Starting the year well, with a flower  Photo Marc Karam, Haiti

Important contacts:  AFSM: see above  
Staff Health Insurance (SHI) :  + 41 (0)22 791 18 18 ; in case of absence, please leave a message ; someone will call back; or, email:  insurance@who.int  
Pensions:  +41 (0) 22 928 88 00 ; email:  jspf.gva@unog.ch for Geneva or  unjspf@un.org  for New York  
AFSM office manned on Tuesday and Wednesday from 9.30 to 12.30. Otherwise:  please leave a message; someone will call back.
So, who did you recognize?
From the responses received from our faithful readers to-date, only 16 out of the 30 people have been recognized. Please make a little more effort!

Some artistic photos from the talented photographer Erik Johannson

Know how to make your way in life...
Contribute to painting a better world

Have fun with your friends
Don’t be too materialistic
EDITORIAL

As you will have noticed, the Quarterly News no. 78 was published entirely in black and white, including the cover pages which are usually in colour.

As the Printing services were overloaded at the end of the year, we had to make a choice between waiting for the middle of January to publish the QNT within colour pages, or to print it immediately but only in black and white. We chose the second option in order to avoid another considerable delay.

We would like to point out that you can find the QNT in colour on the AFSM website. May we remind readers that the QNT is posted on the website after the 20th or at the latest by the 25th of the third month of each quarter.

You can, if you like, consult on the website all the past editions of the Quarterly News since no. 51 (first quarter of 2003).

The influenza A pandemic is waning; several controversies have arisen concerning the overly large numbers of vaccines ordered by certain countries and the role of the laboratories which produced the vaccines. It is not up to us to take a position in this debate – let us just hope that the search for profit has not played a role in this matter…

The dreadful catastrophe which occurred in Haiti has touched us all. The AFSM Executive Committee, in line with a previous General Assembly resolution, has already made a contribution to Doctors without borders (MSF Switzerland), leaving MSF to decide on its allocation (see page 4).

We are sure that many readers have personally participated in the international effort to help the country in its hour of need.

DC
Catastrophe in Haiti

Like all our readers, we have been chocked and saddened by the consequences of the earthquake in Haiti.

On a personal note, we were deeply touched by the death of Lisa, the daughter of our colleague Helena Mbele-Mbong. She lost her life in the collapse of the building housing the United Nations Stabilization Mission (MINUSTAH) in Port-au-Prince, where she worked as a human rights officer. We cite below the information given by AAFI/AFICS.

"... She reportedly had left a meeting to check on the trembling when a falling concrete slab struck her, killing her instantly. Lisa’s 10 year old son, Nady, was spared. The newspaper, the Washington Post, reported that:

“Nady was with the driver who had always picked him up from school and was outside the UN complex waiting for his mother when the quake struck.” He has now joined his grandparents in Europe...

We reiterate our deepest condolences to Helena and her husband Samuel. We are also thinking especially of our UN colleagues who have disappeared.

The momentum of compassion generated by this disaster has caused an influx of donations unparalleled since the tsunami in 2004. Our Committee met to consider the possibility of making a donation for Haiti. We are, however, well aware that once the emotion of the first few days is forgotten, people become tired of the issue and the ravaged country leaves centre stage despite the fact that its needs remain great. This happened not only in Haiti but has also occurred in many other countries affected by natural or man-made disasters.

The Economist magazine compared the Haiti disaster relief situation with the tsunami experience: “... USD 1 billion have already been pledged (for Haiti). However, past experience proves that these funds will not be spent in their entirety: only 39% of the aid promised by governments and NGOs was disbursed in Asia. At the time, the organization Doctors without borders (MSF) was severely criticized for stopping emergency donations for the tsunami victims. In retrospect, MSF’s decision was justified: donors had sent just anything, often useless items … in such disaster situations a centre of coordination and control is needed … It is also necessary to start reconstruction as rapidly as possible … perhaps the example of Aceh (in Indonesia) should be followed, where finally a special agency was successfully set up to bring a measure of control. Under the auspices of the UN …"

We are sure that all of you who wish to participate in the relief effort in Haiti have done or will do so, by giving to organizations which meet serious and effective criteria, bearing in mind the long-term needs.

Moreover, and as requested by a previous General Assembly, we decided last December to make a financial contribution towards humanitarian action in times of crises. The Committee chose Doctors without borders (MSF), Switzerland, on the basis of its professional character, its impartiality and humanitarian programmes in the health field. Indeed, we are thinking of the millions of people personally affected by humanitarian crises which do not hit the media headlines and therefore do not benefit from the generosity of the TV viewers.

We are pleased to quote an extract from the reply from MSF Switzerland: “I would like to thank you most warmly for your generous contribution of € 655 (CHF 1000). This important contribution will enable our teams to help people in need and to take care of those suffering from fatal or neglected diseases …”

Jean-Paul Menu on behalf of the Committee

1. Quoted by the magazine Challenges
Our health insurance

In order to prepare for the future development of our staff health insurance, a working group has been established, comprising representatives of the Administration and Staff – both active staff and retirees – from headquarters and the Regional Offices. The working group will assist and make recommendations to the Surveillance Committee of the HQ Staff Health Insurance in preparation for the next joint meeting which will take place at the end of 2011.

The recommendations of the working group will be particularly important as they will feed into and guide the future discussions of the joint meeting in 2011. Following the discussions, specific recommendations will be transmitted to the Director-General for approval.

The working group is likely to meet several times during 2010 and 2011.

The main subjects for discussion will be: the benefits, especially for long-term care, the governance and the financing of the Staff Health Insurance.

The AFSM Executive Committee has set up a study group to consider the various aspects of the topics which will be taken up, and to present the group’s conclusions to the Staff Health Insurance working group.

We will keep you informed of the progress of the discussions and work.

Our health: Prostate cancer

This is the most common cancer in men. Among cancers in men, it is the second cause of mortality, the first being lung cancer. Its frequency increases with age. It is nearly always present at 100 years of age. For these reasons, annual screening is recommended for all men over 50 years of age. Use of systematic screening is controversial: while it is recommended between 50-75 years and even less in subjects at risk, it is less applicable for those with a life expectancy of less than 10 years: discovery of a cancer in this instance would only needlessly worry a patient who might die from quite different causes.

Located below the bladder, next to the urinary and genital tubes, the prostate can be affected by various diseases – infection (prostatitis), benign hypertrophy (adenoma) and cancer.

Causes and risk factors: cause unknown. The ethnic factor seems significant: the African–American population is the most affected Asian populations the least.

Genetic factors (risk is multiplied by three if the father or a brother is affected).

Probably some environmental factors, in particular diet (animal fats, red meat).

Symptoms

Contrary to adenoma, cancer develops on the periphery of the prostate, some distance from the urethra: it evolves often without any symptoms. It is only at an advanced stage that urinary problems emerge: difficulty in urinating, frequent urination, blood in the urine.

At a very advanced stage, recto-anal pain is felt (through compression of the rectum) or kidney pains through compression or invasion of an ureter.

At the stage of lymph nodes spread and metastasis, it can lead to bone pain and/or an alteration in the general condition: weight loss, fatigue, lack of appetite...

Clinical examination

Digital rectal examination (DRE) can show one or several hard, irregular nodules, but cannot detect cancer in the early stages, which cannot be reached by the examining physicians’ finger.

Other exams and analyses:
Measurement of blood levels of PSA (prostate specific antigen) is fundamental. PSA is...
frequently high in the event of cancer, but increases also when adenoma or infection is present: a slow and moderate rise would seem to indicate an adenoma, a rapid and significant rise a cancer.

**Screening** for cancer of the prostate is based on an annual measurement of PSA levels (associated with the DRE) in males over 50 years, or even younger in populations at risk.

**Echography** of the prostate carried out from inside the rectum can show a suspicious area.

Only **biopsies** of the prostate can confirm the presence of cancer and its microscopic characteristics.

The number of biopsies performed is variable. They are taken from the rectal canal while echography is performed.

If cancer is confirmed by biopsy, its extent must be determined before treatment is proposed. This assessment includes an abdominal and pelvic scan to detect possible spread to lymph nodes.

**Bone scintigraphy** can determine whether cancer has spread to bones (bone metastases)

**Evolution of the disease:**
It depends mainly on the stage at which it is diagnosed.

When the prostate alone is affected the probability of cure after treatment is very high. When cancer has gone beyond the prostate (local extension towards the bladder, the ureters, the rectum and lymph nodes of the pelvis) the prognosis is less good. It is much worse in cases where the cancer has extended further – bone metastases and invasion of the bone marrow.

**Treatment**
Several options exist: the choice is determined by various criteria: age of the patient, type of cancer, slow or aggressive evolution, localized or extended tumour, evaluation of the benefits versus deterioration of quality of life (which should be discussed with the patient beforehand)

**For a localised cancer** there are basically three types of treatment:

- **Radical prostatectomy:** removal of the prostate by a classic abdominal opening or by coelioscopy (camera introduced in the operating area and small incisions). Prostatectomy gives good results but can lead to complications of which the most significant are impotence and incontinence.

- **External radiotherapy** (Cobalt) possibly associated with hormonal therapy, is also effective but with the same complications to which must be added the effects of radiation

- **Brachytherapy:** this treatment, proposed in certain centres, consists of implanting in the prostate radioactive seeds (Iode) which destroy the cancerous cells.

**This approach has been called into question:** according to an American study 2, it would be better to monitor closely the evolution of the tumour until treatment is necessary

In the case of advanced cancer, or with metastases, treatment is hormonal (chemical castration) through drugs: oestrogens, antiandrogens, analogous of GnRH (Gonadotrophin Releasing Hormone) which blocks the production of androgens.

All these treatments are aggressive and not always effective and it is sometimes preferable to favour quality of life. While awaiting new therapeutic approaches (in particular vaccination) the trend is to evaluate each case, and, particularly where the cancer is less aggressive and where life expectancy is less than 10 years, to abstain from treatment in favour of close monitoring, only starting therapy when the cancer evolves.

In any case, a patient should always discuss the options with his doctor, request a second opinion and stress that in the final analysis and in full knowledge of the situation the decision is his.

**Dr David Cohen**

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1. The next number will deal with a cancer occurring in women
2. The conclusions of a vast European study (European Randomized Study of Screening for Prostate Cancer) covering about 190 000 males, and an American study currently underway, will soon be available.
3. Journal of the National Cancer Institute, Vol. 98, No. 16, 1134-1141, August 16, 2006

For further information: premier-recours.hug.ge.ch/.../depistage_cancer_prostate.pdf; Swisscancer.ch; Prostate cancer Foundation; MedlinePlus and many other sites.
A WHO report addresses women’s health in old age

Women outlive men in nearly all developing countries, but many are likely to live out their old age in chronic ill-health.

In November 2009, WHO launched a report on this subject: “Women and health: today’s evidence, tomorrow’s agenda” highlights the fact that, despite some progress, societies are still failing women at key moments in their lives, especially in adolescence and in old age. All the report’s key findings show that old women are affected just as much as at any other time in their lives. The “widespread and persistent inequities” mentioned in the report apply to disparities between the health of men and women.

What are the health problems faced by older women?

Globally, the leading causes of death and disability among women over age 60 are ischemic heart disease, stroke and chronic obstructive pulmonary disease. Together, these conditions account for 45% of deaths in women over 60 worldwide. A further 15% of deaths are caused by cancers – mainly cancers of the breast, lung and colon. Similar to men, many of the health problems faced by women in old age are the result of risk factors experienced in their youth and adulthood. Smoking, sedentary lifestyles, and diets that are heavy in cholesterol, saturated fat and salt, but low in fresh fruits and vegetables, all contribute to the health problems women experience later in life.

Older carers need good healthcare

Far from being a social or economic burden, this growing pool of older women should be viewed as a potential resource for society. For example, older women play key roles in their families and communities, acting as caregivers – including during humanitarian crises. In countries with severe HIV epidemics, older women play a crucial role in caring for the large numbers of orphans. In 18 national surveys in sub-Saharan Africa, it was shown that half of all orphans not living with a surviving parent were taken care of by grandparents, mostly the grandmother.

WHO draws attention to the differences between rich and poor countries as well as to the inequalities within countries.

The report concludes that policies are needed in relation to health financing, pension and tax reform, access to formal employment and associated pension and social protection, and the provision of residential and community care.

The full report can be downloaded from www.who.int/gender/women_health_report/en/

International conference to eradicate female genital mutilation (FGM)

An international conference about the eradication of female genital mutilation is in preparation. STM (Stichting tegen Meisjesbesnijdenis) an NGO based in Amsterdam, is one of the initiators of this project. If any WHO retired staff members are interested in contributing to this project, please contact Elisabeth Wilson, Public and Media Relations Consultant in Geneva at ewilson@elisabeth-wilson.com or Holger Postulart, an of Education Consultant and initiator of the World Association of Men Against FGM, at postularth@who.int

Elisabeth Wilson
Medical expertise and conflicts of interests in France

The fight against influenza A (H1N1) has revived the controversy over the relationship between the pharmaceutical industry, governments and doctors.

Can we trust the experts?

WHO has been heavily criticized for its handling of conflicts of interest in its response to influenza A (H1N1). The influenza experts Ostehaus Albert and his Finnish colleague Juhani Eskola, a member of the WHO Strategic Advisory Group of Experts (SAGE) on immunization have been implicated. The latter is reported to have received (without declaring it) about 9 million Euros for his research centre, from GlaxoSmithKline, a manufacturer of one of the vaccines against the virus A.

"... It would have been preferable for him to declare it, letting us take action before a finger was pointed at him," said Philippe Duclos, executive secretary of SAGE...

"The world of influenza is a small one. If a committee member was implicated, the number of experts would prevent any such harm..." replied Gregory Hartl, WHO spokesman for alert and response to epidemics and pandemics.

In France, the Formindep1, an organisation "for medical training to serve only health professionals and patients" expressed concern about how the directorate general of health had recommended, on 9 December 2009, the widespread prescription of Tamiflu to all people with flu and those around them.

"This decision was taken with the backing of Afssaps (the French agency for the safety of health products), after having changed the case definition of influenza to increase its frequency and without reliable scientific data on this treatment in the influenza pandemic... If this decision was not made on scientific criteria, on what criteria was it?" asked Dr. Philippe Foucras, President of Formindep.

In an attempt to improve transparency, he suggested drawing inspiration from the American "Physician Payments Sunshine Act", a Democrat and Republican draft included in the reform of the health system proposed by Barack Obama. It provides that the pharmaceutical industry itself declares what it pays to doctors. "This would avoid the delays and omissions in the public statements of interests by physicians. In France, it is unacceptable that the Conseil de l'Ordre des médecins (doctors’ governing body) refused to publish the contracts that it authorises between the pharmaceutical industry and the practitioners", Philippe Foucras said indignantly.

The spokesperson for environ-

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1 See also the British Medical Journal article devoted to Formindep, 13 June 2009, vol. 338. Other sources: Pharmfree Scorecard: classification by AMSA (the American Medical Students Association) of faculties of medicine in the USA on the basis of their management of the conflicts of interests numerous other sites

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Three experts out of four have links with the private sector

Of the 2 000 external experts of the French Agency of Sanitary Safety of Health Products, only 25% declare having no connection of interest with the pharmaceutical industry. The agencies responsible for food safety say fear being deprived of the best courted by private companies if they used only experts unconnected with the industry. A report by the General Inspectorate of Social Affairs published in 2009 pointed out the important amounts paid by the pharmaceutical industry to physicians: 90 000 euros received by a speaker at a seminar and 600 000 euros for a consultant.

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D. Cohen, excerpt from Paul Benkoun's article, in Le Monde, 4.03.2010
In memoriam

WHO/Europe is sad to announce the death on 10 February 2010 of Dr Jo Eirik Asvall, Regional Director for Europe from 1985 to 2000, died on 10 February 2010.

Born in 1931 in Norway, Jo E. Asvall qualified as a doctor in 1956. He wrote his first application letter to WHO two years later and was among 10 students chosen for malaria eradication courses in Latin America in 1959. Dr Asvall worked in Ecuador, Jamaica and Mexico, before moving to West Africa where he headed up WHO’s malaria team for Benin, Cameroon and Togo.

Returning to Norway in 1963, he took up a hospital post and became increasingly involved in clinical management and hospital administration. He became director of the hospital department at the Norwegian Ministry of Social Affairs in 1973 and was key to formulating a new Norwegian national health policy, which was implemented in 1975. A year later he was a delegate to the World Health Assembly; then he joined the WHO Regional Office for Europe, where he served as Officer for Country Health Planning until his appointment as Director, Programme Management in 1979. Dr Asvall served as WHO Regional Director for Europe from 1985 to 2000. His time as Regional Director was spent promoting and implementing the Health for All strategy in the Region. This strategy called for a fundamental change in countries’ health development and outlined four main areas of concern: lifestyles, risk factors affecting health and the environment, the reorientation of health care systems and the political, management, technological, human resources, research and other support necessary to bring about the desired changes in the first three areas.

Remaining active during his retirement, his last public engagement was at the WHO Regional Office for Europe in January 2010. “WHO was his life, his world, his passion. He was a true leader in European health policy and public health. We owe him so much,” said WHO Regional Director for Europe, Zsuzsanna Jakab.

Dr Asvall is survived by his wife, Kirsten Staehr Johansen.

Dr Hassan Abdel-Hadi Mashaal, 02 May 1923 -10 November 2009.

I first met Hassan Mashaal in 1961, in Lahore in the then West Pakistan when he was the WHO Team Leader of the West Pakistan Malaria Eradication Project. His energy and enthusiasm, and his remarkable resemblance to the then current Egyptian President Nasser, made him a truly memorable figure.

Over the past 48 years I have known him as both a stalwart friend and committed colleague. His enthusiasm for his work in the field of malaria did not dim, nor his energy wane, over the years, when he would work without complaint under the most difficult conditions of climate and location with constant cheerfulness, determination and application. His activities as a malariologist across the globe read like a veritable gazetteer of malaria: Saudi Arabia, Syria, Burma, India (SEARO), Thailand, Nepal, Sudan, Solomon Islands and many other advisory consultancies. However, perhaps his greatest work began in his late sixties when he undertook the role of consultant and adviser (with Dr. M.A. Farid) to the Government of Oman for the eradication of malaria from that country. After many vicissitudes, and much hard work, this was achieved in 2002 and duly confirmed by WHO. Having been fortunate enough to be invited by Dr Mashaal to participate in this extraordinary achievement, albeit in a very minor capacity, I can personally vouch for the critical role that he played in its attainment.

He completed three volumes of memoirs under the title ‘Mashaal’s Missions, # I - III’ but his wife, Ortrun, and family, have decided not to publish the last (# III). Unfortunately, in July 2004, he lost his much loved daughter Monika in an automobile accident, a cause of much pain and anguish in his very last years.

Dr David Payne

Association of Former WHO Staff
Bonifacio Fernandes

Our father, born in Nairobi on 13 April 1931, passed away in Watford on 20 December 2009.

Our father loved Africa. That passion was only strengthened when he joined WHO in Brazzaville in August of 1966.

Having lost his job in Nairobi following Independence, he applied for a vacancy in AFRO and started his career as a General Service staff member. For the next 23 years, he worked his way through the system prideing himself not on the promotions he could obtain but that the work that he did was done meticulously and the people that he met, he served to the best of his ability. The commitment and dedication that he showed continued when he was transferred to Geneva in December 1989 and where he served until he retired in June 1992. Even then, the call of the job was something that he found hard to leave behind and he continued to take short-term assignments in Manila, New Delhi, Geneva and Copenhagen.

Whilst he always prided himself on the work that he did (reading and researching as much as possible on his own), it was the personal contacts that he made and the experiences that he had through these that marked him the most. For those who knew him purely professionally, we suspect that he may have come across as stern, formal and uncompromising, if not, old-fashioned (even we did at times!) But for those that knew him better, they would almost certainly have found that although he was a man of few words, he was rather quick-witted, generous, thoughtful and fair. He was a man who enjoyed the good things in life, valued hard work and privileged ties with friends and family above all else.

It is these qualities that all those who came to know him will remember him for.

He leaves behind his wife Anne (bonnyanne@hotmail.com), two children and five grandchildren.

Melita Pichot (daughter) & Michael Fernandes (son)

Guntis (Sam) Ozolins, born in Latvia in 1936, died in December 2009 at the age of 73.

Sam moved to the United States shortly after WWII where he obtained a B.Sc. in civil engineering and an M.Sc. in environmental health engineering. After assignments with the US Public Health Service and, subsequently, the US Environmental Protection Agency, in 1974 he joined WHO headquarters, Geneva, as Scientist, Control of Environmental Pollution and Hazards, Division of Environmental Health.

Following the first United Nations Conference on the Human Environment in Stockholm in 1972, WHO was engaged in air, water and food contamination monitoring. Sam established the Human Exposure Assessment Location (HEAL) monitoring programme, jointly with UNEP and other partners, which made health part of these monitoring efforts; he became Unit Chief in 1975.

Subsequently, Sam played an important role in setting up the International Programme on Chemical Safety (IPCS) in 1980, the International Programme on the Health Effects of the Chernobyl Accident (IPHECA) in 1991, and the development and implementation of the Global Strategy on Health and Environment in 1994. He was appointed Director, Division of Operational Support in the restructured Programme for the Promotion of Environmental Health in 1994.

Sam retired to Phoenix, Arizona in 1997; he travelled frequently to Latvia and married a fellow countrywoman, Ruta Rastina, who survives him as do his children Sandra and Eric from his first marriage.

Those who worked with Sam trusted his advice and good judgement. He was always helpful, tolerant and never held grudges. Professionally modest, he inspired confidence with programme partners within and outside WHO. Sam was a great travelling companion with a wonderful sense of humour – which he kept even after he broke his leg while playing tennis, through the subsequent drama of hospital, and repatriation. Afterwards he walked with a limp—with a smile on his face.

Wilfried Kreisel on behalf of colleagues and friends who contributed to this obituary.
I knew Wadad Haddad, since her arrival in Copenhagen in 1972 and since that time the friendship between her and my family strengthened over the years, especially since her retirement in 1987 as she then had time to think of herself and child health issues in general. She was held in high esteem, not only by her colleagues and superiors, but also by her national peers, including up to the level of ministers and directors general of health, rectors and deans of faculties of medicine.

There is one point that I have to mention. To my knowledge, Wadad is the only WHO staff member to receive the Health for All by the Year 2000 Medal in Europe, which was given to her by the then Regional Director for Europe on the occasion of her retirement.

However, it was the gratitude of the families, women and children who benefited from the programmes on which she was working, that gave Wadad the greatest pleasure.

Highlighting this gratitude is perhaps the best homage that can be given to Miss Wadad Haddad.

Albert Weber

It was with much sadness that we learned of the death of Averil Foster on 30 January 2010, which occurred between New Zealand and Australia while she was on a much-desired world cruise.

Averil was born and brought up in Brighton on the south coast of England, and her long career with WHO began when she joined the Organization as a very young secretary at the beginning of the nineteen-sixties. Her first few years were spent working in the small but extremely efficient Nursing unit. She then secured a promotion and transferred to the Supplies unit where she remained for the rest of her career and, by the time of her retirement, was one of its longest serving staff members. In addition to her Supply work, Averil was for many years Chairman of the Polling Officers where her methodical approach was much appreciated.

After her long career, Averil wished to continue to be actively associated with WHO. In 1998 she became a member of the AFSM Executive Committee and was Vice-President and Treasurer of various Committees created since that time. She carried out these functions with great competence and dedication, showing a team spirit admired by all who worked with her.

We shall all miss her. Averil leaves a son, to whom we extend our deepest condolences.
In memoriam (Cont’d)

Tadeusz Leslaw CHRUŚCIEL (30.01.1926-11.02.2010)

Professor of clinical pharmacology, Dr.h.c. from the Académie of medicine of Silesia, an important spécialist in pharmacodependency.

Born in Lwow, the son of teachers, he obtained his degree in medicine in 1951 at the Academy of Medicine in Krakow. From 1955 he chaired the pharmacology faculty of the Academy of Medicine of Silesia. In addition to his scientific work, he trained there most of the Polish pharmacologists. As a Rockefeller grantee, in 1959-60 he worked in the biochemistry laboratory of the University of Oxford and in 1960 became a member of the medical sciences section of the Polish Academy of Science.

Nominated professor in 1966, he worked at WHO from 1968 to 1975 in the pharmacodependency programme. He was a member of many WHO scientific groups, especially the group which defined the objectives of clinical pharmacology,

In 1971, he participated in the work of the Convention on Psychotropic Drugs. He published more than 300 works, especially on cholesterol and statins. Among the published manuals are:

*Drug Dependence* (Enciclopedia di lavoro, Roma, 1975), and, the *Leksykon leków*, PZWL; Warszawa 1982 (drug lexicon), the first lexicon in the country.

As a member of the International Narcotics Control Board (1989-93), he directed the scientific work of the Warsaw drug institute. He also established the cooperation commission with the Polish diaspora, in order to help the Polish doctors in the former Polish territories in the East. He co-founded six medical societies in Poland and abroad, including the WHO Medical Society and the Polish Society for Clinical Pharmacology. He was President of the Wyzner Foundation against cancer, which helped especially doctors in Ukraine. He was a WHO expert until his retirement.

As a medical expert for the Polish Parliament and a Solidarnosc militant, he offered his medical expertise to the families of those interned during the state of siege (1981-1984). In 2009 he was made a knight of the Krzyzy Wielki Orderu Odrodzenia Polski (Polonia restituta).

He leaves behind his wife (Maria), three children and six grandchildren.

Magdalena Chrusciel

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Other deaths recently notified to us

DEBOIS Margaret 07.02.2010
HIRT Richard
PLEIC Ratko 29.12.2009

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Regarding obituaries

**RED:** the obituary notices are published at the request of the families and/or friends of the deceased person. In order to facilitate the layout and balance of articles in the newsletter, we would kindly request that such notices are kept within the limit of 300 words. Thank you for your understanding.
Dear Dr Cohen,
Thanks for sending the eagerly awaited QNT 78 with a succinct account of the deliberations at the Oct. General Assembly. My felicitations to all those who not only contributed to the success of the deliberations (I could identify SEARO’s old friends/colleagues like Dr Dev Ray, Mr Neel Mani and Mr Roger Eggleston) but also spare so much of their time in ongoing behind the scene activities over a long time. We are grateful for providing updates on many past issues as well as those in the pipeline. Thanks to QNT, we have become aware of interesting groups like “Greycells” and Université du Troisieme Age – wish they could have regional chapters to benefit people like us in this part of the world!
Sorry, I am among those who missed participating in the survey on Quarterly News but please do not judge results by the meagre feedback you have received, as there could be no two opinions about the usefulness of this newsletter. Rather, I am sure many of our friends will be eager, like me, to receive it on a monthly or bi-monthly basis, depending upon the contributions and material made available to the editorial board. The bilingual version helps me in catching up on my rudimentary knowledge of the French language which could be true also for those not so conversant with the English language.
Apart from the present coverage on topical health issues and experiences of colleagues, may I suggest that you may consider opening in QNT a section “Gems from the Internet”. Over a period of time, we receive from relatives and friends so many interesting and useful pieces that could be shared among our fraternity through QNT.
As an example, I append below one: “Ringing in the New Year” which I received from an old friend early this month...
...I am in touch with Dr J-J. Guilbert and shall try to contribute to “Remembering the Past” on a few interesting episodes during my three decades’ stint with our esteemed organization.
Hope you have my email address included in the AFSM distribution list to receive email messages on a regular basis. If not, kindly have it listed.
Many thanks and with warm greetings and regards,

Shiv Kumar Varma,  Ex-AO/RD, SEARO

New members

We have pleasure in welcoming to the large AFSM family the following new members and we congratulate them on their decision.

Life members:
Marc DANZON; Frances KASKOUTAS-NORGAN; Margaret Naana NAEGELI; Vivien RATCLIFFE; Guy SAPPEY; Irene STACEY.

Conversion from annual member to life member:
Lindsay SIMMONS: Angela HARWOOD-POSTIGLIONE

Annual members:
Mary COUPER; André MICHAUD
Change of address, etc.

Tibor and Judith FARKAS: nouvelle adresse: 17 Lansell Road, Brighton East, VIC 3187 Australia (613) 9599 2457, tiborf34@gmail.com

Gatto de Villars wishes to inform all his friends and admirers that he recently moved from the Jura Mountains to Lac Leman where he plans to take up fishing, if not in the lake at least in one of the nearby restaurants. Any feline friends who fear their house-keepers may be contemplating some such move are welcome to contact him so that he may offer confidential advice (free) on how to avoid the fate that befell one of their American colleagues, as shown ...

New address: 26 chemin de la Bruyère, 1197 Prangins, Switzerland (r.villars@yahoo.fr marked Att. GdV)

On the lighter side

A few words of wisdom:
Eat breakfast like a king, lunch like a prince, and dinner like a beggar
Make peace with your past so it won't spoil the present
No matter how you feel, get up dress up and show up.

(sent by P.K. Bansalp)
On the lighter side (Cont’d)

Sent by a doctor from the SMG (Syndicate of general practitioners) to illustrate certain comments …

“90 people catch influenza H1N1 and everyone wants to wear a mask
5 million people have AIDS and no-one wants to wear a condom!!!
When 1000 people die from influenza A in a rich country, it’s a pandemic
Millions die from malaria in Africa, that’s their problem”

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Auto-congratulations: Ode to the QNT editorial team

They take their role so seriously,
The editors of the QNT,
Striving to meet all the readers’ needs,
Searching for articles, jokes and deeds
To include in the next QNT edition,
Quality news is their primary mission.
David Cohen leads this team of nine,
His many skills come forward and shine –
Writing, layout – and he stays calm and cool,
Noting many an English and French language rule
On colons and spaces, commas too,
All dear to the hearts of this editing crew.

Some come from afar, some live close by,
All want to help, make the QNT fly,
Yves, Averil, JJ, Dev and JP,
Samy, Michel and Rosemary V,
They form a great team, all working for you,
I’m happy to join them and add my name, Sue.
We welcome your comments, ideas and news,
The newsletter is yours, reflecting your views,
As past staff of WHO, we’re all proud to share
Our experiences, showing that we all care
For the health of the world, not just you and me,
Long live the AFSM and its QNT!

Susan Block Tyrrell, our poetess in the Editorial team
Books review

“Guide des seniors” Genève

In 2009, a group of Geneva-based associations of seniors published this Guide which provides important information for Geneva seniors. It is aimed at those who are close to retirement, retirees and their families.

It contains information and practical advice on retirement, leisure, culture, training, voluntary work, participation in social life, well-being, health, lodging and old age.

It is an excellent book useful to all our members living in Geneva. It is only available in French.

For those living in other cities or countries, you may wish to let us know if such guides have been published.

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What's wrong with the United Nations, and how to fix it

By Thomas G. Weiss, Foreword by Sir Brian Urquhart, Polity Press, 2009 (pp. 292)

Professor Weiss of the City University New York Graduate Center and Director of the Ralph Bunche Institute for International Studies has written many books and articles on the UN, as a long-time, lucid observer of the UN system. In this book, he identifies four essential shortcomings in the UN. First, the world political system still reflects the basic principle of national sovereignty, which does not provide solutions to transnational problems, such as climate change, and is incompatible with the promotion and protection of human rights. Non-state actors, civil society and the business world, have grown in numbers and importance besides governments and international organizations. Secondly, the artificial division of the world between industrialized North and the global South. The third is the “modestly organized confusion” resulting from the “feudal system” of feudal kingdoms (the UN Funds, Programmes and specialized agencies) and feudal barons (executive heads). The fourth is the troubled international civil service. In a few references to WHO, he praises the smallpox and the polio eradication campaigns and deplores the slashing of the AIDS Programme started by Jonathan Mann and the lack of interest of Dr Nakajima and Dr Brundtland in this area.

In brief, Weiss suggests that national interests should be redefined, North-South relations should be re-examined, international efforts should be centralized and the secretariat reinvigorated. Global governance should replace the former utopian goal of world government. With considered optimism, Weiss contends in his scholarly book that change in intergovernmental institutions is plausible and possible.

Yves Beigbeder
Books review (Contd)

One of our former colleagues, Dr Maurice Huet (mvhuet@orange.fr) who worked at headquarters in the 1960s and also in several of the Pasteur Institutes in Africa, has recently published a book “Drôles d’idées pour Esprits curieux” - “Funny ideas for curious minds” (see below: Harmattan Publications, Paris 2009). The note on the back cover provides a snapshot: “To have ideas, lots of them, is a source of pleasure. It is pleasure that Maurice Huet wants to share with us. His original and curious thinking leads us from the symmetry of graphology, to the statistics of lotto and to the fascination of the discontinued. He teaches us that next to the old shameful diseases, you can find great and glorious ones … Fluttering about like a bee on these strange ideas, agreeing with some whilst disagreeing with others, all readers will find their honey.”


Are you familiar with BAFUNCS?

The British Association of Former United Nations Civil Servants (BAFUNCS) was founded on 21 July 1977 as an association for all United Nations System Civil Servants, past and present, who live in the United Kingdom of Great Britain and Northern Ireland, who intend to live there, or who live overseas and wish to maintain links with the United Kingdom.

The aims of the Association are to:
- encourage and help members to keep in touch with former colleagues through social and cultural activities;
- help members and their families to settle in the United Kingdom;
- extend welfare support where needed to its members and former employees of the United Nations system and their spouses;
- represent members’ interests in their relations with the United Nations and its Specialized Agencies and with British Government authorities;
- support the Federation of Associations of Former United Nations Civil Servants (FAFICS) and liaise with bodies concerned with the protection and improvement of conditions of retirement;
- cooperate with organizations engaged in mobilizing public support for the United Nations and its Specialized Agencies.

The next Annual General Assembly and Reunion will take place in Exeter, Devon, from 7-9 May 2010.

Further details on BAFUNCS can be found on the website www.bafuncs.org or from the Membership Secretary at 6 The Lawn, Ealing Green, London W5 5ER, email: ben-goabc@talktalk.net.

AFSM members are encouraged to provide information on other similar organizations to David Cohen – dacohen@sunrise.ch – this will enable their details to be published in the QNT.

Susan Block Tyrrell
Joining AFSM – Updating membership

It is intended only for those who are not yet members, or are annual members.

Are you still not a member of AFSM? Is it because you don’t like it or what it stands for? Let us know. Or, do you keep forgetting to join?

We hope you will become a life member – it costs 250 CHF – and you will never again have to remember to pay your dues. Or, you want to give it a try? Then join for a year at 25 CHF – and decide after a year. Fill in the form below and send us your payment.

- I am not yet a member and I want to join
  - as a life member □
  - as an annual member □

(Please fill in the application form below)

- I am already an annual member and I want
  - to convert into a life member □
  - to pay my dues for the current year □

Dues can be paid either in cash at the office or through a postal form (add 2 CHF for charges) for persons who live in Switzerland, or by bank transfer to the AFSM account number (+ bank charge, if any):
IBAN: CH 4100279279-D310-2973-1
SWIFT: UBSWCHZH80A

APPLICATION to JOIN

Name........................ First Name..................................................
Address:
Postal Code ...................... City............ Country.........................................................
Phone ............ Fax ......................... e-mail ............
Date of Birth .............. Nationality .................................................................
Date of separation from WHO ......................... Length of service with WHO .............................................
I should like to receive documentation in □ English □ French
Date ............................................................... Signature