Surprising and topsy-turvy it may well sound but AFSM observed the 10th anniversary of its founding at its 13th annual reunion, which was held this year, a little earlier than usual, in mid-October.

Recalling events, Dr Rajindar Pal, the Association’s Chairman, explained that the D-G, then Dr Halfdan Mahler, had agreed to organize the first reunion in 1986 “as a goodwill gesture” to former staff, and to contribute $500 towards costs, a generous practice followed yearly thereafter and in 1999 by the new administration. The chairman paid tribute to Staff Counsellor of the time, Marion Deichmann, noted for her personnel skills, who put together the first reunion.

The reunion in search of an association found itself three years later. Alain Vessereau, drawing upon his long service and experience as a staff representative, produced statutes for the new AFSM. Not surprisingly, the founder became the Association’s first chairman, serving for several terms over the early years, ironing out knots, and recruiting the first editor of the Quarterly News.

In recognition of this role, he received from grateful colleagues a silver pen, in a surprise presentation by the D-G, Dr Gro Brundtland, herself after which she spoke, in English and in French, of her aspirations for WHO – another pleasant surprise.

“Associations thrive and flourish where expectations are being met on matters of interest, such as pensions, health insurance, taxes and the general well-being of members,” the Chairman told some 180 colleagues, a goodly number of whom were accompanied by spouses. As part of his brief address he also called for “active participation” in the proposed first annual meeting of AFSM. A circular letter handed out at the door was a little more detailed, mentioning a “consultative assembly” in which “everything will be considered.”

However, at the reunion where 1,325 CHF was collected, the main concentration of former staff was elsewhere: on the renewal of friendships among themselves as well as with serving staff, who have supported the event yearly, and on the splendid buffet that was still to come.

Yum, Yum!

Merry Christmas and
A Happy New Year and Millennium 2000
Namibia is terra incognita. We might just have heard of it at the time of its independence (21 March 1990), during the 49th WHO Regional Committee for Africa, or when its rugby team recently visited Europe.

Yet this immense country (825,000 sq.km. with a population of only 1.7 million) has some of the most extraordinary landscapes in the world, and also a human and cultural heritage which is as diverse as it is unique. No fewer than three commonly spoken languages (English, German and Afrikaans) are added to the African local tongues.

What immediately strikes you on arrival in Windhoek, the capital city, is a three-fold oddity: the desert environment, the cool climate and the positively German appearance of the urban scene. “Hand-carved in Germany, the towns have been set down in the desert according to the whims of the colonial rulers,” a Polish friend who knows the country well, told me. The image was right but it overlooks the African identity which reasserts itself as soon as you leave the towns. Thus, with its immense beaches pounded by breakers rolling in from the far corners of the globe, Swakopmund looks like some smart resort on the Baltic Sea.

But the moment you leave behind its neo-baroque buildings and its Café Anton, you find yourself in the boundless solitude of the Namibian desert. At first, it is a moon landscape, featuring only a few constantly moving sand dunes. Then after a few mirages, as misleading as they are fleeting, the guide shows you that, if you look more closely, these apparently barren grounds harbour a unique flora and fauna, resulting from an extraordinary adaptation to a hostile environment. First of all, there is this Welwitschia mirabilis which has two tentacular leaves and whose botanical relationship with our conifers seems hard to believe.

Then just as surprising are the kokerbooms (Aloe dichotoma) whose branches were used by the native San (or Bushmen) to make quivers, and the Euphorbia damarana whose toxic sap was used to make fearsome poisoned arrows. The inaras, a kind of wild melon, make a treat for foxes and oryx. The other surprising thing is that the desert is also home for all kinds of animals – insects, antelopes, lizards, snakes and web-footed geckos.

But the most extraordinary spectacle is undoubtedly that of the great sand dunes of Sossusvlei. Built of Kalahari sand, first carried to the sea by the Orange river, and then thrown up on the coast by the currents, before being blown hundreds of kilometers by the south-west winds, they create a scene of indescribable beauty. Depending on the time of the day, the sunlight and shade sculpt them into a variety of grandiose shapes which suggest the earliest ages of the world.

I did not go to Etosha – said to be one of the finest parks in Africa – nor did I see the Fish River canyons or the diamond fields of the Sperrgebiet (forbidden area). But, happy is he who, like Ulysses, has made a great journey and then came home to his family!

—Jean Leclercq
(formerly TRA)
My Summer in Macedonia

I spent summer 1999 in Skopje, Macedonia, which is about 30 miles from Kosovo, on a three-month assignment with the U.N. High Commissioner for Refugees as coordinator of water and sanitation for nine refugee camps.

Towards the end of July and in August when the refugees were returning home to an uncertain future, UNHCR had to decide what to do with the camps. It would have taken extensive resources to pick-up the gravel roads, remove the materials, and restore the sites to their original condition, as required in the site contracts. So, to avoid large ending costs, UNHCR decided to develop the sites.

My role then turned to “development” — converting the camps into something useful for the Macedonians. I was given the job of coordinating the setting-up of schools, training institutions, air-strips and reforestation areas on sites that had sheltered the refugees. It seemed right to benefit those who gave so generously. Tens of thousands of Macedonians, at great strain to themselves and with no reimbursement for costs, took into their homes voluntarily over 120,000 of their Kosovo neighbours. My experience there gave me much satisfaction even if it often meant 16 hour days, 7 days a week. Working for UNHCR was hectic, chaotic, demanding and yet 100,000 people were fed, tented, kept safely and disease didn’t come.

UNHCR coordinates the NGOs and governmental agencies who do the installation and maintenance of water and sanitation supplies and equipment. These groups are prepared. Their managers are young and sturdy men and women — mostly single, all dedicated. I have immense respect for their work. Sometimes latrines and showers fell over from too many people taking a moment of privacy to shower with a plastic soda bottle of water. Plastic was everywhere. But the NGOs adapted and built the facilities bigger and better. I was pleased to see a WHO team there.

Life for the refugees (people like you and me) was hard — crowded, living in tents in very hot temperatures. But it all worked. The miracle of the feeding and housing of so many people was supported by lots of ordinary (no — “extraordinary”) people, young and old, doing jobs. What the world achieved was refugees treated with dignity, held safely, no famine, no gravesites around the camps, and they all went home — a miracle. We should all be proud of our humanitarian community and be aware of what can be done when we work together in times of need.

I have always felt that working was natural and intended. During my ten years with WHO, I regularly put in 50-hour weeks, considering the extra time my personal contribution to our humanitarian cause. Even after reaching the mandatory age of separation, I intended to go on working for those who could put my experience to work. WHO has done so. UNHCR did during the Kosovo crisis, and I write this from Ethiopia, where I am on a three-month assignment with the U.S. Agency for International Development.

—Dennis Warner
(formerly EH, left WHO 18 months ago)
Health Corner

HERPES

"I wasn't feeling well for the last 2-3 days," complained Albert when we met the other day over our
traditional cup of coffee, "I felt somewhat tired, and had some slight shivering, so I told myself, you
must have contracted something again, perhaps a flu - whatever that means. Then, this morning,
when shaving, I suddenly saw this herpes born overnight. So that's it, I thought, somewhat relieved - since
I had herpes several times in my life." And he showed me a typical herpes labialis, fine small blisters on
a red base on his swollen upper lip. "It is, of course, unpleasant, it hurts a little, but I know, it will be
over in a few days.

"What I wanted to ask you, however, is how does it come that you get a herpes at my age? I am 77 now, I
thought this was a disease of younger people. Am I some kind of an exception?" I had to disappointAlbert: he
is not an exception, he is by far not alone with his herpes among older people.

Herpes labialis is a very common condition at any age. It is assumed that around 10 per cent of
all people develop periodically herpetic lesions. It is a viral infection, due to a relatively large virus
particle, called herpes simplex virus (HSV). The virus causes recurrent bouts of the skin manifestation,
usually at the same place of the body, typically on the lips, but it may appear on the genitals, the face,
or the chest, or elsewhere.

The first infection, called primoinfection, occurs usually early in childhood, and heals off within 7-10 days,
but in some 60 per cent the virus remains dormant in the body. Thus, in fact, the virus stays with us most of the
time, in a latent state. There are (rather elaborate) laboratory antibody tests for finding out whether somebody
has been infected but, finally, as it is a benign and frequent condition, who cares? Exceptionally, the infection
may cause more severe disease, but that is the domain of specialists. The herpes virus infection can be treated
with modern anti-viral drugs, such as acyclovir, but let us not shoot at sparrows with missiles.

Still, to be fair to Albert, and to answer his question in more detail, it seems that in elderly people the
recurrent skin eruptions tend to be less acute and more discreet than in younger ones - provided they
are well nourished and in good general health. Next time we meet for coffee, Albert's lip will be clear
from herpes, and he knows it, too. But in three months' time, for the next issue of the Quarterly News, he
may have another recurrence - who knows?

And finally, as an afterthought: why is the disease called "herpes"? Like so many medical terms, the name
comes from the Greek, meaning "serpent" - perhaps to express the sneaky, creeping and biting character
of the disease. Historically, medicine made no distinction between the simple labial herpes and the more
severe herpes zoster - shingles. The snake metaphor applies better to the latter.

—Tom Strasser, M.D.
(formerly CVD)

50 YEARS AGO: 1949, GERM
WARFARE

St Cergue, Switzerland. The atom bomb has been made obsolete by developments in bacteriological warfare,
Brock Chisholm, D-G of the WHO said. "Mankind can be wiped out by seven ounces of a known biologic agent if spread
wide enough," the Canadian psychiatrist told the international conference of the World Union of Peace Organizations. He
called for a radical change in the pattern of human behaviour if mankind's fight for survival is to meet the challenge of
"whether man will succeed in controlling his ability to kill himself."

(from the IHT, 10 Sept 1949. Reproduced 1999)
GINA, Her Global Embrace and the Marching Season

GINA, the four capital letters in the headline, is not a reference to the world-famous Italian star. Rather, they stand for the Geneva International Network on Ageing — a new entity on the world scene dedicated to opposing “ageism,” or age discrimination — WHO’s errant MSU, please note.

Just three years ago, WHO joined forces with the Swiss Research Programme on Ageing, and the AARP (American Association of Retired Persons whose European headquarters is in Paris), to establish GINA. Its task: to raise public awareness of the “greying” of populations throughout the world.

As the Tribune de Genève elegantly put it:

“L’OMS prépare l’insurrection tranquille de la planète grise.”

WHO’s initiative has added another red-letter day (not for the old, praise be) but for older persons, an occasion that is likely to be more and more celebrated in the years ahead. In 1999 the Day for Older Persons, 2 October, was observed as never before. According to WHO estimates, in 25 years time the total number of men and women over age 60 will double from 599 million to 1.2 billion.

“There have been many shrill voices warning of a Grey Dawn, of the breakdown of welfare and health systems under the weight of this new wave of elder persons,” the D-G said in an address at the United Nations in Geneva. “If our health systems are under threat of breaking down ... we need to do something about it. And what have we done? We have arranged for a walk!”

And some walk it was. A 24-hour global walkathon to promote ageing actively. Two million people participated, WHO reports, treading briskly, leisurely, joyfully in 1,500 cities and towns in 86 countries, from east to west from sun-up to sun-down. “Old is Gold,” participants in Kibaha, Tanzania proclaimed. “Ageing Out Loud” New Yorkers, characteristically more vociferous, declared while walking through Central Park and down Fifth Avenue. WHO called all this, its two million men-and-women march, its Global Embrace.

“People of all ages will have to acknowledge older people as a valuable resource and oppose discrimination because of age,” says Dr Alexandre Kalache, the organiser, in speaking of adjustments needed to live in an ageing world, and whom a press release (WHO/50) identifies as “the Brazilian Head of WHO’s Ageing and Health Programme.”

In Geneva, home of GINA, the Palais des Nations opened its door and let into its barbed-wired grounds some 3,000 persons for exhibits, music, dance and, thanks to the U.N. Women’s Guild, international cuisine. And, of course, speeches including those by the D-G (see p.7) and by Mrs Mary Robinsons, U.N. High Commissioner for Human Rights. At the end of the day, totally exhausted, and of a certainty, enlightened, all went home - the younger and the older.
Health

VIAGRA NOT REIMBURSABLE - SORRY, SIR

Claims submitted to the Staff Health Insurance at headquarters for reimbursement of Viagra are routinely rejected – inevitably to the surprise and irritation of those who submitted them, since they say the drug has been prescribed by a doctor and all procedures followed.

The Surveillance Committee recently considered the arguments for and against charging the drug to insurance. As always in such cases, the practice in the principal home countries of a large proportion of insured staff weigh heavily in considerations. Even though WHO's health insurance is not subject to national rulings, it was determined that the health insurance schemes of the United States, France and Switzerland do not make repayments for this drug because:

• Firstly, Viagra can be considered as a “recreational drug” since it is most often used to improve individual well-being “by enhancing the quality of life;”
• Secondly, Viagra is an expensive drug and reimbursing it would impose an enormous burden on the health insurance finances while only benefitting the few.

What’s Reimbursable, What’s Not
Medicaments Rule 270.

The term includes drugs, dressings and biological or medical preparations whether administered or applied in hospital, or obtained outside a hospital on the prescription of the responsible physician...

“The following are not considered as medicaments: over the counter drugs, food and dietary products, preparations consisting of plant extracts (phytotherapy); mineral waters, toilet articles.”

Pensions

MONEY TO MARRIAGE

Gleaned recently from well-placed persons on the Staff Pension Committee and the U.N. Joint Staff Pension Board, are these items of more than passing interest:

Money: That the total return on investment in 1998 by the pension fund indicates a significantly higher rate than the previous year: almost 19 per cent now versus about 9 per cent then. Recently reported figures show that 68 per cent of investments today are in equities, about 24 per cent in bonds, the rest in real estate, cash and reserves.

What has been described as “remarkable results” in investments should allay fears of the fund’s bankruptcy so frequently expressed by those close to retirement. That fearfulness “is one of the reasons why many staff members take a full lump settlement,” an
informed source says, doing so “without realizing the consequences on their future standard of living.”

Disability: That a leading reason for granting disability benefits in the U.N. system is psychiatric.

Tobacco: That since 1998, the fund no longer invests in tobacco, thanks mainly to the initiative of Ho.

WTO: That the WTO will receive about $110 million, based on preliminary calculations of the Consulting Actuary, as its share on withdrawal from the fund, which the organization had decided to do earlier.

Marriage after Separation: That the U.N. General Assembly had amended rules in 1998 to allow retirees who marry after separation to purchase a surviving spouse’s annuity. As a result, over a hundred enquiries have been received seeking estimates of costs, and 29 have elected to buy in. The change has been called “the most welcomed addition to the Fund’s social provisions.”

The rule is applicable to remarriages 6 months before 1 April 1999, when it took effect, provided the decision to purchase the annuity had been made by 30 September 1999, the deadline. Thus far it is not retroactive, though the question will be raised again soon enough.

HONOURED

Dr Donald A. “D.A.” Henderson, has received the Frank A. Calderone Public Health Prize for his leadership in the WHO programme that made medical history – the eradication of smallpox. It is the first communicable disease to be wiped out from the world and a feat that is yet to be equalled.

He received the honour this year, at age 70, some two decades after WHO’s breath-taking achievement in public health. The prize, awarded every two years for “exceptional” contribution, comprises a solid gold medal, and a $10,000 cheque.

In a recent interview at his home in Baltimore, Maryland, with The New Yorker magazine, he gave full marks to his team. “I’m only one of many in the eradication. There’s Frank Fenner, Isao Arita, Bill Foege, Nicole Grasset, Zdenek Jezck, Jock Copland, John Wickett (still serving). I could come up with fifty names – let alone the tens of thousands who worked in the infected countries.” Because of their work an estimated 50 million lives have been saved.

The prize is named for a distinguished leader in public health, whose career ran the gamut from district health officer on the Lower East Side of New York, to Secretary of the U.S. Department of Health, to director of the U.N. Interim Commission for WHO. It is awarded by the Joseph L. Mailman School of Public Health, Columbia University.

SALUTED

Dr Martin Kaplan, former director of WHO’s programme of Research Promotion and Development, then a part of the DGO, took a well-merited public salute, appropriately enough, on the International Year for Older Persons, 2 October – by happenstance also the very same day he joined WHO 50 years ago.

“You are an outstanding example of what we all aspire to be – a widely respected and active older person,” the D-G noted in a departure from her prepared address, thus singing him out among those assembled to hear her address that day at the Palais des Nations.

“I cannot think of a more appropriate occasion on which to acknowledge your many valuable contributions,” she said, referring particularly to his work in veterinary public health and the health aspects of biological and chemical warfare.

During 27 years of service, he also launched WHO’s world-wide network of collaborative labs. With 1,000 established today, it is an achievement of which he is justifiably proud. Since 1989, he has been chief of the Geneva office, located in the new WHO building, of the Pugwash Conferences on Science and World Affairs. Prior to that from 1976, he had been its Secretary General.

In 1995, as a member of the Pugwash party, he met the D-G during the Nobel Awards in Oslo, and gave an address at a dinner. The Peace Prize that year was shared by Prof. Joseph Rotblat, president and founder, in 1957, of Pugwash and the organisation itself.

Now at age 84, he is also busy preparing the second edition of “Health Aspects of Chemical and Biological Weapons,” first published in 1970. He relaxes with his cello. He has three children, two of whom followed him into medicine, four grandchildren, and lives in Collonge, with his wife Lenna.
THE QUARTERLY IS ON WHO’S INTRA-NET

Serving colleagues whether in Geneva or the regional offices, who do not get their own copy of the QN, can now access it themselves on the WHO intranet. Just follow these steps: Go to the Menu column on the left, then Staff Services, Staff Association, then Former WHO Staff, and bingo!

For all this, thanks are due to two serving colleagues: Mary Jane Watson, CVD and former Chairman, Staff Association, who earlier put the AFSM on internet (exstaff@WHO.ch); and Nancy Dykstra, Web Technical Coordinator, who, when approached about the possibility of putting the QN on intra-net simply said: “I would love to do it.”

NOW MORE SWEAT IT OUT

Nick Lamble, the affable instructor in fitness, reports seven former colleagues are exercising at the WHO centre on the eighth floor – four women and three men. There is still only one husband-and-wife team though among all his pupils.

The example of sweaty togetherness are the Willards, Nedd (formerly with INF) and wife, Poppy. (For more information call 791 3440.)

LIFESTYLES

I took my first parapente flight on a Saturday morning in July. I learnt later that I was not the oldest to have tried it, but not the youngest either. Parapente is French for leaping off a mountain attached to a colourful crescent-shaped parachute. In my case it was the sport of a “tandem jump.” A guide, Eric, was attached to me.

We drove to Les Gets, France which is an hour by car from La Maison de la Montaign Company where we paid the fee. That day’s launch site was above Morzine due to weather conditions. We drove straight up a hill for 1,600 metres and later reached the “jumping off” place.

The guide spent the next 10 minutes laying the chute out on the ground and carefully straightening the lines. He then strapped me into a harness and placed a bicycle-type crash helmet on my head. Next, he strapped himself into a similar rig and hooked my harness securely to his own with a couple of screw-on clamps and rings. After a few words of instruction and after watching another pair take off, and though facing the unknown, I was asked; “Are you ready?”

We ran together down a dirt path toward a 2-3 metre drop into a meadow, beyond that, a cliff and open air. We tugged and pulled hard to get the chute off the ground. It filled with air as we continued downhill. Some 5-10 seconds later we were literally lifted off our feet. We soared around like birds for the next 20 minutes. The weather was perfect – slight breeze (not strong enough for a longer flight, unfortunately) and a few high clouds in a hazy blue sky. It was cool but not uncomfortable.

Although I couldn’t actually see my guide, I could hear him talking to me. I could see his hands when I looked over my shoulders. He pulled on the lines to turn left and right; he could “stall” our flight so we were almost standing still. I saw Les Gets in the next valley and a swimming pool below, where he offered to land if I so chose. It was quiet and peaceful, very much like being a child on a swing. We flew down the face of a cliff and then over the town toward a stand of tall trees, hoping to get a thermal lift of air from the trees to prolong our flight, but we didn’t.

I felt a little nervous about the landing but remembered that I was instructed only to run. The guide slowed us through the “stall” technique so that when we touched down, I took three or four steps before finding myself just sitting back in the tall grass. It was that easy! The whole experience was fabulously, awesomely wonderful. I was on a “Morzine mountain high” for days.

(ERIC, a guide for 11 years, can be reached by cell phone: 00336 1266 2539.)

—Linda Burgess

(WHO Social Change and Mental Health Cluster)
Taking into account recent developments, the book "70 Years in a Shaky Subcontinent," by Dr Habibuz Zaman, formerly with WHO's office in New Delhi, is aptly titled. Published in April 1999, the book is described as an "autobiography of a lifelong citizen of the Indian subcontinent." (Janus Publishing Co. Ltd, London, softback, £12)

Some 290 pages in length, it is a record of memories, official and personal, both pleasing and painful, of a distinguished pathologist, now aged 70; of a Muslim born and raised in Hindu Calcutta, who went to a Jesuit school as a boy, and who is Bengali at heart. The book spans the British Raj, India's independence, the birth of Pakistan and Bangladesh — including his 14 years as WHO's medical officer in fellowships and health manpower development. It is not a book about WHO but by a WHO colleague whose comments about WHO — not only about the fellowships programme — include the following:

**EMRO:** While in Cairo, en route to the United States as a WHO fellow, the author was summoned to Alexandria to see the RD, EMRO (who was to serve for five terms). "I had no idea how important a person Dr Taba was. I became quite impressed with the frills of his office: the throne-like tall chair, covered with red velvet, and the arms and back rest painted with gold lacquer. The office was spacious and tastefully decorated."

**Funds misused:** "In recent years, there has been an unfortunate tendency to use WHO funds for the participation of even non-medical officials of ministries of health in regional meetings or even non-WHO-sponsored international conferences, much to the consternation of the WHO regional office.

"Undue pressure from member countries has not infrequently resulted in WHO's abject surrender to unreasonable and unwholesome demands. "Whereas some governments have consistently maintained a dignified and enlightened approach, some others have used WHO funds in a manner which would appear to be less than appropriate.

*Excerpted from "Working for WHO," Chapter 53.*

**KEEPING OUR GRANDCHILDREN OCCUPIED**

In our child-raising days, who among us have not been lost for want of something to do with the little dears on a weekend or a holiday?

Now, Lisa Cirieco, née Ohlman, the daughter of Herb, formerly HMO, and a mother herself, tells us what she would do. She has joined forces with another Ecolint graduate, Lindsey Williamson, to produce a guide for the amusement of our grandchildren, and incidentally their children too, on such days.

Titled "Know-it-All Parents 2000," it is a 150-page soft-back, which simply lists by some 30 categories names and addresses helpful to parenting in and around Geneva. Examples: English-speaking doctors and dentists (recommended by parents themselves), day care and baby-sitting, child-friendly restaurants, tea-rooms and hairdressers (whose businesses, as a result of the endorsement, must now surely rise), as well as swimming pools, parks, museums.

"We both grew up in Geneva and now are mothers with young children. We know the area well," the two authors say in establishing their bona fides, while reporting sales so far of around 500 copies monthly. Price 28 CHF.

Available from the Bookworm, ELM Bookstore, Payot, Geneva; or through e-mail directly: <CIRIECO@freesurf.ch>.

Maybe a Christmas gift for someone?
**Anyhing But Retired**

In search for a certain expertise that only former staff have, the Administration enlisted the services of Herb Crockett, once director, personnel, to help in what is called today MAS (mutually agreed separation) and in our time RIF (reduction in force).

No matter the name, the object is to facilitate the departure of around 200 serving colleagues painlessly, with a golden handshake (max. 20 months pay plus P and G allowances), and perhaps encourage them to join the AFSM as a life member...

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**Sharing and Sympathy**

The Self-Help Group has changed its regular meeting place to La Bagatelle, the restaurant opposite the Holy Trinity Basilica at Cornavin. It meets on the first Friday of each month for companionship, sharing and sympathy over coffee and lunch. All colleagues more than welcome.

If more information needed, call Margaret Baker at (059) 450 36 88 63, or Rosemary Bell, phone/fax (059) 450 42 26 78.

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**In Memoriam**

Dr Leo A. Kaprio: EURO’s Regional Director Emeritus, who, as a representative of Finland, was present at the creation in 1948 of WHO’s European Office, passed away on 14 August 1999 in Helsinki. He was 81.

Prior to WHO, he had been Chief, Public Health, of Finland’s National Board of Health from 1952 to 1956. He was also Director, Uusimaa Health Demonstration and Teaching Area project, which by 1952 was responsible for the health of some 300,000 persons, and had become a WHO training center.

He held degrees from Helsinki University, MD, 1945; Johns Hopkins, MPH, 1948; and Harvard University, Ph.D., 1956. In 1972, he received the title “Professor,” conferred upon him by the President of Finland to recognize his work for public health.

During the Second World War, he saw service in the military medical corps, being discharged in 1944 with the rank of captain. He holds five Finnish wartime decorations, as well as Knight, First Class, Finnish White Rose.

He is survived by his wife, Aini, and three children, all of whom pursued medical careers. Excerpts follow of eulogies from Dr Halfdan Mahler, Director Emeritus, and Dr Jo E. Asvall, R-D EURO, delivered at funeral ceremonies on 27 August in Tempelinaukon Kirkko:

- “Your sense of history, your political sensitivity, your social commitment, your moral courage and passion, add up all this and you get a public health giant with visionary insights.

- “Your sense of history, your political sensitivity, your social commitment, your moral courage and passion, add up all this and you get a public health giant with visionary insights.

- “Your generous support and loyalty during my uneasy transition in WHO from technician to policy-maker was vital. Your friendly and constructive criticism, when you thought I had it wrong, gave me ample space for painless reconsideration.

- “So allow me, Leo, on behalf of hundreds and hundreds of WHO colleagues, including myself, to give you a simple, but oh so sincere, thank you and farewell.”

—Halfdan Mahler, M.D.
**Director-General Emeritus, WHO**

- “Again and again you amazed me with your deft diplomatic skills and your warm personal touch that made cooperation among political adversaries possible. You showed that health development could be used as a unique example to overcome suspicion and animosity.

- “Through years of very close cooperation and many joint battles, we became close friends. Even more personally, I had the privilege of watching the rare relationship between you and Aini - a relationship of love that continued to spark and inspire through half a century.

- “Today my heart is not filled with sadness, but with joy and gratitude. Our lives have been richer for having known you.”

—Jo E. Asvall, M.D.
**Regional Director, EURO**

Though inextricably linked to EURO, Copenhagen, he began his WHO career in 1956, at age 38, as public health adviser to EMRO in Alexandria. Earlier, he had represented Finland at Regional Committee meetings in 1954 and 1955, and as well, in 1953, was his country’s chief delegate to the World Health Assembly, thus making his mark on international public health.

In 1963, he was appointed Director, Division of Public Health Services in Geneva. Four years later, European delegates elected him, then 49, as Regional Director, a post he was to hold until 1985.

**Quarperly News of the Association of Former WHO Staff**

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**Autumn, № 38 1999**

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IN THE HOUSE

RIVER BLINDNESS: TRAGEDY AND TRIUMPH

Familiar to former staff, this classical black-and-white photo of “the child leading the blind” has been transformed into two striking statues in bronze on WHO’s front lawn (right). By U.S. sculptor R.T. Wallen, an Alaskan, they represent the triumph over the tragedy of onchocerciasis, or river blindness. The disease leads to adults of African villages losing sight and being led about by children.

Its unveiling by the D-G, which took place in October, brought to Geneva three leading protagonists in the fight against river blindness: former U.S. President Jimmy Carter, director of the center in Atlanta, Georgia, that bears his name; James Wolfensohn, Director of the World Bank; and Ray Gilmartin, CEO of Merck, Sharp and Dohme.

The pharmaceutical company provided the drug, Ivermectine, at no cost to afflicted countries. In a departure from standard operating procedure, its role was openly acknowledged by the D-G, who stated that it was “impossible to progress without the private sector.” The credit has been also reflected in the engraving on the plaque installed horizontally at the foot of the statues.

Next time you visit Hq., come read it yourself – or try to.

LETTERS

(Unless stated to the contrary by correspondents, letters received are routinely considered, and edited, for publication to encourage an exchange of views among colleagues.— Editor)

(Re: “Too Old”, If Not Ageism Then What? (QN 37, summer 1999)

A BURDEN OR A BRAIN-BANK?

I sympathise and empathise with the colleague who was turned down for an assignment because he was considered too old.

I retired in 1973 after thirty years of international public health work, most of which had been with WHO. At no time since retirement has any attempt been made by WHO to use my brain, memory or archives. In other work environments it would have been professional courtesy to share copies of reports on the progress and outcome of projects with their originator. It would have made sense.

During my service I designed and supervised a series of field projects involving international investment in the application of WHO policies. My supervisors were satisfied, otherwise I would not have received my career contract. The national authorities concerned in my last post certainly made it plain that they were pleased with the way WHO work was carried out.

I believe pensioners have the wish and the capacity to help WHO, particularly in the area of their active service. It would be interesting to learn of the positive and the negative experiences of colleagues who, alive and still kicking, have the continued desire to support WHO actively.

When retirement takes place after a couple of decades of service, it is axiomatic that the retiree had been contributed mightily to WHO’s collective wisdom and expertise.

—Kenneth Sinclair-Loutit, M.D.
(formerly EUR)
Rabat-Mechouar, Morocco
Pleased and Displeased

We enjoy the QN, all sections. Unfortunately, the summer issue (No. 37) reached us in early November, so unfortunately we were unable to circle in red on our calendar Thursday, 14 October. We use every possible excuse to visit Switzerland — as it happens at that time we were in the area, staying at the Lago Orta in Northern Italy — and would have made the effort to attend the annual reunion.

Is the QN, in fact, the only way that we are informed of that event? We wonder whether Information Circulars, which we used to receive, are also sent to former staff members. We have never received one.

The summer News did, however, arrive in time for my wife to write to HRS about the retroactive post-adjustment payment (she took early retirement as from 29 February 1996). We had not heard about the claim being made until we received Q.N. 37.

We look forward to issue No. 38 and thank you for your efforts on behalf of ex-staff.

—Alfred G. Beer
(formerly SUP)
Hampshire, UK

Out of It

The summer issue of the QN, which arrived a couple of days ago (end October) is really appreciated. I should really subscribe.

Reading David Payne's poignant letter, "Internet: Payne-WHO," about the "WHO family," made me realize how cynical I had become over the last several years of work and how glad I am now to be out of it. Having tomorrows free of hassles, schedules and commitments, other than my own making, is fantastic.

The best part of my career was in meeting so many wonderful people at WHO over the past three decades.

—Ron Anderson
(formerly COR)
Bainbridge Island, Washington, USA

(No subscription necessary, just membership in AFSM — Editor.)

In the Press

Private Funds Sought for TB

International public health officials and scientists are trying to enlist leading American philanthropists in plans to establish a $500 to $600 million trust fund next spring to help stop the spread of tuberculosis.

Dr Gro Harlem Brundtland, Director-General, WHO said in a recent interview that the $100 million now being spent to fight tuberculosis is "in no way sufficient" to help poor countries stem the disease that killed two million people last year.

The health organization began its "Stop TB" initiative — a partnership with leading scientific laboratories and non-profit anti-TB groups in Europe, Asia and the United States — after a White House meeting last year that reflected growing alarm about the disease, the world's leading infectious cause of death among adults.

Dr Brundtland was in New York partly to attend a meeting sponsored by the Open Society Institute, a foundation financed by George Soros, who has committed more than $15 million to TB-related programmes. The foundations in mind clearly included the Bill and Melinda Gates Foundation, which has assets exceeding $17 billion.

Late last year, Gates, chairman of Microsoft Corp., and his wife, committed $750 million over five years to speed the delivery of vaccines against four childhood diseases to developing countries.

Dr David Heymann, who heads WHO's division of communicable diseases, said the partners in the tuberculosis initiative would work toward beginning a trust fund campaign or other programmes by March.

—Judith Miller
(Excerpted from the Int'l Herald Tribune, 3 Nov. 1999)

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The opinions of the QN are those of the authors, not necessarily of AFSM.