Though late in coming, it was nonetheless an idea whose time had come – that AFSM first-ever General Meeting held on 5 April, complete with précis writers, full interpretation and a break for refreshments.

And when it was over, four hours later, a vast majority of colleagues voted to do it again soon. Not to meet every two years for comradeship and business, as had been envisaged, but annually (while vowing to keep faithful their ties with serving brethren). When next year is yet to be determined.

Sufficiently satisfying for now is that some 100 colleagues filled Salle C at WHO to over-flowing that afternoon to the relief of those who wondered if anyone would show up. Among those who did: AFSM’s Founding Father (Alain Vessereau), and others present at the creation in 1989 (Yves Beigbeder, Gérard Dazan, Stan Flache, Carlo Fedele, Carleen Furth, who chaired the meeting, Rajindar Pal, Chairman, and Tom Strasser.)

In addition, there were guests who spoke in their capacities, inter alia:

- Amir Ali, president, AFFI/AFICS, on the benefits of joining his association (585 from WHO are already members, the second highest group, after the U.N.)
- René Baumgartner, new manager, UBS, on a third teller now being trained to cut down on queues on pay and pension days.
- Gilbert Ferrari, Chief, U.N. Pension Fund, about the “double track system.” (See also, p. 5 “That Shocking Transit Charge”).
- René Mathieu, formerly WMO, on the French and Swiss taxes.
- Ann Van Hulle, chief, health and pensions, WHO, about the satisfactory financial situation of the health insurance, despite the costs incurred by an increasing number of pensioners.

Many pensioners praised the presentations for their clarity, particularly those on the complexities and intricacies of pension rules and tax regulations, but others, struggling to understand, found it somewhat bewildering. All agreed however that the work of serving colleagues in the SHI unit deserved a round of applause for processing claims so swiftly.

Eyebrows were raised when no presentation of the 1999 accounts was given, as the Treasurer, who had resigned, and the Assistant Treasurer, were both absent. A statement distributed showed, however, for the first time ever, a 4,000 CHF deficit of expenditure over income for the year, resulting partly from less members paying dues (See also p.7 “A Dodo Says Au Revoir”).

Some questions raised by pensioners stumped the experts, for instance: Is a pensioner who lived for decades on the French side still considered a frontalier? What taxes are those pensioners who consult occasionally subject to in France?

Among other highlights of the meeting: a suggestion that AFSM set up its Website by Jen Jorgensen, (then not yet retired), and Mary Jane Watson, (not retired, but just separated). An announcement that statutes had been revised to limit to two years the term of office for the Executive Group

Many worked hard to bring about the first GM, but, unlike other ventures, cont’d on page 2
O, are you enjoying time or is time killing you? Someone told me that when you retire footnotes become chapter headings. Easy to see what he means but it does not have to be that.

Now, footnotes are those little irritant things we have to do but don’t enjoy doing. For example, taking the car for a check-up or for a new exhaust pipe where you learn that because your Honda has three, it will cost more than you would have imagined. A footnote is retrieving clothes from the cleaners; making an appointment with the dentist or the doctor when you would rather not. Footnotes breed like flies and never seem to diminish in number. What makes them footnotes is that you derive little satisfaction from their accomplishment, they don't enlarge your knowledge or your horizon, they don't have you whistling under your breath. Worst of all, you create nothing and have nothing to show for your efforts.

Chapters are another matter. They don’t have to be huge matters like retranslating Plutarch, or building a bridge but they can be a garden you planted or the awakening joy as you read a book you had enjoyed many years earlier. Now a cynic might say that was because you had forgotten it, but I believe your age and your experience add something precious to the re-reading. You can read deeper. And enjoy more.

Trips, and especially vacations, can be either footnotes or chapters. To acquire an obligatory tan, to be rushed by works of art and sculpture, to be force-fed knowledge and facts that have no resonance for you, diminishes travel and changes exciting chapters to banal footnotes. It is a chapter when people talk about seeing the joy and beauty of classic Egypt or describe in detail how good, how bad, how strange the food was. Installing a hot tub imported from Seattle over a filled-in well under a tree in France — now that’s a chapter.

Filling out tax returns is both: it is an irritant to do, but must be done, and a relief when over.

Now retirement is really smorgasbord and not menu fixe. It is up to us to decide how we intend to spend the years that appear before us as appetising as a blank page on which you can write what you want. Time is precious when it is used for something creative, or helping out people near us through hard times which takes our mind off our footnotes. There may be those who enjoy concentrating on the day's menu, or finding ways to avoid paying taxes but I have a hard time agreeing with them.

I see far more smiles on people who help people or who plant vegetables in their garden. —Nedd Willard (formerly INF)

from page 1
it is not difficult to single out one individual for acclaim. It all began when Nedd Willard, formerly INF, wanted to raise questions about AFSM paying for an air ticket for a representative to fly to New York on AFSM business, then realised he had no forum in which to raise them. He pushed hard for a general meeting, and when he got it, proposed finally that it be held annually. One determined person does make a difference.

LITTLE LINERS
Change of e-address: We have a new e-mail address: it is <afsm_ams@who.ch>. The horizontal mark between the English and French acronyms is called an “underscore.”

Parking places: The grassy area by the side of the library, scene of folk and tap dancing during WHO's 50th anniversary observation, is no more; it has been turned into concrete parking spaces for some 50 cars and designated con't’d next page
A Change of Heart

I never thought I'd be a candidate for a heart transplant. While I'd had a heart condition (dilated cardiomyopathy) for some years, a radical solution such as this was furthest from my mind.

However, in late 1998 when I was in Paris, the weather was cold and I suddenly had difficulty in getting around. I somehow got to the train for Geneva and fell into my seat. A couple of Heinekens from the buffet car (the usual Morgan cure-all) didn't help - I had a problem!

My cardiologist confirmed that things were not right, he restricted my diet - no alcohol - and expanded my medication. Most importantly - lose weight! Christmas and New Year's were miserable health-wise. In January, I told him the medication wasn't working. He said what I needed was a heart transplant. I was devastated. The chief of cardiology at the cantonal hospital confirmed the diagnosis. He explained the procedure that extensive medical and psychological tests were required to learn my suitability for the transplant "list." My confidence grew and I said, "Yes, please, this is what I want; when do we start?"

Tests began in February 1999; I was 65 years of age. I felt pretty bad but further into these procedures I was introduced to beta blockers. In my case, these worked ideally and, suddenly, I could do things again, lead a more normal life. I made the "list" early in May, and Spring was a welcome delight. Beta blockers, however, were not the solution, and I waited for the hospital to call.

My telephone rang late Wednesday night, 21 July. I knew who it was - Ilse, at the transplant unit. "Good news for you, Mr Morgan; can you come now? It's a lovely heart we have, and it's all for you." My neighbour, Richard, and I were quickly on our way through a silent Geneva, me thinking I've a 50/50 chance of seeing my house again. Even then I wasn't entirely convinced about this heart transplant business!

After admission and the operation, I woke up. There was late-afternoon sunshine coming in to the ward and I realised I was still alive. I wiggled my toes and gave thanks to my Maker. I also had a terrible thirst and asked - "Where can I get a big orange juice?"

My entire family gave me great support during this time. I was in semi-isolation for around ten days, and I had many visitors, in ones and twos, family and close friends. The support they gave me was fantastic.

It's about one year since my heart transplant operation, a period of reflection and a lot of emotion about the incredible thing that has happened to me. Twenty years ago such extreme medical interventions were rare. I consider myself extremely fortunate to be near the necessary medical facilities, and to have been accepted for the "list."

I do not know whose heart I now have. All I can say is that I shall be forever grateful to that person, and his/her family, for the gift of life that I have received.

I now urge everyone to become organ donor candidates. As they say at the Geneva hospital, "When you go to heaven (or the other place!), you can't take your heart (or kidneys, liver, etc.) with you, leave them behind then for someone who needs them." For myself, I'm not sure whether they want donors with "two-owner" hearts, but I'll check this out!

—John Morgan
(formerly, Budget and Finance, WHO, Geneva)
Once again, Albert was late. "Terribly sorry," he said, "this morning’s session took even more time than usual." I knew what he meant; for decades, Albert was suffering from chronic constipation.

It is certainly of no help to Albert to know that his condition is a very common one. As a matter of fact, some 12 percent of the adult population in affluent regions of the world are said to suffer from chronic constipation. (Less well-off populations have other health problems to worry about. It is not known how frequent it is in developing countries.) Yet, constipation is a problem for the individuals suffering from this condition. It may be a problem for the patient’s physician as well – though often the sufferers do not consult their doctor about their difficulties, but tend to resort to self-medication instead. There may be several reasons for this: patients may be disappointed by the attitude of their practitioners when complaining about constipation, and results of the treatment recommended by the physician may be disappointing, too.

The fact that chronic constipation is an important medical problem has been recognised by a forum of experts which met in Vienna in February 1999; the meeting resulted in the so-called Vienna Consensus on Constipation and Laxatives. The text (in German) can be found on the internet under <www.smgp.ch/Konsensuspapier.html>.

Concerning the epidemiology of constipation, the paper points out, once again, the great frequency of the condition. It is 2-3 times more common in women, and is increasing with age in both genders. There are three types of this condition colonic (slow-transit) constipation, anorectal constipation, and the idiopathic form. "Idiopathic" is the scientifically sounding medical term for "No idea where it comes from" and, to be frank, and without any shade of irony, this is the commonest form of constipation.

In the forefront of treatment of constipation, there are again three groups of therapeutic substances, i.e. laxatives. "Ballast substances" consist of not digestible matter, mainly derived from plants. It seems simpler (and more natural) to adhere to a diet rich in cellulose. "Osmotic laxatives" are chemicals which retain water in the bowels, and thus soften the stools. "Motility stimulating substances" are plant extracts of synthetic chemicals which spur the bowel movements by exerting an irritating effect. Most of these laxatives have been in use for a long time, and do not seem to have toxic effects.

Fears that they may cause cancer were not substantiated. Nevertheless, they must not be abused; the Consensus paper deals at some length with the rather frequent phenomenon of laxative-abuse.

So, what to do? Besides adhering to an appropriate diet, the simplest – and hopefully, safest – advice seems to me a quotation from the overwhelmingly common publicity message on television, that we are all exposed to: “This is a medicament – consult your specialist!” This seems to be also the conclusion of the Vienna Consensus. Let us wish that nowadays consensus be reached in Vienna on other issues as readily as on this one!

—Tom Strasser, M.D.
(formerly CVD)
Pensions

**MARRIAGE AFTER WHO**

Since April 2000, some 60 pensioners who married after separation from WHO have begun paying increases in their contributions to the U.N. pension fund, having chosen to assure their spouses a monthly U.N. income after their demise.

The choice was made possible through the change in Article 35 of pension rules, which came into force a year ago, in April 1999. In addition to those who have opted in, according to a report from the U.N. Joint Staff Pension Board, dated March 2000, by then, "hundreds of inquiries and requests for estimates" of costs had been received by its Secretariat.

The rule change does not cost the fund anything, being "actuarially neutral," informed sources explain, with the cost to the pensioners depending on ages, theirs and their spouses'. Also it is likely that some, having had the choice, may decide they cannot afford to buy in.

While generally regarded as "the most welcome addition to the fund's social provisions," fund watchers claim that to comply with the intent of the rule (namely, to give all those who married after service the chance to choose), some flexibility would be appropriate.

Some pensioners who remarried, notably older retirees, and thus a tiny minority, may have learnt of the change only past deadline.

For those who married before April 1999, the deadline would be October 1999, for others six months after the ceremony. A point for representatives of pensioners to follow-up with vim, QN's Owl hopes, at the next board meeting.

**THAT SHOCKING "TRANSIT CHARGE"**

Much to their shock, a number of colleagues who receive pensions in what is somewhat quaintly described as "Euroland currencies" – primarily French francs, Deutsche marks and Spanish pesetas – were hit with a 10 euro (US$ 10 approx) "transit charge" when January pensions were deposited to their accounts. That should not have happened, according to a circular from the U.N. Joint Staff Pension Fund, dated 8 March, to the secretaries of 16 staff pension committees.

After having been "informed post facto," explained Gilbert Ferrari, Chief of the fund's Geneva office, "I formally complained," which resulted in the agreement of UBS "to absorb the charge for the next few months".

Now, he is seeking "a longer term alternative payment mode to avoid the charge" completely.

Also, according to minutes of the General Meeting held in April, he speaks of the need to "guard against the universal tendency to charge for services whenever the banks feel so inclined," Bravo!

Far better it is that no "transit charge" is made or, if it is, QN's Owl believes that the pension fund absorbs it.

(For a copy of the circular, send a written note to AFSM, Room 4141, WHO)

**THE NUMBERS GAME**

Some figures are easy of access, others not so. Consider pensions and the health insurance.

AAFI/AFICS statistics show that serving staff are, thankfully, in the majority in the pension fund—about 68,000 of them against 46,000 of us – a good difference.

At the recent General Meeting no figures were divulged for the costs to the health insurance plan for keeping us alive and healthy – even though the total of our claims is known.

According to the minutes, "caution was clearly necessary in publishing them (the figures), however, tempting the desire to show how efficient the system was and how much older people owed to the care it provided for."

Go, figure, advises QN's Wise Old Owl a little perplexed.
ONE SMALL STEP FOR SENIORS

From January this year, the U.N. health insurance began reimbursing, subject to the approval of its Medical Advisor, 80 percent of costs up to 30 CHF a day for what it describes as "home care required for reasons of hygiene and mobility."

Such long-term care remains the thorniest aspect of after-service insurance, according to AAFI/AFICS, even while the awareness of its necessity grows.

On the one hand, proposals from the U.N.'s CCAQ (Coordinating Committee on Administrative Questions) have "not obtained general support," while, on the other, "a number of governments seem ready to accept the need to make contributions."

Thus, the U.N.'s initiative is a small but significant step that may show the way ahead.

SEPARATE BILLS

A colleague has reported that Hôpital la Tour billed him just for his 20 percent of costs of treatment, while, at the same time, sending a separate bill to the health insurance for the remaining 80 percent, both with bulletins de versement conveniently pre-filled.

Normally, we receive the full bill, and then, with payment as proof, send it to the health insurance to settle. The departure from procedure, as shown in this case, reduces bureaucracy, saves time and is therefore welcome — not least because it means that the colleague did not have to advance the 80 percent himself.

THE GREAT DATING DEBATE

In dating a letter, a document, or more likely today, e-mail, any confusion would be avoided by spelling out the month, for instance, writing "July," instead of designating it "7" as we do now because it is the seventh month of the year.

The trouble is that some place the month first, and the day second; while other do just the reverse, day first, month second. Thus, 4/7/00 would be for the former group April 7, and for the latter 4 July. The difference in interpretation is that large — between World Health Day and U.S. Independence Day (the Fourth of July). In particular does this drive those who work on both sides of the Atlantic to distraction.

Now the International Organisation for Standardisation, in Geneva, has proposed a third way. To resolve the great dating debate, it recommends that all of us begin with the year, followed by the month, and finally the day, or from the largest entity to the smallest. Therefore, World Health Day in IOS style would be written 00/4/7.

A diplomatic proposal, concludes QN's Wise Old Owl that does not want to give offence.

Incidentally, the English acronym for the agency is "ISO," which suggests isos, Greek for "equal."

PLEASE PAY

With the number of dues-paying colleagues declining last year, a plea is being made to those in arrears to bring themselves up-to-date by paying the 20 CHF annual dues. Should the question be asked "how to pay?" then read on:

- For those living in the Geneva area, pay at the PTT by the bulletin de versement to account No. 12-17440-4.
- For others, pay by UBS; bank cheque to account No. D3 102,973.0, UBS or pay by traveller's cheque. (Do not pay by cheque on other banks. Several years ago, a colleague in Portugal did so. Bank charges to process that cheque amounted to 18.42 CHF, leaving AFMS just 1.58 CHF).
- For those in the regions, thanks to an agreement with SEARO, dues are accepted in national currency, which the regional office then transmits to us in Geneva. Similar arrangements are being worked out with the other offices.
- And finally, if you have a friend in Geneva, ask that person to pay for you, and then settle the account between yourselves.

To be frank, QN has a vested interest in this dues-collection campaign. Dues pay for its production.

(See related story: "A Dodo Says Au Revoir" page 7)
Our Finances

AFSM showed an operating loss of some 4,000 CHF in 1999. Expenses exceeded income for the first time ever since my five years as Treasurer.

This bit of bad news is due in part to the drop in annual dues: in 1998, some 15,830 CHF was received in dues, while in 1999 the figure dropped to 8,600 - or about 7,200 CHF less. Regrettfully, for whatever reason, many members are not paying.

However, the good news is that our overall financial situation remains sound, with total accumulated funds amounting to some 61,000 CHF, plus a reserve of 33,000 CHF.

A trend during the year was the increase in life membership taken out by many newly retired colleagues and a number of the already retired. Paying yearly, in the long-term, is less economical and in the short, less convenient.

The annual reception for former and serving staff cost AFSM 1,400 CHF, about 900 CHF less than in 1998, when it was 2,300 CHF. The total bill for catering however, amounted to 3,500 CHF, with the lion's share, 2,090 CHF, being covered by donations-at-the-door from the 180 persons attending, plus WHO's regular grant of $500.

As in other years, major expenses to the association were for secretarial assistance in the office (volunteers on a regular basis are hard to come by), and for the production of the Quarterly News. The yearly cost of the newsletter is about 6,000 CHF for word processing in two languages and for layout.

The Treasurer's job is essentially to prepare a statement of income and expenditure. However, as I have now relinquished my duties, I am at liberty to get in some observations, namely:

- That there be a drive to attract new members, along with an appeal to the old -- particularly those outside the Geneva area -- to pay dues. To make it easy, in SEARO, for instance, there is an arrangement with its administration to collect dues in rupees for credit to us in Geneva. (See page 6).

- That income be raised to approximate expenditure through, for instance, raising yearly dues, which has remained at 20 CHF for the last decade; and through reviving the annual raffle at our reception. (In the past, Air Mauritius has been among donors, offering tickets as prizes.)

- That the temptation be resisted to slash expenses of the QN. Considering that it is our main channel of communications with colleagues worldwide, costs are nominal. Moreover, savings are already being made, thanks to volunteer translators. Bear in mind Dialogue, the staff magazine of our time, which fell victim to well-intentioned cost-cutters.

- Finally, I have found working relations among members of the Executive Group respectful and relaxed; now with our own "reform" everything is becoming more "organised," which is fine but don't let's become too rigid. After all, service is voluntary and must be enjoyed. In any event, I wish the new committee success and pleasure. And as I say au revoir, I thank those who voted for me. I have tried to be deserving of your trust.

Joe (Dodo) Chang-Wailing,
(Hon. Treasurer, 1994-2000)

(New extinct, the dodo is the national bird of Mauritius. The word is used with affection. -Editor)

Why You Should N-O-T Have a Computer

You've got to have a computer, right? - so you beg, borrow or steal $1,000 or the equivalent and run out to buy, lease or rent one. But once you open the box, put all the pieces all together, connect all the wires and fire up, what do you have? Very likely, the only software provided will be the operating system, stripped down office software, some games and an Internet browser. So, if you want to do real work, back to the store to purchase an "Office Suite," specialised programmes for multimedia and so on.

But wait: you can't read all the stuff coming across your screen without eye and back strain, so you have to get a printer. Next you'll want a scanner, digital camera, good sound system - and you are out $1,500 for an unsightly mess your spouse will probably throw a cover over. And don't forget to budget 10 to 20 percent of your purchase cost each year for supplies, cont'd on page 8

Lifestyles

Why You Should N-O-T Have a Computer

Quarterly News of the Association of Former WHO Staff
replacements and upgrades. For this effort and money, what benefits do you have? If your experience is like mine – a big headache! Let me explain.

I've been in the computer "game" for close to 45 years, have a master's degree in computer science, and have built several computers. At best I use them productively 50 percent of the time – and 50 percent to keep them functioning. Could this just be my incompetence? I don't think so; many friends are serious computer people, who call me and cry "my computer crashed" or "my e-mail programme doesn't work!"

So maybe you buy a new, integrated system for about $500. Better opt for the extended warranty then. If you want to upgrade the memory, add multimedia features or replace a part damaged by heat, humidity and air pollution, you (or a technician) will have to open it up – and remember that changes cause new problems! Then there is bug-ridden software; a huge industry is devoted to diagnostic and repair software just to maintain the Microsoft Windows operating system.

However, suppose you only want to write letters, send e-mail and "surf" the net, do you need the most complex and hard-to-use home appliance ever conceived? Certainly not. In 1998 when Sally and I went to Geneva for the birth of a grandson, I found computer "freedom". I arranged for a free service, YahoolMail, to store our address book and send and receive all e-mail. Then I could use systems at libraries, schools and "cybercafés" which offer high-speed Internet connections to you free, or for a nominal fee.

Since then, I don't even pay monthly fees to CompuServe, or any Internet Service Provider (ISP); instead I subscribed to AltaVista Free Access whose only "cost" is an advertising banner always present on my screen.

How to find and use these free services? I'll tell you in my next article.

--Herb Ohlman
(formerly Health Manpower Development)
Mt Pleasant, South Carolina, USA
e-mail: <herbohlman@yahoo.com>

**Anything but Retired**

**SNAPSHOTS OF A LIFE**

Malarialogist David Payne, who left WHO in 1992, has put together an account of his life that is not strictly autobiography in that it departs from the standard format of beginning with birth followed by a chronological narrative of years of struggle and success. It is however inherently autobiographical, presenting vignettes of nearly four decades of work, 34 with WHO. These "snapshots" are set out in alphabetical order by the 44 countries in which he worked.

The mix of personal and professional anecdotes is captured in the book’s title: “The World Seen Through a Microscope” and as well as in its sombre subtitle: "Or, Forty Years of Chasing Malaria but Never Catching It!"

In Switzerland, for instance, he tells of a ride on a Geneva bus, where he made a “full-blooded rugby tackle” to prevent a female passenger from crashing into the windscreen; of a Swissair flight, where he was seated next to an “elegant lady” reading about Queen Victoria; and of a double-blind test of the anti-malaria drug, mefloquine, conducted in the 1980s by the Malaria Action Programme, predecessor of today’s “Stop Malaria Now.”

His fellow traveller on the plane, by the way, whose "face seemed to be familiar," turned out to be Audrey Hepburn.

Soon after his WHO days, the author first wrote an account of his father's service in the British army during World War I, producing in 1997 with his son, Marcus, the "History of the Participation of Cpl. C.H. Payne, Regt. No. 12375, Northamptonshire Regiment, cont'd on page 9
1914-1919." It was a labour of love: only 14 numbered, illustrated copies were printed, nine for members of the family, and the others for museums and libraries in the county. That was followed by "In Search of a Father's War" describing the methods he used in researching his work, a guide to others who may be contemplating a similar task.

All of which goes to show that David Payne was too young to have retired when he did. In truth, he left the organisation on account of the rules.

(The book is available on loan from the AFSM office. – Editor)

GRAND PARENTING

Welcome to the grand realm of grandparenring, Jim Akre, serving colleague (Nutrition), probably WHO's youngest granddad, and Pia, his wife, all thanks to their son Daniel and daughter-in-law, Isabel, but most particularly to grandchild, Eva Kim-Mahalia, a bundle of joy born 30 April 2000 in Geneva, and tipping the scales at 2,990 grams.

ALL ABOARD

Support for AFSM's first-ever cruise has topped the magic 20, the number needed to benefit from highly attractive Group Rates, which range from about 9,000 to 11,000 FF for the 12-day Mediterranean voyage. As QN40 went to press, 49 colleagues had pre-registered by deadline – among them three serving staff and, of special satisfaction to the organisers, six former colleagues from outside the Geneva area.

They board the Italian liner “Costa Romantica” on Monday, 23 October, casting off from Nice and setting sail to Italy, Egypt, Israel, Cyprus plus a number of Greek islands, and returning on Friday, 3 November.

Enthusiastic at the response, Drs. David Cohen and Daniel Flahault, whose initiative it was, are daring to contemplate an encore. Ship ahoy!

SELF-HELP: NEW ADDRESS

After a diligent search, our Self-Help Group has found a new place for its monthly coffee/lunch gathering, beginning from 7 July. It is the Bar de la Gare at the refurbished Hotel de Montbrillant, behind Gare Cornavin.

“It's easy to find,” explains Rosemary Bell, who with Margaret Baker are organisers of the group. “Walk straight through the station, pass the gate for the TGV, climb up a small flight of stairs, and voilà – it is directly in front of you, decorated in dark blue. We hope that many will come to our get-together, and that they will approve our choice.”

Colleagues meet the first Friday of each month to share comradeship and to give mutual support.

Dr. Victor Zammit-Tabona passed away in Canterbury, England, in February, aged 83.

He was a veteran of two decades of service, working in Baghdad, New York and in Geneva, where he was in charge of programme evaluation, also heading-up WHO's emergency mission in the Congo, formerly a Belgian colony.

A graduate from the University of Malta, 1940, he received a scholarship from the Nuffield Foundation, England, 1944. He is survived by his wife, Marcella, three children and eight grandchildren.

A tribute to him by daughter Simone, and his son-in-law, Dev Ray, both serving staff, follow:

"After being inspired by the leading public health leaders of his time, he left his practice in Malta and joined WHO in 1951.

"At a time when the United Nations was preparing for the post-colonial period, one of his most difficult missions was that to the former Belgian Congo to maintain health services in the wake of independence, an experience he cherished.

"On leaving WHO, he became Scientific and Medical Adviser to Cor Unum in the Vatican, which was responsible for aid programmes to the Third World.

"Four years later he retired, returning at first to Malta, and then settling in England.

"Colleagues and friends will remember him for his great teaching gift, as well as his wide reading. He remained fascinated and informed about medicine to the end of his days."

Quarterly News of the Association of Former WHO Staff
Serving Staff Speak Out Strongly

Strong words from our serving colleagues in defence of the international civil service reverberate throughout the house. In a Spotlighr dated 21 March 2000, which objected to a shock announcement by the D-G on 8 March merging two clusters, Staff Reps let it all hang out—what they perceived was “the lack of respect for the dignity of staff for due process and for promises of a more equitable, fair and participatory style of management” by the Administration.

Getting down to specifics, the staff release said that “the work of staff is disrupted while they are kept busy physically moving offices; preparing countless versions of work-plans, with cosmetic revisions, formulating organisational structures and guessing to whom they will be reporting tomorrow.” Going on, it said that the “staff is not against change, it is in the way change is managed. We want to be part of the change and not to merely bear its consequences.”

Before distribution, the Spotlight was discussed, as “a sign of courtesy,” at meetings with the D-G and other top officials twice, on 16 and 20 March. The staff’s frankness paid off, resulting in the acknowledgement from the D-G that “there were weaknesses in the process ... in the last round of change” and in the assurance that in changes to come “staff are duly involved.”

Mobility: Upward & Outward

According to serving colleagues, of the senior staff that came in with the new Administration in July 1998, two have been promoted Senior Advisors to the D-G (one for large developing countries); two have returned home (one to a Cabinet post in the Norwegian government, and the other, mission accomplished, to a large developed country in southern Africa); one has been appointed DPM in a regional office; and one has returned to previous employment.

The Outsider Invited In

Big Tobacco, long considered an outsider in the halls of international health, has been invited to participate in WHO-sponsored public hearings on the drafting of what is called the “Framework Convention on Tobacco Control (FCTC),” a move that has led to strong divergent views.

Some say that’s like letting the fox into the chicken coop, others hold it deprives the industry of the complaint that decisions affecting their interests are taken behind its back.

Also invited are tobacco farmers and workers, but not, incidentally, health personnel from governments and NGOs. Two days of discussion and debate, from 12 to 13 October, will be held at the Geneva International Conference Centre, and will be followed by the beginning of formal negotiations.

As it is the first time that Member States are attempting to draw up a convention, “it is an historic opportunity for everyone, including the tobacco industry, to present their views,” says Dr Gro Brundtland, WHO D-G.

“We will listen carefully,” states Dr Derek Yach, director of the programme “Tobacco Free Initiative,” whose office is accepting written submissions not exceeding five pages including attachments (standard paper and font size).

Those wishing to file a response have until 27 October to do so. The hearings will be open to the press.
To the Public: Don't Be Duped

With tobacco's Enemy No. 1, Jeffrey Wigand as the star, and with health experts in media from 20 countries in supporting roles, WHO launched in California, home to Hollywood, its most colourful public relations exercise yet against tobacco.

Wigand, a former researcher for the tobacco giant, Brown and Williamson, blew the whistle on Big Tobacco, producing documents which showed how the companies deliberately manipulated nicotine content in cigarettes to addict smokers. A movie, aptly called "The Insider," has since been made about his case, and was nominated for the 1999 Oscars. It is recommended for all colleagues, smokers as well as non-smokers.

Participants at the two-day meeting last November in San Francisco threw against tobacco stark statistics on deaths and diseases, and catchy phrases, beginning with the theme under which they rallied: "Tobacco Kills. Don't Be Duped". Among the more quotable language:

"Tobacco beckons our children with messages that say give us your daily breath," Dr Derek Yach, responsible for WHO's Tobacco Free initiative and, in acknowledgement of California's successes:

"The Marlboro Man is gone from here, but he's running amok in other lands. Today we have to ensure that he has nowhere to run, nowhere to hide."

And "tobacco (is) a communicated disease - communicated through advertising," the D-G.

A press release (WHO/65) also disclosed that participants went into closed session to determine "the best ways to get insider information to the outside..." Wonder what went on.

The Importance of Being Insured

"If you don't have an adequate form of health insurance, becoming ill means becoming poorer - both directly, because you have to spend a part of your income to pay for treatment and medicines, and indirectly because your choices become limited."


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)

The Departure Lounge

I have read with keen interest comments on ageism carried in the QN, notably by Dennis Warner ("My Summer in Macedonia, QN 38), by Kenneth Sinclair-Loutit ("A Burden or a Brain Drain?" QN 38), which was a response to Peter Ozorio ("Too Old - If Not Ageism, Then What?" QN37).

I have served for over 22 years, from September 1970 to February 1993, in five AFRO countries, Republic of Congo, Kenya, Zambia, Zimbabwe and Sierra Leone, also carrying out 82 travel missions in 25 other African countries. Though I have been retired now for more than seven years, I have worked occasionally as Associate Lecturer in the Department of Community Health, College of Medicine, University of Lagos.

Indeed, all former colleagues have contributed their quota to the work of WHO. I wish to extend my sincere wishes to my AFSM colleagues because without the past, without us, there cannot be a present. But let us accept ageism gracefully as the waiting period in the Departure Lounge.

—Prof. J.W. Kwamina Duncan (formerly AFRO) Lagos, Nigeria

Recruitment Policies

It is clear to me that many of the current weaknesses of WHO are due to its recruitment policies. The trouble is that those in charge of recruitment do not bother to look for qualified candidates, or lack the education to recognise them, or even don’t want them because they do not know what world health is about. But I do not despair, excellent candidates exist.

—Kenneth Sinclair-Loutit, M.D. (formerly EURO) Rabat-Mechouar, Morocco
Taste of Rejection

(Re: "A Burden or a Brain-Bank?" QN38, Autumn 1999)

This letter of Kenneth Sinclair-Loutit sadly reflects the experience of so many of us, though I must say I would never have imagined that WHO or the United Nations could not have benefited from his great experience. His name was acclaimed by all those who knew the North African world.

I, too, have had a taste of rejection. I joined WHO late in my career in tropical work and teaching, retiring after 11 years service in 1983. Soon after I was asked by ILO to run two programmes in management training.

On the Friday before the start, to my surprise, I received a phone call from the ILO training officer informing me that the "newly-installed D-G" (then Michel Hansenne) had decided that no one over age 60 was to be engaged for any form of duty. I received compensation, however, for the preparatory work done.

A number of UN agencies based in Vienna did call on me between 1983 and 1987, as did some Member States, but never WHO. Now I understand WHO is offering early retirement – to reduce the "brain burden"?

—Bill Barton, M.D.
(formerly Programme Manager, SDT 1975-83)
Exmouth, UK

In the Press

MANPOWER, WHO

The Geneva-based union New Wood calculates that temporary staff represent nearly 30 per cent of U.N. employees in Geneva. That figure climbs to 40 per cent at WHO, according to its Staff Committee. Some sources even suggest that in several organisations 'temps' are in the majority!

Behind these figures lie many private lives blighted by insecurity. A great many employees are dependent on contracts limited to a maximum of 11 months. All this, of course, in the interest of cost-saving.

At WHO headquarters, Executive Director Ann Kern says she is aware of the problem, although she cannot yet give precise figures. She considers that the administration has inherited an alarming situation. "This is the result of a flagrant lack of planning in human resources. And I am not even convinced that the organisation benefits from it financially. Each renewal of contract entails administrative procedures, which take up worktime. The chaotic turnover of temporary staff implies training time for newcomers, hence probably a loss of efficiency."

Negotiations are in progress with the staff committee to reduce the range of contracts to just three types: fixed-term staff; short-term employees taken on for very brief jobs (for example, for the period of a conference); and then a new category directly linked to a given task, the contract being drawn up for the number of months or years foreseen.

This reform may seem long-drawn-out for the staff, but it has the merit of being negotiated with their representatives. Anyway, from the administration's point of view, it seems crucial for the future of WHO," says Ann Kern.

—André Allemand

(Excerpted from Tribune de Genève, January 2000)

HEALTHY EATING FOR OVER 70S

Dr Robert Russell, a professor of medicine and nutrition at Tufts University in Boston, and his colleagues have developed a food guide pyramid for people over 70.

- Water: eight 8-ounce (240 millilitre) glasses each day (or its non-alcoholic, caffeine-free equivalent). Without enough water, blood pressure can fall dangerously low, clots may form and block blood vessels, kidney function may be compromised and constipation can become chronic.

- Grain-based foods (like bread, cereal, rice and pasta emphasize fiber-rich choices): six or more portions a day.

- Fruits and vegetables: both are best consumed as fiber-rich whole foods, not juice.

The recommended three or more portions of vegetables, and two or more of fruits, should feature foods that are richly coloured: dark green, orange, red or yellow. These are richest in essential nutrients.

—Jane Brody

(Excerpted from the N.Y. Times, 8 March 1999)

(Excerpted from Tribune de Genève, January 2000)

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The opinions of the QN are those of the authors, not necessarily of AFSM.
Evolving an International Community

The Associations of Former International Officials in Geneva would like to strengthen their capacity for serving the international community. They want to take advantage of the 60th Anniversary of AAFI/AFICS to work out improved arrangements for cooperation.

Basic Considerations

The AAFI/AFICS Assembly of 1 June 1999 endorsed certain basic considerations for the organization of former international officials in Geneva, establishing that:

1. Most former officials want solidarity at two levels, namely with officials of their particular organization and with all officials of the UN family.
2. There should not be competition among associations for members.
3. A strong universal association for Geneva is essential.

Objectives for the 60th Anniversary

The 60th Anniversary should be used to achieve a structure based on these principles. The international vocation of Geneva, its role as the major international capital of the world, our own role as former international officials serving the ideals of harmony and understanding, make it incumbent on us to achieve an understanding that would best serve the interests of all former officials.

The Associations therefore intend to:

- encourage former officials to express solidarity with colleagues of their particular organization as well as with the wider community of all former international civil servants;
- avoid competition among associations for members;
- examine modalities to enable officials and former officials to join both the association which covers the whole UN system and their particular association with a combined application and a combined contribution, where feasible;
- promote the evolution of an international community.

Mario Tavelli
Secretary, ILO Section of Former Officials

Hugo Glanzmann
President, Association of GATT/WTO Former Staff Members

Jacqueline Rigoulet
President, Association of Former ITC Staff

Rajinder Pal
President, Association of WHO Former Staff Members

Jean Balfroid
President, Former ITU Staff Members Section

Aamir Ali
Chairman, AAFI/AFICS

Geneva, 4 November 1999
Proposal for a WHO/AFSM Bridge Club

Please find enclosed herewith a feeler questionnaire about your interest in Bridge and the creation of a WHO Bridge Club. The proposal was discussed by the AFSM Executive Group for circulation to all AFSM members. This of course does not preclude serving members and other retirees of the organization who are welcome to express their interest.

Please read the questionnaire and if you are interested fill it in and return it to the AFSM Executive Group, room 4141, in the WHO main building, attention: Dr. G. Shidrawi. Otherwise, you may kindly hand it over to another staff member who, you think, may be interested.

You may of course have other social interests and activities that help to maintain and strengthen personal contacts among WHO former staff members and serving colleagues which your committee would welcome to know about. Please feel free to express your wishes and comments in the space provided at the bottom of the questionnaire.

Kindly answer the following questions using "Yes" or "No" where applicable:

1. Are you interested in playing bridge?  
2. If yes, are you member of a bridge club?  
3. Are you alone or with a playing partner?  
4. Would you be interested in a WHO (AFSM) bridge club?  
5. If yes, what evenings (after 5) would suit you most?:
   Day:__________; Time:__________; Day:__________; Time:__________;  
6. How frequently?: twice a week/once a week/once a fortnight/once a month. Please check one.  
7. Would you like non WHO members to join the club?  
8. If yes, from which of the following categories:
   UN organizations/NGOs/Other reciprocating bridge clubs / any body. (Please cross out unwanted).  
9. What membership fee you think should be charged?  
10. What game fees should be collected from:
    Club members:__________; Non members:__________;  
11. Would you be willing to help in the organization & running of the games?  
12. Do you have a computer?  
13. If yes, do you have a Bridge Board software for score calculations?  
14. Other suggestions, if any, please: