunrise.ch

Important contacts
AFSM: see on page 1
Health Insurance (SHI): +41(0)22 791 18 18; in case of absence, please leave a message: someone will call back,
Or email to: shihq@who.int
Pensions: +41(0)22 928 88 00;
Email: unjspf.gva@unjspf.org for Geneva
Or+1 212 963 6931 and unjspf@un.org for New York
AFSM office covered on Tuesday and Wednesday
from 9:30 to 12:00
Otherwise, please leave a message: someone will call back
Announcements

Facebook volunteers needed

Are you a life AFSM member who likes to use Facebook? If so, would you like to test a trial closed Facebook group of AFSM “friends”? This proposal was made at our last General Assembly and we need volunteers to try it out. Closed groups only allow communication amongst the “friends” who have asked and been permitted to join the group and the information shared amongst the “friends” is managed by an “administrator”, to ensure that inappropriate posts are removed. AFSM members receive communications from the Executive Committee but such a closed group would allow its members to communicate amongst themselves on matters of interest and importance and to post announcements themselves in a more timely manner.

If you are interested or would like to receive more information, please send an email to the AFSM at aoms@who.int with “Facebook group” in the title.

The Executive Committee

Notification of deaths

We have learned that we can no longer receive from the UN Joint Staff Pension Fund the periodic list of deaths of retirees. Sometimes the Executive Committee is informed about the death of a retiree by a family member or an AFSM member and then we are able to include the information, find someone to write an obituary and provide a photo in the In memoriam section of the Quarterly News. We would like to ask for your assistance in letting us know when a colleague passes away. We would welcome an obituary but even if you are not prepared to write it, please let us know about the death so that we can keep all readers informed. Many thanks for your help.

The Executive Committee

Elections to the Executive Committee 2016–2018 The results

Last May, we made a call for candidates to stand for election to the Executive Committee for the period November 2016–October 2018.

The Committee consists of 12 members and we received 11 candidatures. In October 2013 the General Assembly decided that if the list of candidates contains less than 13 names, the Executive Committee shall declare these candidates elected without proceeding to a vote. We are happy to confirm that we received a message from our Polling Officers that all 11 candidates meet the criteria and they will therefore form the Executive Committee 2016–2018. There are 10 existing Executive Committee members and one new one – Keith Wynn:

Yves Beigbeder, Sue Block Tyrrell, Laura Ciaffei, David Cohen, Maria Dweggah
Roberto Masironi, Jean-Paul Menu, Dev Ray, Ann Van Hulle-Colbert
Keith Wynn, Anne Yamada

We particularly welcome Keith and quote the information he provided in his declaration of candidature:

I spent more than 30 enjoyable years first at WHO within the Publications department, working in a small team managing external printing contracts, and then latterly in UN-AIDS managing the publications section. My special interests, of concern to many of us, are the Staff Health Insurance and Pensions. If it would be useful I would also be happy to help with the Quarterly News. If there was sufficient interest I would consider starting a local motoring club for retired enthusiasts.

The Bureau has been formed as follows:
President: Jean-Paul Menu
Vice-Presidents: Sue Block Tyrrell and Dev Ray
Administrator: Maria Dweggah
Treasurer: Anne Yamada
Assistant Treasurer: Keith Wynn

The Committee is supported by two Honorary Presidents – Roger Fontana and Alain Vessereau and one Honorary Member - Samy Kossovsky.
"The siesta" also known as the "nap" or "daytime snooze"

Siesta, from the latin «sixta» or the sixth hour, around midday-14:00.

It used to be fashionable to make fun of the siesta which was considered in cooler regions to be only for the lazy or limited to warm countries. Since the end of the 1990's the psychologist, Bill Anthony, Director of Harvard's Center for Psychiatric Rehabilitation, has been studying the benefits of this anti-stress break. His findings have shown that the siesta improves your memory, and, by recharging your brain, allows you to process new data. Other studies posit that thanks to 20 minutes of rest, your intellectual performance increases by 20%! And these fervent siesta supporters emphasize that it also liberates creativity.

Benefits of the siesta

- The nap renews your energy level, and allows you to get going again for a kind of second day
- It also allows you to catch up on lost sleep
- And curiously, it saves time, as it saves a night sleep cycle

The universal character of the siesta (not only practiced by humans but by all mammals) has inspired researchers to question its benefits. It has been shown that in humans there is a drop in concentration level at the beginning of the afternoon. This drop is not due to digestion, although reduced concentration can be more apparent after a heavy rich meal with plenty of alcohol. Prior lack of sleep will have the same effect. You can consider the necessity of the afternoon nap as originating from endogenous mechanisms, regulated by the biological clock.

Types of siesta

In older persons, naps are more frequent, especially in men. In fact, older persons easily fall asleep during the day. Thanks to iterative testing, Carskadon et al found that half of those aged 60 to 80 fall asleep in less than 10 minutes compared to a quarter of those aged 20. Furthermore, waking up in the night, often frequently, due to progressive changes of physiological regulations and sometimes also due to sleep apnea or restless legs, create sleep debt. This debt will be made up during the day, and daytime sleepiness in older persons risks turning into several naps during the day, all the more so if the person is bedridden or not very active due to mental, motor or sensorial incapacity.

Power nap: how to recuperate in 2 minutes

Those who can't relax, those who have a habit of sleeping too much and those who want rapid recuperation can learn how to take a power nap. By practicing every day, you can go from a ten minute nap to just three or two minutes, and thus transform simple relaxation without sleep into a micro sleep restorer.

A snooze: lasting from 10 to 30 minutes, is the most frequent and the most refreshing.

Big nap: With age, the number of hours of sleep tends to diminish to an average of six and a half per night. Statistics show that by taking into consideration the number of hours of sleep during the day and the night, the total number of rest hours of older persons reaches the recommended proportions. Therefore, longer naps are more beneficial to older persons.

Contraindications to naps: Naps should be avoided by insomniacs, as they cut into the night-time sleep which is already too short.

In conclusion, you should take a nap every day, even in a chair, and even if it is for only a few minutes of relaxation without sleeping.

Dr David Cohen

Sources
A major epidemic 2500 years ago

A sort of challenge to modern epidemiologists: on the basis of detailed symptom description would they be able to identify what kind of pestilence it was?

In 431 BCE the Greek cities of Sparta and Athens started a war which then involved practically all other city-states and peoples of the region and lasted about 30 years, until 404 BCE. This was the famous Peloponnesian war, described in a 600-page equivalent book by the well known Greek historian Thucydides. During the first year of the war an epidemic broke out in Athens which ended up in savage spreading and mortality. Medicine men could do nothing against the disease. Actually they were those who in proportion died the most due to their contacts with the sick. It seems that it had started in Ethiopia, spread to Egypt, then to Libya before travelling at great speed onto Piraeus and then to Athens. Water, both as rain water reservoirs and ground water sources could be ruled out as a source of the disease. The spread of the infection was unrestrictable. Thucydides described in detail what he personally observed. According to him, the year had gone on without any diseases. Then suddenly people, men, women and children, who had been perfectly healthy until then, suffered strong vamps of heat at the head with reddening and inflammation of the eyes. Blood was pouring out of the larynx and the tongue. Breath was irregular and fetid accompanied by uncontrollable cough and loss of voice. The condition would descend to the stomach with nausea and vomiting. Pain was severe. Strangely enough, the patient was not feverish or pale in complexion, but the skin looked rather reddish, livid, covered by pimples and micro ulcerations. Internally instead he/she was burning with thirst. Minimal contact with soft cloth or veils could not be tolerated. The only relief came from staying naked and taking cold water baths. Insomnia was prevalent. The patient could not find sleep, yet he/she was able to resist the excruciating pains.

The disease would progress to affect the intestines causing violent diarrhoea. In its downward bodily progression the disease would attack the genitals and finally hands and feet. Death would come slowly, on the 7th or 9th day. The few who survived usually lost their eyesight and memory. They were unable to recognize their relatives. The epidemic was different from any other thus far known, as exemplified by the fact that even birds and scavengers which would eat dead bodies would also die. Dogs which, like they do now, used to share their life with humans, also fell sick. Constant and dedicated assistance was ineffectual. No therapeutic line of action could be identified. In the effort to help each other lots of people became sick and the contagion spread quickly. Entire families disappeared whether or not their relatives and friends took care of them, but those who instead were assisted by relatives and friends died as well. The dead were piled up in heaps, with moribund people rolling around in pain while others, maddened by thirst, were trying to reach a fountain. If anyone survived the disease they would not get sick again. The problem was complicated by the continuous influx of immigrants from the countryside. These had nowhere to live, except shacks. Funerals where kept at an indecorous minimum. Survivors would throw their own dead onto somebody else’s pyre as they could find one. Morality, piety, human and religious respect all disappeared. The epidemic was different from any other thus far known, as exemplified by the fact that even birds and scavengers which would eat dead bodies would also die. Dogs which, like they do now, used to share their life with humans, also fell sick. Constant and dedicated assistance was ineffectual. No therapeutic line of action could be identified. In the effort to help each other lots of people became sick and the contagion spread quickly. Entire families disappeared whether or not their relatives and friends took care of them, but those who instead were assisted by relatives and friends died as well. The dead were piled up in heaps, with moribund people rolling around in pain while others, maddened by thirst, were trying to reach a fountain. If anyone survived the disease they would not get sick again. The problem was complicated by the continuous influx of immigrants from the countryside. These had nowhere to live, except shacks. Funerals where kept at an indecorous minimum. Survivors would throw their own dead onto somebody else’s pyre as they could find one. Morality, piety, human and religious respect all disappeared. The war went on but its progress was disrupted as both camps were decimated by the pestilence. As an example, in 40 days out of 4000 “hoplites” (heavily armed foot-soldiers) 1400 died of this sickness. Eventually the pestilence subsided, and war resumed. This was Thucydides description 2500 years ago.

Would today’s MDs or epidemiologists be able to recognize by these symptoms what kind of epidemic it was? (responses in the next issue)

This year the 45th annual session of the Council meeting of the Federation of Associations of Former International Civil Servants (FAFICS) was hosted at the IAEA Headquarters in Vienna from 8 to 13 July 2016, immediately preceding the 63rd session of the UN Joint Staff Pension Board.

Delegations from 32 associations (out of 59) attended or were represented by proxies. Although AFSM is not a member of FAFICS, I was able to participate as a member of the AFICS-AAFI delegation led by Odette Foudral. As in every other session of the FAFICS Council, the two main topics for discussion were Pensions and After Service Health insurance.

The discussions on Pensions took place at a time when, in spite of strong protests from retiree associations, new retirees continued to experience extraordinary delays in receiving their first pensions (6 months or more) and petitions had been circulated among staff and retirees to accuse Mr. Sergio Arvizú, Chief Executive Officer (CEO) of the Pension Fund of malfeasance, even asking for his removal. For a detailed account of the situation please refer to Dev Ray’s article in the July 2016 issue of our Quarterly News N°104.

One part of the session on pensions was devoted to a formal exchange of views with Mr. Arvizú, and Ms. Carol Boykin, the Representative of the Secretary General, responsible for investments. They were accompanied by some of their senior staff. For the first time, Mr. Arvizú accepted some blame for the delays affecting new pensioners, still reminding the audience that part of the delays were due to the incomplete or late receipt of files from the employing agencies. It is clear, however, that this excuse was not valid for the delayed pensions of newly widowed surviving beneficiaries who suffered delays as least as important. Remedial action was promised and we were assured that the highest priority will be given to surviving beneficiaries. It is worth noting that the meeting of the Pension Board, which took place immediately after the FAFICS Council meeting, agreed to make provisional payments to those most affected under certain conditions.

On the financial and investment side, there was both good and not so good news. For some years now the actuarial studies, which are conducted regularly, had shown an actuarial deficit, growing but still within acceptable limits. The latest study indicated a surplus, albeit very small, as of 31 December 2015. This welcome reversal was attributed in large part to the increase of retirement age to 65 years. The situation regarding investments needed some attention as the Fund had underperformed relative to the market and its policy benchmarks in 2015. In that respect, attention was given to the urgent need to fill senior vacancies in the Investment management division.

We were assured that the asset allocation was relatively conservative and traditional investments were no longer made in hedge funds. The Board is confident that the Fund is safe and that the Fund's future is secure.

Among several other complaints made by participants were the delays in sending out quarterly statements and other documents, and the unfriendly and cumbersome mechanisms for the use of emergency funds when needed by pensioners.

Mr. Arvizú also spoke of new technologies being introduced for communicating with retirees. He had requested resources to establish regional hubs in Africa, Asia, Latin America and the Middle East, thus enabling the Fund to provide services closer to retirees in those regions. The role and functioning of the Geneva office of the UNJSPF may be affected by these developments and the situation needs to be monitored by the retiree associations.
The Fund is shifting to computer-based self-service operations and it is hoped to establish a call-centre. Such call centres are commonly used by banks and telephone companies with mixed results. We were particularly concerned about the steps that would be taken to accommodate the different levels of computerized ability in an ageing community and the need to keep all retirees in the communications loop. Not all retirees are familiar with the use of the internet and so far, since the introduction of IPAS (Integrated Pension Administration System), the website of the Fund is not working properly. The French version is particularly deficient.

In summary, many issues of concern to retirees were aired and we can only hope that the views of the retiree associations were heard and that appropriate action will be taken. Retirees are human beings and not just files.

For many years, many retired UN staff from the former USSR, Ukrainian SSR and Byelorussian SSR had been deprived of their pension rights. FAFICS will make renewed attempts to press for a fair solution.

Turning to health insurance matters, while the pension fund is common to all retirees, most UN agencies, including WHO of course, have their own health insurance schemes. FAFICS is represented in a Working Group on After Service Health Insurance (ASHI). In February 2016, the UN General Assembly requested the Working Group to continue its work and asked it, in particular, to review the potential role of national health insurance plans for UN retirees. At the FAFICS Council meeting, most delegations expressed emotional and documented views against the compulsory use of national health insurance schemes, and to a smaller extent against a unified ASHI scheme. We would like to reassure our readers that these proposals are highly unlikely to turn into reality in the foreseeable future.

Readers may wish to consult the websites of FAFICS (www.fafics.org) and of the Pension Fund (www.unjspf.org) for further information about the meeting and its follow-up.

From left to right: Ms Linda Saputelli (President FAFICS), Alan Prien (FFOA, Rome, Presiding Officer) , Sergio Arvizu (CEO, UNJSPF) and Paul Dooley (deputy CEO, UNJSPF)

Jean-Paul Menu

We have pleasure in welcoming into the AFSM family the following members

Life Members
Norbert Dreesch, Patricia Shipley

Conversion to Life Members
Judith Cianci

Annual Members
Alexandre von Hildebrand, Khadija El Rharbi
End June, the Director-General announced the appointment of Dr Peter Salama as Executive Director of the new WHO Health Emergencies Programme, at the level of Deputy Director-General. Dr Salama, a medical epidemiologist, was formerly a global emergency coordinator with UNICEF, and worked with the US Centers for Disease Control and Prevention, Concern Worldwide, and on missions with MSF.

- Directors have also been nominated for the new Health Emergencies Programme:
  - At the Regional level as Regional Emergency Directors:
    - Dr Ibrahima Socé-Fall, AFRO
    - Dr Ciro Ugarte Casafranca, AMRO/PAHO
    - Dr Nedret Emiroglu, EURO
    - Dr Roderico Ofrin, SEARO
    - Dr Ailan Li, WPRO
  - At the global level:
    - Dr Rick Brennan as Director of Emergency Operations
    - Dr Sylvie Briand as Director of Infectious Hazard Management
    - Dr Guenael Rodier as Director of Country Health Preparedness and International Health Regulations
    - Ms Jennifer Linkins as Director for Management and Administration.

- During most of the summer months, WHO has been involved in assisting Member States to cope with disease outbreaks, including yellow fever – the biggest emergency yellow fever vaccination campaign ever held in Africa was launched in the Democratic Republic of the Congo, and also in Angola; cholera in the Central African Republic and in South Sudan; and two wild polio virus cases were reported in Nigeria, after a gap of more than two years. A WHO emergency team was sent to Nigeria in late August to assess and respond to a humanitarian crisis in the north-east of the country, an area formerly held by militant insurgency groups.

- In July, WHO presented certificates declaring the elimination of yaws and maternal and neonatal tetanus to the Health and Family Welfare Minister of India.

- In August, WHO launched a new report on public financing for health in Africa. Fifteen years ago, African leaders pledged to increase health spending to 15% of total government expenditure, and since then health spending has reached an average of 10%.

- On 31 August, the second Emergency Committee on yellow fever met by teleconference and agreed that the outbreaks in Angola and Democratic Republic of Congo remain a serious public health event but do not constitute a Public Health Emergency of International Concern (PHEIC).

- The WHO Pandemic and Epidemic Diseases department recently released two series of Zika-related videos: the first serves as a generic introduction for staff to Zika and the second series focuses on risk communication and community engagement. The fourth meeting of the Emergency Committee on Zika and microcephaly met by teleconference on 1 September and agreed that Zika virus infection and its associated congenital and other neurological disorders continues to be a Public Health Emergency of International Concern (PHEIC).

- On 21 September, at the UN General Assembly in New York, Heads of State committed to taking a broad, coordinated approach to address the root causes of antimicrobial resistance across multiple sectors, especially human health, animal health and agriculture – this is only the fourth time in the history of the UN that a health topic has been discussed at the General Assembly: the other topics were HIV/AIDS, noncommunicable diseases and Ebola.

- 1 October is the UN International Day of Older Persons and the theme this year focused on “Taking a stand against ageism”. An event was be organized on Friday 30 September at headquarters and readers living in the Geneva area were informed (see article on page 14).

- At the World Health Assembly in May, the election of the new Director-General was of course discussed – a separate article on the election is shown on next page.
Forthcoming election of a new Director-General of WHO

WHO will appoint a new Director-General (DG) in May 2017. The procedure of appointing a DG has changed. Previously, the Executive Board (EB) selected one candidate among those nominated and submitted it to the World Health Assembly (WHA) for approval. Nominating the DG was assigned to the EB since the EB was seen as the technical supervisor of the DG. For instance, the EB members, although nominated by Member States (MS), acted in their individual technical capacity and the DG is the Chief Technical and Administrative official of the Organization. The WHA has never rejected the nomination of the EB.

Times have changed and EB has become more of a political arm of the WHA. For instance, the EB members are no longer referred to as individuals but representing a country. Now the nominations for the post of DG, received around the end of September, will be put on a web forum on 1-2 November for MS to examine the candidates’ visions and pose questions. When the next EB opens in January 2017, one of its first tasks will be to streamline the candidates to five. After an interview process, the EB will select up to three candidates for forwarding to the WHA. The WHA will then meet the candidates and elect one candidate by a “clear and strong” majority. This implies that a candidate has to obtain two-thirds of the possible votes in order to qualify. In case of non-obtention of a two-thirds majority, a simple majority in the next round will suffice. Six candidates have been nominated for the EB – from Ethiopia (Dr. Tedros Ghebeyesus), France (Prof. Philippe Douste-Blazy), Hungary (Dr Miklos Szocska), Italy (Dr Flavia Bustreo – currently ADG), Pakistan (Dr. Sania Nishtar) and UK (Dr David Nabarro).

The process is quite complicated since there is quite a lot of preparatory work and the voting in the WHA will be electronic. The contract is as before – for a period of five years, to take office on 1 July 2017. In order to prepare for eventual appointment, the nominated candidates will have preparatory transition teams assigned.

Let us look at the election processes of some other global institutions. The UN has also revamped its process which has been put in motion. Although the ultimate outcome is still the approval of the General Assembly on one nomination by the Security Council (SC), the process of screening is now open to some public viewing since the candidates are interviewed by MS and some civil society representatives. The Security Council was undertaking straw polls which are supposed to be secret but all of them have been leaked to the media. Subsequently Mr Antonio Gutteres, previous Prime Minister of Portugal and High Commissioner for Refugees, has been unanimously chosen by the SC.

The International Monetary Fund appoints its Managing Director by the consent of its 24 member Executive board – Ms Christine Lagarde - has been renewed for another five years from July 2016. The current President of the World Bank - Dr Jim Yong Kim - has also been renewed for another five years one year before his term ends. An agreement has been in force – the World Bank President is named by the USA and the MD of IMF by a European. Although there have been much talk of having an open election, it has come to nought (see The Economist, 17 September).

Dev Ray

Regional Committees

The autumn is the time for meetings of the Regional Committees and details are shown below:

- 66th session of the Regional Committee for Africa: 19-23 August, Addis Ababa
- 68th session of the Regional Committee for the Americas, Washington DC: 26-30 September
- 63rd session of the Regional Committee for the Eastern Mediterranean, Cairo: 3-6 October – Dr Mahmoud M. Fikri, Adviser to the Minister of Health of the United Arab Emirates, was nominated as Regional Director EMRO, to replace Dr Ala Alwan: once officially elected by the WHO Executive Board in January 2017, Dr Fikri will take office on 1 February 2017
- 66th session of the Regional Committee for Europe: Copenhagen, 12-15 September
- 69th session of the Regional Committee for South-East Asia: Colombo, 5-9 September
- 67th session of the Regional Committee for the Western Pacific: Manila, 10-14 October

Sue Block Tyrrell
In search of Immortality

This article was inspired by watching a group of jellyfish move to the edge of the water, lying on my favourite beach at sunset. They moved in formation out to sea. There were five, four were following a leader that seemed to guide them. They were swimming at a regular pace always at the same distance. It looked like they were swimming, but in reality it was the current that carried them. I watched them with respect after what I had read in the book by Prof. F. Saldmann¹ «The life and time», from which I had learned about their role in research on the improvement of human life from the perspective of enabling humanity to age as long as possible in good health. To reach 120 years of age and even beyond remains throughout all ages, the human dream. The Bible speaks of Methuselah (in Hebrew "the man who dismissed death"), who was said to live 969 years. But this remains unproven. Today, researchers study the problems of ageing and try especially to find solutions. The results of their research contribute to lengthening life. Currently we live much longer than we have ever lived and in much better health. Indeed, longevity doesn’t happen without improved living conditions. The author of the book on life and time is working on strategies to prevent ageing and mentions several existing positive examples in nature. Among the animals he has examined, he speaks in particular of a jellyfish - the "Turritopsis nutricula" (see photo) that lives in the Caribbean Sea. Its asset: being able to reverse the ageing cycle. It is a microscopic jellyfish not exceeding 5 mm long. It lives its first life cycle normally. But it is when it reaches a stage comparable to the menopause that something unknown happens in its body and it begins to rejuvenate to a stage like puberty! Then it ages, then rejuvenates, and repeats the cycle indefinitely. In practice, it becomes potentially immortal, remaining in good health. The major drawback of this evolution: an inextinguishable proliferation. So, thus regenerated it spreads into all the oceans with the consequences of overpopulation about which swimmers complain. Their power of eternal youth concentrated in these 5mm makes us dream. Scientists are busy trying to analyze this phenomenon, and identify what happens inside the cells in order to understand the mechanism that allows the jellyfish to turn back time. Such a discovery would encourage high hopes. But the complexity of the human body, compared to that of the jellyfish, does not allow the prospect of immortality in the human species. We would only exploit the opportunity scientifically to put a real brake on ageing. And on those grounds, the Turritopsis nutricula is of major interest. To be continued.......

Laura Ciaffei

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¹Professor, Cardiologist and nutritionist Hôpitaux de Paris
The Rhythm of Fall

There's nothing you and I
Can do to hasten events
Which neither you nor I
Or the trees themselves control.
Argue, debate, as we do,
Assuming we know more
Than we actually do
About why, when, how long
Will the denudation
Of the trees go on;
Full of human conceit
Couched in vain arrogance,
Our tongues continue the incessant flappings
Fitzroy Gregory Joseph

Poem

Today, I looked out
From behind glass doors-
A glittering sunshine day
With glowing warmth!
But I see no green lawns
Where the majestic trees
Continue to unclothe themselves-
As if they could do
Anything about it-
This great rhythmical undressing!
Oft times, no rain, no wind,
Only the spasmodic fluttering
Of leaves caught in the arms
Of gravity's pull.

Astronomy

Skies for October–December 2016

This is a time to keep an eye on Mars, which is in the evening sky at the moment, visible as a reddish bright star over in the west just after sunset. Normally, when a planet starts to sink into the western sky, it is lost to view within a few weeks as Earth’s yearly motion around the Sun leaves it behind and it disappears into the twilight. But Mars is different.

Being the next planet out from the Sun, Mars moves somewhat slower in its orbit, but it is still fast enough to keep pace with Earth for months. So, it stays with us right into December and indeed into the New Year. Throughout this season, look towards the glow in the western sky where the Sun has set and you should see Mars, still gamely trying to keep pace with us.

Through a telescope, however, it is a bit of a failure, being very distant now. You will see just a tiny dot, and it will be hard to make out any of the surface features unless you get very steady atmospheric conditions and have a reasonable telescope.

As we move into December, Mars is joined in the western evening sky by the closer, larger and brighter Venus. This will be much more noticeable, and will approach Mars in the twilight. Will the two meet up? You will have to wait until January to find out….

For more details and a star map go to http://www.popastro.com/youngstargazers/skyguide/.

Article kindly provided by the British Society for Popular Astronomy
A brief summary of the "Report of the Independent Expert on the enjoyment of all human rights by older persons"  

The Human Rights Council (HRC) defines human rights as "rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, color, religion, language, or any other status. We are all equally entitled to our human rights without discrimination... The principle of non-discrimination is complemented by the principle of equality, as stated in Article 1 of the Universal Declaration of Human Rights: “All human beings are born free and equal in dignity and rights.” The Declaration itself contains 30 Articles on the various freedoms and rights of human beings, adopted in 1948 by 48 countries with 8 abstentions. None voted "NO". Looking at the state of the world today, it would seem that some of the signatories suffer from a slight loss of memory. While there may be policies in place, their practice remains a major constraint.

As part of her mandate, the Independent Expert was requested to identify and assess the good and best practices and gaps in the implementation of existing laws related to the promotion and protection of the rights of older persons and to raise awareness of the challenges faced in the realization of all human rights by older persons and to ensure that older persons receive information about those rights. The Report provides a snapshot of the situation of older persons based on information collected and highlights the areas in which more in-depth analysis and continued monitoring of developments to ensure the promotion and protection of their human rights. The most frequently mentioned were, in order of frequency, the rights to: social protection, care, an adequate standard of living, equality and non-discrimination, dignity and integrity, abuse of the elderly, participation, education, independence and autonomy, work accessibility, housing, transport, culture, access to justice, and rights in risk and emergency situations.

The Report highlights the importance of the need for visibility and the participatory approach, that is the involvement of older persons in formulating national strategies, policies and laws directly affecting them especially those policies that address specific groups, often forgotten and discriminated, such as the homeless, indigenous older persons and older lesbian, gay, bi-sexual, transgender and intersex persons. A large section focused on autonomy and care. While several good or promising practices were reported, the responses revealed the need for a comprehensive, all-encompassing and human rights based approach and the need for coordination among the sectors through the continuum of care, from prevention, promotion, rehabilitation, through to long-term and palliative care, including social care and other community services, with special concern to older persons living in rural areas and their rights to the enjoyment of health.

Other areas covered were home-care versus institutionalization, family members as caregivers, day-care centres, oversight and monitoring to ensure health and safety of older persons, use of restraints and rights of older persons with dementia in care settings, the creation of a culture of good as opposed to ill-treatment.

By 2050, there will be for the first time, more older persons than children under the age of 15 worldwide. A demographic transformation of such magnitude has far-reaching implication for society at all levels. As the world population continues to age, the human rights dimension of ageing becomes an ever-growing concern. Much more work needs to be done in the areas of quality of care, long-term care, palliative care, assistance to victims of violence and abuse, independence and autonomy, right to an adequate standard of living.

Maria Dweggah

Visit to CERN on 6 September

A place colder than outer space may be closer than you think. This and other superlatives were the order of the day when eight of us AFSM members gathered at the reception centre of CERN – the European Organization for Nuclear Research. Expertly guided by physicist Mark Tyrrell, CERN retiree and husband of Sue Block Tyrrell, and in the company of students from Southern Oregon University, Ashland, Oregon, USA, we spent four fact-filled, fascinating hours visiting our high-tech neighbour.

Founded in 1954, CERN is the world’s largest particle physics laboratory, with more than 10,000 researchers, students and users worldwide. Now comprising 22 European member states, CERN includes India, Japan, Russia and the USA as observers. Through this international collaboration, CERN pursues its primary mission of fundamental research. CERN has built the world’s largest and most complex instruments – accelerators and detectors – to study the basic particles of which everything in the universe is made and the forces by which those particles interact. We donned hardhats and went underground to visit the world’s most powerful accelerator – the Large Hadron Collider (LHC) – the 27 km-long ring that lies 100 metres underneath part of Geneva and neighbouring France.

To function, the LHC must be cooled to 1.9 degrees Kelvin, or 1.9 degrees above absolute zero, whereas the temperature of much of outer space has been calculated as 2.7 degrees Kelvin. The LHC also requires a vacuum like that of interstellar space, provided by the world’s largest vacuum system. And when the LHC is operating, CERN uses as much electric power as one-third of the city of Geneva. Our tour ended at the CERN Control Centre, at the Prévessin site, which is staffed 24/7 to ensure the safe functioning of the LHC and all other particle-beam systems and technical infrastructure at CERN.

Through its fundamental research, CERN has created antimatter and particles W and Z, as well as discovering the Higgs boson, a particle from which other elementary particles may have gained their mass. CERN contributes to education through the training of hundreds of students each year. CERN’s research has medical and other applications, such as for improving the performance of solar thermal collector panels. And CERN’s contribution to the development of computing is well established: for example, most of us are familiar with a CERN invention known as the World Wide Web.

For more information about CERN, including how to arrange a tour, please visit https://home.cern

International Day of Older Persons

A celebration was held at WHO headquarters on 30 September, on the theme of Taking a Stand against Ageism. To set the scene, participants watched a video made by HelpAge International presenting the voices of older adults from around the world. Most referred to the lack of respect given to older persons, their feelings of being unloved and unwanted and the effect of these feelings on their mental and physical health. Negative attitudes to older persons can lead to 7.5 years of life lost. Statements were made by various senior officials from the Office of the High Commissioner for Human Rights, the Permanent Missions of Argentina, Japan and Slovenia, HelpAge International, the International Federation of Red Cross and Red Crescent Societies and the Geneva NGO Committee on Ageing. A broader debate followed with interventions by representatives of organizations and Member States. The event was sponsored by various associations working for older persons, including the Geneva Association of Former International Civil Servants (AFICS), the Geneva International Network on Ageing (GINA which provided the refreshments), and the Association of Former WHO Staff Members (AFSM) thanks to the efforts of Roger Fontana. Please let us know if there were any celebrations where you live of this International Day of Older Persons

Sue BT
10th Anniversary of Cité Seniors

The doors of Cité Seniors were open to all on Sunday 2 October to celebrate this anniversary, with a variety of activities during the day including massages, fortune telling and dancing. The official ceremony was held late afternoon with speeches from Esther Alder, Conseillère administrative, Mauro Poggia, Conseiller d’Etat and Janine Berberat, President of Plateforme which groups together the various associations in Geneva working for older persons. Those present enjoyed some delicious birthday cake and wished Cité Seniors many happy returns.

If readers would like to learn more of the range of activities organized by Cité Seniors, please look at their website – www.seniors-geneve.ch – or call for free on 0800 18 19 20.

In memoriam

Tamás Fülöp and his wife Lili died (via EXIT) on 3 October. They were in their 89th year. Tamás was born in Debrecen (Hungary). He studied at the Faculty of Medicine in Budapest where he taught public health until he started at WHO (Geneva) in 1968 as a consultant in postgraduate training. He succeeded Dr Ernani Braga as Director of the Division of Health Manpower Development (HMD) in 1974 until his retirement in 1989.

Lili was also a doctor, a specialist in haematology.

We worked in close collaboration with Tamás for more than 10 years. Tamás was a brilliant colleague and a hard worker, honest and straightforward, with a warm personality. He always listened to us and was ready to help us develop the WHO assignments entrusted to us.

He participated in many conferences, including the one in Alma Ata in 1978, during which many important WHO policies were evaluated and clarified - on primary health care, health for all, and the training of different categories of staff and teachers to respond to the health problems of populations.

He was a real credit to WHO!

We are very touched by the passing away of Lili and Tamás and wish to express our sadness.

Daniel Flahault and Jean-Jacques Guilbert
A Tribute to Stanislas (Stan) Flache (25.03.1919-23.04.2016)

Born in Lodz—his father was Jewish and his mother was Catholic, Stan was brought up in the Jewish faith. He attended a private Jewish school in Lodz and was the prime student of his year.

He wanted to become a Doctor but was turned down, despite his scholastic achievements, by the University in Warsaw because of his Jewish background. As a result, in 1938 he left Lodz to attend medical school in France. First in Reims where he studied French and then he was supposed to go to Paris to do a medical degree.

The Second World War intervened and he joined the Polish Army based in France. When Poland was overrun by the Germans and the Polish army surrendered, Stan joined the French Resistance and he told three stories which I remember well.

He was delivering a large amount of cash and was on a motor cycle when he was crossing a bridge just as a German patrol crossed. As a result he was involved in an accident with the German patrol and came off his motorcycle and was knocked unconscious. When he came to, he was on a table in the butchers shop in the village and the butcher came up to him and said he was okay, the patrol had left and his package (with the cash) was under the table.

His next tale of his experience he told me was more daunting. He was in Bois (near Rennes, Bretagne) and lived with the Resistance members involved with weapons distribution from the RAF drops. The local policeman gave them up to the Germans and he fortunately was not at the home when the Germans took the French team to the Gestapo. He had been stopped on his way there by a local and warned of the German presence and so escaped. There is a book published of these experiences by Paul Morissot.

Stan got away and continued his work with the Resistance, however his next experience led him to have to stay hidden from the Germans but in doing so he completed his Medical Degree. Whilst on an assignment with the Underground in Lyon he was stopped, his ID checked and he was arrested and taken to the Police HQ. He was led to the Officer in charge’s office and there the senior officer said he had been arrested for having fake ID. Stan denied this but the Officer in charge stated that they knew that he had fake ID, because they had made it. The Officer then stated he was leaving, the room would be unguarded and that Stan had to escape and run for it.

He duly did this and got away and went into hiding in Montpellier where he stayed to get his Medical Degree.

Stan's parents were in the Ghetto in Lodz where his father died in 1942 from typhoid and his mother was transferred and killed by the Nazis in 1945 either in Auschwitz or en route there.

The war ended and Stan became a French citizen and with his medical training started his career:

UNRRA/IOR French and US occupation forces 1945-1951 met his wife and had his daughter Christine.

UNWRA as Director of Health in Jordan, Syria and Lebanon where he worked with the then refugee crisis 1952-1963.


Upon retirement he took up a position as Secretary-General of the industrial infant food organisation 1980-1982 then as a representative of the World Federation of Mental Health before becoming its President until his retirement again in 1991.

Stan has led a remarkable life dedicated to his career as a public health specialist, being honoured by the French President Mitterrand with the award of the Legion of Honour.

He is survived by his daughter Christine, her husband William, three grandchildren and five great grandchildren.

William NEEN, his son in law

One of the founders of the AFSM and one of its presidents, he was also a member of the Executive Committee of AAFI-AFICS and, since then honorary president of the AFSM (Editor)
Readers may recall the article written by Yves Beigbeder on public health leaders in WHO, notably on Dr D.A. Henderson, published in January 2015 in QNT 102. The Editorial Team is sad to have to publish an obituary on the recent death of D.A., a truly remarkable man.

Donald Ainslie Henderson, an outstanding figure in global public health, died on 19 August 2016, aged 87.

D.A. was best known for his role as Chief of WHO’s Smallpox Eradication Unit where he served from 1966 until 1977 during which time smallpox, a devastating disease, was eradicated from the world. The disease dates back at least 3000 years and was still causing death and disfigurement in 1967 to an estimated 10 million victims. WHO launched an intensified eradication campaign in 1966 with the assignment by the Assistant Surgeon General of D.A. to WHO in Geneva. The Director-General of WHO insisted that an American be appointed in case the programme failed. Ten years later the world’s last case of naturally occurring smallpox had onset of rash on 26 October 1977 in Somalia.

The eradication of this loathsome disease has been referred to as the single greatest achievement in the history of medicine. D.A. was born 7 September 1928 in Ohio. He obtained an MD from the University of Rochester then an MPH at Johns Hopkins. In the 1950s he joined the US Public Health Service and was chief of the Epidemic Intelligence Service at CDC (Centers for Disease Control) where, under his supervision, a smallpox eradication programme had been launched. From mid-1966 until early 1977 he was assigned to WHO as Chief of the Smallpox Unit.

With eradication imminent, D.A. left WHO to serve as Dean of the Faculty of the Johns Hopkins School of Public Health from 1977 until 1990. Subsequently, he was Associate Director of the Office of Science and Technology Policy, Executive Office of the President (1990–1993), HHS Deputy Assistant Secretary for Health and Senior Science Advisor (1993–1995), Director of the Office of Public Health Emergency Preparedness (1992–2003), Principal Director and Senior Science Advisor for Public Health Preparedness in the Office of the Secretary HHS (2002–2007), and founding Director of the Johns Hopkins Center for Civilian Biodefense Strategies.

D.A.’s achievements were widely recognized: in 2002 he was awarded the Presidential Medal of Freedom – America’s highest civilian honour; in 2003 he was awarded the Order of the Brilliant Star with Grand Cordon - the Republic of China’s (Taiwan) highest civilian honour; and in 2015 he was awarded Thailand’s Prince Mahidol Award for Public Health. He received the National Medal of Science, the National Academy of Science’s Public Welfare Medal, and the Japan Prize. He received honorary degrees from 17 universities and special awards from 19 countries.

D.A. was a remarkable man. He was a big man with a rich voice. Most significantly he was an excellent listener. He was also a communicator. From an office on the 6th floor of WHO, with only six staff, he reached out to national and international programme staff on a personal basis. Weekends his car was in the parking lot. He had the same spot every day for the time he was at WHO – he arrived early. He personally wrote to programme staff, paying the postage from his own pocket, for administratively, all correspondence was supposed to go through WHO’s Regional Offices – the delays were unacceptable. He was always available. He inspired everyone working for him beyond the call of duty. D.A.’s greatest pleasure and pride was in the people he met and what they went on to accomplish. He always insisted that the success of the smallpox eradication programme was not his achievement, but belonged to the men and women in the field who were so dedicated and who displayed such remarkable ingenuity.

He is survived by his wife Nana, daughter Leigh, and sons Douglas and David.


John Wickett
Many readers will have their own memories of D.A. and four of us recall giving him a special leaving party on 28 January 1977, singing as the choir of “Les Petits Chanteurs de l’Aiguille bifurquée”: Bill Barton was also part of the choir. Bernadette Rivett read a serious piece about Lady Mary Wortley Montague, John Wickett wrote and sang a song called “Variola Blues”, Sue Block Tyrrell read an Ode to D.A. Henderson and we awarded him the “Low Bell” prize by adorning his waist with a big Swiss cow bell. Some attractive female staff paraded as different Miss Poxes and Sheila Prause led them around the room in a conga, forcing D.A. to join them. Fond memories of a truly special man.

Sue Block Tyrrell, Jock Copland, Bernadette Rivett and John Wickett

Ebrahim Malick Samba

I am deeply saddened to let you know that Dr Ibrahim Malick Samba, WHO Regional Director from 1995 to 2005, passed away on 28 July in the Gambia. I sent a message of condolence through our country office to his family, on behalf of all WHO staff. Dr Samba was an exceptional public health leader in Africa and in the world, leaving a tangible legacy of his expertise, energy and dynamism. I am happy that we celebrated his tremendous contribution to Onchocerciasis control in Africa, in Ouagadougou, a few weeks ago. He inspired and empowered us as his staff. With his generosity and pragmatism, he urged and challenged us to give to those who are less fortunate than ourselves, and led the financial contribution by WHO staff to the Mother of Peace orphanage in Mutoko, Zimbabwe, which transformed it into a thriving agricultural business and improved the lives of the orphans and the local community. I am aware that he contributed financially and practically to increasing girls’ access to education in his home area in the Gambia.

We celebrate Dr Samba’s full and successful life even as we mourn his passing. May he rest in peace.

Dr Matshidiso Moeti
Regional Director AFRO

Our colleague, Dr Kalula Kalambay, forwarded the above message to a number of former AFRO staff who had been working with Dr Samba. In return, he received numerous messages of condolences which testified that Dr Samba was held in high esteem. Kalula assembled those testimonies and sent them to Dr Samba’s family.

Roger Lyonnet

I regret to inform you of my brother’s death which occurred on July 13, 2016. Roger’s career (more than 30 years) was entirely spent in the Distribution Service (DST) with Mr Dazin and later with Mr Miége. He was highly regarded by his hierarchy. He was an AFSM life member.

Christian D’Allemagne

Dr José Aranda-Pastor died on 8 September 2016

Ken Langford 20 September. An obituary will be published in the next issue....
An extract from a message by Bernadette Rivett of 29 July 2016 to Yves Beigbeder:

I am in the middle of a long-overdue tidy-up of my desk and am trying to deal with matters that should have been dealt with a long time ago, and I have found AFSM Quarterly News 102. In that issue you wrote a magnificent account of D.A. Henderson’s part in the eradication of smallpox and I was so pleased and grateful you told it exactly as it was. At the great staff meeting held to celebrate this, D.A. Henderson’s name was not mentioned even once. I sat there waiting for his invaluable contribution to be mentioned, and it never was. Dr Arita conducted the meeting, I remember. I mentally formulated a question “Would one of the staff directly associated with the Smallpox Programme describe to us the part that D.A.Henderson’s contribution played in the eradication programme and how he inspired his staff to work beyond the call of duty” but, uncharacteristically, I felt nervous about speaking and have always regretted my cowardice. In that article you have put the record straight and I am so grateful.

I do appreciate keeping in touch with WHO through the Quarterly News and I read it from beginning to end. Many thanks to you and your colleagues for your hard and faithful work.

The following personal health care 10 recommendations are for AFICS members and other colleagues over 65 years old:

1) To be assigned to a Medical Doctor, preferable to be a specialist in Family Medicine or to a Cardiologist if the person had a previous open heart surgery or heart problem/s.
   A yearly general physical check up and follow-up is recommended with the same MD, and/or whenever required.

2) It is recommended to have a yearly blood test or whenever requested by his/her physician.

3) Yearly eye check-up with his/her ophthalmologist.

4) For male:
   - Yearly check-up your prostate by a urologist (with PSA test).
   - Colonoscopy (every 5 years) or whenever requested by your physician.
   - Chest X-Ray whenever requested by your physician.

5) For female:
   - Yearly check-up with your Gynecologist (and to perform pap smear test).
     Once every 2 years or whenever requested by your physician.
   - Every 2 years mammography and Ultra Sound (U S), or whenever requested by your physician.
   - Colonoscopy (every 5 years or as requested by your physician).
   - Chest-X-Ray whenever requested by your physician.

6) Your food:
   - Try to reduce all kind of fats in your food. Use corn oil instead of animal fats.
   - Reduce salt in your food, and to limit eating any food with high salt.
   - Try to select food with low fat or fat free, and avoid eating Fast food preparation.
   - Select brown bread rich with cereals instead of white bread.
   - Use brown sugar instead of white sugar.
   - Eat fresh food and vegetables instead of canned ones. Eat fresh Fruits daily.
   - Avoid or reduce soft drinks such as Coca Cola or Pepsi etc. and compensate it with fresh juice and pure potable water.
   - Limit or avoid drinking alcohol.
   - Limit drinking coffee and tea (not to exceed 2-3 cups daily).
   - Stop smoking.

7) Physical exercise: Keep active. It is recommended to practice daily walking (jogging if possible) for 20-30 minutes.

8) Socially: Keep contacts with your relatives and colleagues. Try to make new friends. Enjoy every happy occasion. Keep practicing your good hobbies.

9) Vaccination: It is recommended to take a yearly FLU vaccination.

10) DON’T TAKE ANY MEDICAMENTS WITHOUT CONSULTING YOUR PHYSICIAN.

TO BE HAPPY, YOU SHOULD ENJOY GOOD HEALTH

Dr. Khaled Mneimne
Former WHO/EMRO Regional Adviser
An ordinary fall

No more than the previous ones, my last fall was obviously not foreseen: at the end of March 2016, I fell in the office of my flat, probably due to a 39° fever unnoticed by me. Nothing broken, but impossible to get up. 92 years of age, living alone, I had left my body alarm connexion in my bedroom and all telephones were out of reach. I had to wait three hours before my friend found me and alerted my son.

An ambulance took me to the Thonon les Bains Hospital at 7 pm, then settled in a room in the short-term geriatric section of the Hospital at midnight. Followed three weeks of examinations, some painful, to try to find the cause of the fever and intensive antibiotic perfusions. As recommended by my children, I was then transferred to an excellent Geneva clinic which restored my health in a month. As from the first day, in spite of my fatigue, the staff insisted that I did not eat alone in my room but that I should go down to the restaurant, first with help, then without. A happy surprise, a former WHO colleague (thank you Monique Eid !) asked me to join her table: the group was friendly and stimulating, the table was cheerful, the meals became an excellent therapy.

Physiotherapy care was given morning and afternoon in the lower floor of the clinic, called by me abusively the torture chamber: the young physiotherapists, generally of Italian, Spanish or Portuguese origin, used their many instruments to entice their patients to walk, reinforce their muscles, recover their confidence and their balance with firmness and kindness. The main battle was won by these always smiling specialists.

My children took care of medical and financial matters: contacts with the Hospital and the clinic, contacts with WHO staff health insurance office in Geneva who was always available to give all necessary information in a friendly manner: the insurance cover (80%), the direct payment of the 80% to the Hospital, the agreement given to placement in the clinic, procedures to be followed, documents to be submitted, schedule of payments.

For my return home, a sensitive transition period after seven weeks of hospital and clinic care, my children had arranged, with my agreement, walking helpers, physiotherapist sessions, provision of meals, the replacement of the bath tub by a shower. Clearly, the moral and material support of my children and of my friend, in Thonon or from afar, friends’ visits, were essential in this difficult period.

I must also pay tribute to the WHO health insurance who gave me financial support over many years, but became an indispensable and precious partner after my fall: friendly and effective telephone answers to my children’s questions, excellent cover of hospitalization and care, speedy reimbursements.

My advice to future retirees: keep your WHO insurance, it will serve you well !
My advice to serving staff members: support your insurance !

Yves Beigbeder (August 2016)
Retiring on a ship? What do you think?

Photo internet

For many years AFSM has organized cruises on the seas and on rivers. They are very popular but only last one week or so.

Recently I came across an article on the internet¹ which suggested that seniors who are cruise lovers can go a step further and spend their retirement on a cruise ship rather than in a retirement home. The facts and conclusions of this article are of course to be taken with far more than a pinch of salt and the author is really referring to fairly well to do American retirees. For your possible amusement, here are some extracts from the article:

More people are cruising now than ever before, with 24 million passengers expected to set sail this year, compared with 15 million 10 years ago, according to the Cruise Lines International Association. About a quarter of those are 60 to 74 years old, and another quarter are 50 to 59.

Depending on their home city and income level, retirees may find living aboard a cruise ship makes financial sense when compared to other retirement living options, especially in expensive locales.

A study published in the Journal of the American Geriatrics Society found that when considered over a 20-year span, “cruises were comparably priced to assisted living centers and offered a better quality of life”, “though land-based assisted living can vary greatly by facility, location and needs.”

A reservation on Princess Cruises, for example, averages USD135 per day with long-term and senior discounts, not including medical care or excursions, said Geraldine Ree, a senior vice president of Expedia Cruise Ship Centers, a travel agency specializing in cruises. About 2 percent of the company’s cruise bookings are for 180 days or more, the majority of which are retirees.

On the other hand, it costs about $229 daily for a private room in a nursing home and $3,293 per month for a one bedroom in an assisted living facility, according to LongtermCare.Gov. Independent living or retirement communities range from $1,500 to $3,500 a month, according to HelpGuide.org.

Then there’s the comfort factor on cruise ships. In addition to your stateroom, retirees receive housekeeping services, entertainment and often educational programs. There’s often 24-hour meal service and there are inclusive amenities like fitness centers and pools. Older people should also consider their health before long-term travel on a cruise ship, despite some lines offering well-equipped medical centers with nurses, doctors, X-ray machines, ICU units and pacemakers. WHO’s advice on health aspects of cruises is provided in ‘International Travel and Health’ accessible at www.who.int/ith.

Living on a cruise ship for 20 years would cost barely more than an old-age home, while offering seniors the thrill of travel to distant lands, potentially better care and a cushier lifestyle than they get from traditional institutions, says a study in the November issue of the Journal of the American Geriatric Society.

Would the above inspire you? Be careful!

¹ http://www.cnbc.com/2016/07/26/ahoy-matey-more-folks-retiring-on-a-cruise-ship.html}
Farewell to the Annual British Car Meeting and welcome to AFSM

The 2016 edition of the British Classic Car meeting held annually in Morges was another successful event with pride of place given to vehicles dating between 1940-1949. Our colleague Keith Wynn, who has been organizing these meetings for the past 25 years, describes below their history and evolution.

“I started the British Car Meeting in 1992, at the request of a few local British car owners who, having been to a similar meeting in St Gallen, felt that the French-speaking part of Switzerland should have its own version. Foolishly I volunteered to set it up, and I arranged to use one of the car parks at Signal-de-Bougy, on condition that it was for one year only! As I was still working in WHO at this time, any thought of a commercial activity was out of the question. In any case I wanted the event to be democratic, with free entrance for the participants and the public, in order to improve the image of vintage car collectors, who at that time were sometimes perceived as being unfriendly.

After the success of the first meeting - 100 British cars from France and Switzerland came along, despite the very authentic British weather which was wet, cold and foggy - somehow I was coerced into continuing the event. The next year was again held at Signal-de-Bougy and this time the number of participants doubled. We were already outgrowing the car park and needed more room. My wife Mary suggested we try Morges, because the town has multiple roads going through it. A short letter was sent to the Commandant of the Morges Police, and I was asked to attend an interview. Remember this is pre-computer. I was quizzed on how many cars, whether there was an entrance fee, etc. etc. The Police seemed satisfied with my replies and, on a handshake, the third meeting was held in Morges, where we have been ever since.

The Municipality and the Police in Morges have consistently been most helpful in accommodating growing numbers of participants and public - with 1,500 cars and 20,000 visitors on a sunny year. Most of the cars are from within a few hundred kilometer radius of Morges, but we have been privileged to see owners bring their cars from as far away as Buxton, Seville, Milan and Hamburg.

Sadly the arrival of computers brought with it more and more on-line forms, a plethora of administrative requirements and ever-increasing bureaucracy. I have persevered with these growing demands of the Meeting for 25 editions, but after a quarter of a century I have decided to hand over, after this 25th Meeting held on 1st October, to a younger organizer ready to take on the next 25 years!

This means that with a little more free time on my hands I can take on other projects. I forwarded my candidature to the AFSM Executive Committee Committee. Foolishly, that word again, they accepted my candidature. So I look forward to being at the service of all former WHO staff members.

Keith Wynn”

The Executive Committee members are sad to learn that Keith will no longer organize this amazing event but of course we are delighted that he has joined us – welcome Keith!!

The Executive Committee

Keith and his wife Mary
Unusual borders and other funny pictures

At the border between China and Mongolia: two brontosauruses kiss on top of a motorway. A symbol of peace but also because the area is known for having been inhabited by dinosaurs.

Descending from Spain to Portugal

If you are Belgian, you can easily drink your coffee the Dutch way.

Let’s have a picnic in three different countries: border between Slovakia, Austria and Hungary.

On the lighter site

Seen somewhere in Corsica.
Next trip 4-9 april 2017: Colours of the Provence (cruise on the Rhone)

1st day: LYON
Boarding at 15.00. Afternoon sailing. Presentation of the crew, welcome cocktail. Dinner followed by a lively evening. Night sailing.

2nd day: AVIGNON - ARLES
Sailing in the morning: crossing most of the river. Arrival to Avignon.

Excursion: guided visit of the Cité des Papes, a veritable citadel perched on a rocky pinnacle surrounded by a belt of ramparts. Departure to Arles: night stopover.

3rd day: ARLES - PORT SAINT LOUIS - MARTIGUES
Excursion: guided panoramic tour of the Camargue and free time in the charming city of the Saintes-Maries-de-la-Mer. Visit of a manade and demonstration on horseback.

Back on board in Port-Saint-Louis. Afternoon sailing to Martigues, arrival at the end of the afternoon. Free time. Departure at evening to Avignon.

4th day: AVIGNON - VIVIERS - The gorges de l’Ardèche
Excursion: discovering the city of the Baux-de-Provence.
This ancient city of the Middle Age and the Renaissance is beautifully situated on a steep promontory of the Alpilles. Sailing to Roquemaure...


5th day: VIVIERS - TAIN L’HERMITAGE Le Vercors
Morning sailing towards La Voulte.


6th day: TAIN L’HERMITAGE - LYON
Breakfast on board. Landing at 9:00. Back to Geneva

Preregistration (by email or post: no tel please)
Mail to c.hager@bluewin.ch
Or postal address: AFSM, Office 4141 (see page 1)

Name, First name
Postal address

Email ; phone:

Number of persons:
Deck: □ main, □ superior
Date, signature

Dates: 4-9 april
Price all inclusive: full pension drinks at table and at the bar included, all the excursions, transfer Genève-Lyon and back.
Cabin dble: 1’230 to 1’400 €
p/p Single: +154 €
(ship 2 decks, 5 anchors)