NEW EXECUTIVE GROUP NOW IN

There is a different face to the AFSM Executive Group that took office last October, an eventful month in which the annual reception also took place. Of the 12 members then elected, about a half are old-timers, whose services date back to over a decade, indeed to the Association's founding. More significantly, however, this is the first time newcomers, elected for the first time ever, also differenr are the number voted by their peers to executive positions. Fewer than the previous year, they comprise the following five:

- **Chairman:** David Cohen, former-ly Senior Medical Officer, WHO, with the Joint Medical Service, at the Palais des Nations.
- **Vice Chairmen:** Roger Fontana, formerly PER, and Averil Foster, formerly ADM.
- **Treasurers:** Roberto Masironi, formerly TOH (who also remains Rapporteur), and Samy Kossovsky, JMS.

The 12 colleagues named below, in descending order of votes received in the election, serve as the AFSM Executive Group for the years 2000-2002:

Yves Beigbeder (214 votes); Alain Vessereau (211); Stanislas Flache (206); Gerard Dazin (205); Averil Foster (203); Roger Fontana (201); Samy Kossovsky (198); Rajindar Pal (191); David Cohen (190); Ned Willard (190); Roberto Masironi (184); Sabih Djazzar (157); and Esko Ahlroth (129). The last named has been coopted to set up an AFSM website, as proposed earlier at the Annual General Meeting.

The annual reception this year was also unusual: It was held in October, much earlier than usual (see also Letters, p. 9). It introduced, briefly, the new chairman to colleagues. It attracted some 200 persons, not only former and serving colleagues, but also, thanks to Judith Munzinger and Rosemary Bell, to Geneva visitors from the United Kingdom who had worked here two decades and more ago. Sixty were expected and reportedly 80 came.

"Several of those who left WHO in the early '60s have not been to the 'new' building," noted Dr David Nabarro, Executive Director. "They worked in the Palais des Nations or in satellite offices dotted around Geneva." In remarks mainly devoted to them he said: "On behalf of the D-G, welcome back to the organisation you helped to build."

The reception was financed by contributions at the door, which amounted to some 1,300 CHF; plus the annual $500 donation from the Administration. Catering cost 2,000 CHF.

Served were the following delights, which were much appreciated but went far too quickly: Pain surprise, assortiment de 3 mini-canapés panés, mini quiches provinciales, feuilletés allumettes sales, chips, cacahouettes, olives, soft drinks and wines.

The event was organised by Rajindar Pal, discharging one of his last responsibilities as outgoing chairman, "It has been a great privilege for me to be able to serve our Association for a number of years to the best of my ability," he said in farewell. "Please forgive me for any shortcomings on my part. Time has now come to pass on the torch..."
Fear of Big Tobacco’s very own confidential documents, made public as a result of U.S. lawsuits, revealed that it succeeded in infiltrating WHO in both Geneva and Washington, penetrating U.N. agencies, and even hiring former staff to gain knowledge of the organisations.

The documents provide the basis of a 240-page exposé entitled “Tobacco Company Strategies to Undermine Tobacco Control Activities at WHO” by a committee of four international experts. As a result, WHO is urged to “introduce a formal process for vetting prospective employees, consultants, advisors, committee members,” and to terminate those “who conceal relationships with the tobacco industry.”

The report says the industry viewed WHO as an “enemy!”, and carried out what it called its Boca Raton Action Plan to subvert anti-tobacco programmes. Through Paul Dietrich, a U.S. lobbyist, it charged that WHO money is wasted on tobacco-related health problems, which mainly afflict rich countries. The industry argued that WHO should “immunise babies” and “sanitise water supplies,” instead of “squandering precious funds on anti-smoking programmes.”

In addition, it succeeded in reducing WHO’s tobacco budget even as it distorted the results of scientific studies by the International Agency for Research on Cancer, Lyons. And it asserted that ending tobacco production would impoverish farmers, particularly in developing countries.

Another example of the industry’s success came with FAO’s statement that “malnutrition may be linked to greater health risks … in developing countries than tobacco production.”

Among the report’s revelations:

Infiltrating WHO. Most alarming of all, WHO consultants Arthur Furst, David Patchett, Helmut Schiavelbein, Frank Sullivan and Gaston Vettorazzi also served the industry.

Paul Dietrich. He attacked WHO priorities in a series of articles from 1988 to 1993 carried in the Wall Street Journal and Washington Times, no surprise, but also in the respected International Herald Tribune, which appeared usually before the World Health Assembly opened.

He wrote, ostensibly independently, as president of the Institute for International Health and Development. But, the report points out, “no mention was ever made that he received significant tobacco funding.” He also won appointment to AMRO’s Development Committee, while billing British American Tobacco a monthly consulting fee. His rate was $240 an hour.

Boca Raton. That city in eastern Florida gave its name to the master plan formulated in 1989 by Geoffrey Bible, then president of Philip Morris, for “attacking WHO’s tobacco control programmes” and for “influencing WHO regional offices.” The aim was to discredit WHO, mainly through the press, and “through distorting science to oppose restrictions on tobacco,” the report says.

Released in July, the report is the work of the committee chairman, Dr Thomas Zeltner, Director, Swiss Federal Office of Public Health; Dr David Kessler, U.S.; Dr Anke Martiny, Germany; and Dr Fazel Randera, South Africa.

Reading like a detective story, it calls to mind the film “The Insider.”

---Nedd Willard
(formerly INF)
felt Albert was somehow embarrassed during our customary morning coffee. “Tell me, what is on your mind?”, I said. “Well, since you are a doctor, could you tell me something about erectile dysfunction?” [This is the scientifically sounding term for the more colloquial “impotence”.] Now, it was my turn to become embarrassed. “You know, I am more of an internist, and sexology is not really my cup of tea; but I shall look it up in my books, and tell you about it next week.”

So I went back to my beloved Merck Manual and here is what it says on the topic of geriatrics. “Impotence increases progressively in frequency with age. About 25 per cent of 65-year-old men and 50 per cent of 80-year-old men are impotent”. My comment: put in the positive way, this means that 75 per cent of young-old men, and half of the old-old are sexually potent – if true, that is not bad at all!

The most frequent causes of erectile dysfunction are vascular disorders, such as atherosclerotic occlusions of the arteries, clots, or leakage in the veins of the cavernous body, that tissue which becomes rigid when erectile function is normal. Next in frequency are neurological causes; hormonal causes are said to be rare in the elderly. Drugs are supposed to play a role in a quarter of cases of impotence in the elderly, while psychological causes play in the elderly a lesser role than in younger men, but the possibility still should be considered. Depression can lead to impotence in the elderly as in younger men and, in face of a new (possibly younger) partner, older persons may be burdened by anxiety about their impending performance. At least, that’s what my manual says.

However, impotence is only the final, decisive sexual dysfunction in the elderly. There are a number of normal changes in the sexuality of elderly men. “Sexual change in old age is a process of gradual slowing: more time is needed to become sexually aroused and to reach sexual climax. This should not be considered an impairment, since it may permit a better response synchronisation between the sexes, compared to earlier years, when men responded more quickly than women,” says Merck Manual.

There is also less forcefulness at ejaculation. Various diseases, e.g. heart disease, hypertension or diabetes, more common in old age than in younger people, may influence sexual function, and different drugs may have an impact, too, on slowing down sexual behaviour and reactions, still without causing categorical impotence.

I reported next week to Albert what I had read in the book; of course, the above is an abridged version of the literature. His reaction was typical: “Thanks, but don’t think I asked for myself; I just wanted to know about it in principle.”

Well, tant mieux, as the French would say.

—Tom Strasser, M.D. (formerly CVD)
For the first time in many years, the U.N. Pension Fund has an actuarial surplus of 4.25 per cent. In other words, its present and future needs are fully covered and there’s even some money to spare. So why not use the surplus to increase our pensions or to recover what we lost during the lean years. Good questions.

The answer is that, first of all, one of the key principles of the Fund is to make haste slowly. To be on the safe side, it is necessary to make sure that the surplus will last. This is a valid point, because our assets, being essentially in shares, the money-spinning stock exchange could still spring some surprises on us.

The second reason put forward not to increase our pensions is that the governments would like to use some of the surplus to reduce their contributions. Although it is true that most of the actuarial surplus is thanks to the stock exchange and not to the contributions, it is true that things may change.

Moreover, it is easier to cut the contributions of the governments than to increase them, hence the need to wait.

Third reason: the need to reflect thoroughly on the Fund’s future, given the changes in personnel policy in the U.N. system (for instance, more short-term contracts).

Between you and me, the main reason is that the bargaining process between the participants, who would like to recover what they’ve lost, and the governments, which would like to pay less, will be long and arduous.

A tripartite working group (governments, organisations and participants) is expected to prepare a report on the future of the Fund, and on ways to improve its benefits by the year 2002.

—Jean Michel Jakobowicz

(Excerpted from U.N. Special, November 2000, “Your Pensions are in Good Shape, but...”)

On the bulletin board outside its office on the fourth floor, the Staff Association posted four summaries of recent WHO judgements by the ILO Tribunal.

None were successful, including the case of the former colleague, summarised as below (Judgement 1940, re Sokolov), who failed to win relief on a pension claim:

“Facts: The complainant, a national of the then USSR, claimed that WHO had unlawfully imposed upon him the transfer of his pension rights to the Social Security Fund of the Soviet Union.

He requested that the Tribunal order WHO to follow his initial instructions for his pension plan and to grant him moral and material damages.

“Holding: The decisions by the Pension Fund are outside the jurisdiction of the Tribunal. Dismissed.”
Soon, A Website for Us

From scratch, slowly but surely, and through the goodness of their hearts, a trio of collegial, computer wizards are developing a web site for us, the WHO alumni. “The work is being done through the volunteerism of Jens Jorgensen, formerly BMR/MRF, Esko Ahlroth, formerly IIS/USP and member of the AFSM Executive Group, plus Mary Jane Watson, formerly CVD.

Jens, now boss of his own firm, First Icon Research SARL, whose work is offered pro bono, is the driving force behind it all. At the recent general meeting, it was he who offered to set up the web site. Already by Christmas, a logo has been designed by the chairman, David Cohen, (as depicted here), and the outline of the Home Page was taking shape.

Today those with access to the internet and who visit it will read this introductory message (best done through Explorer 4+ http://www.clubs.org/aoms or <http://clubs.org/aoms.htm>):

“Welcome to the Home Page of the new web site of AFSM/AOMS. We are working on the next level of pages, and we will no doubt have made progress at your next visit. In the meantime, if you have any comments and suggestions, please let us know.”

As for the aim of the site, it is stated thus: “Complementing the role of the QN, the objectives of the site are to facilitate communications and networking among WHO alumni and to reinforce the global scope of AFSM.”

Pleased at the mention, QN’s Wise Old Owl, who has witnessed AFSM’s evolution from the electric typewriter to the computer and from fax to e-mail, now awaits with eagerness its next brave step into the world of e-communications — the web site in 2001 and says the sooner it is done the better, particularly for those colleagues abroad who regularly go on line.

(please take note, our faithful colleague in Brazil.
— Editor.)

Happy WHO-lidays
...from the U.S. Postal Service

This text shown here was used as a cancellation of stamps on mail sent out in the United States during the holiday season. It is a reference to the animated film, released then, Dr. Seuss’ “How the Grinch Stole Christmas”, which starred sweet, wide-eyed Cindy Lou, who lives in idyllic Whoville. Any resemblance to WHO, Geneva, the real WHO-ville, is purely coincidental.
Our group of 26, headed by myself with the assistance of Roger Fontana, gathered in Nice on 23 October for our transport to Genoa where “La Costa Romantica” awaited us, an imposing 56,800-ton liner, modern, luxurious and friendly. The weather was fine and the sea calm for the entire cruise. The cabins were spacious and decorated with Italian good taste. The catering was of high quality and the staff took good care of our every need.

Our group which included a serving staff member and a former colleague from Jordan, both with their wives, gathered on that first day for a friendly champagne party before going in to dine at our reserved tables.

The first call at Naples enabled us to visit Capri or Pompeii and Herculaneum under the slopes of Vesuvius. Then 48 hours at sea brought us to Alexandria, from where we were driven on what is still called Desert Road, even though the desert has largely disappeared giving way to farmland and housing.

We visited the Pyramids – equally hemmed in by the encroaching houses – then some went to the Cairo Museum and others to Memphis and Saqqara. Meanwhile the liner sailed on to Port Said where we passengers rejoined it for dinner followed by a show at the Opera Theatre.

The stopover in Israel was cancelled because of the continuing disturbances there, and the ship sailed directly for Cyprus, where we visited Limassol and Paphos – shades of Apollo and Dionysus, god of wine. From Antalya, on the south coast of Turkey, buses took us to several towns of Greek foundation, with ruins dating from the pre-Christian era.

Next to Greece, both ancient and modern. First Rhodes, island of sunshine, and the charming mediaeval village of Lindos with its acropolis dominating the bay. After lunch at a fine seaside hotel, we returned to the town of Rhodes to follow in the steps of the Crusaders and visit the Palace of the Grand Master.

Then to the incredibly beautiful little island of Santorini. Fira, the main town, is completely white and perches on the lip of a crater which falls steeply
into the sea. Splendid indeed but difficult of access; some of us had a hard time going down on muleback to the landing-stage. Katakolo was the last stop, on the Peloponnesse peninsula, where we could visit Olympia, cradle of the Games which started there in 776 B.C.

Finally a farewell reunion for our group and we sailed through the Straits of Messina, passed smoking Stromboli and the Isle of Elba, and reached Genoa early on 3 November in pouring rain, something we had quite forgotten throughout the cruise!

Enchanting moments, happy memories, a good-humoured friendly group, splendid weather, luxurious surroundings – we can consider this first AFSM cruise a real success.

— Daniel Flahault, M.D.
(former WHO Ombudsman)

THE UPS AND DOWNS OF FREEBIES

(This is the second of a two-part series on communication through the Internet)

As a born freeloader, I’ve been surfing the Internet for the past few years using a Free Internet Service Provider (FISP) called AltaVista FreeAccess. The idea of offering free (instead of fee-based) Internet service seems to have originated in the mid-1990s in England. Dixon’s, the dominant electronics chain, offered “free” access to gain market share.

Users pay a different “price” however: an advertisement, usually a banner ad, floats on top of their screen as long as they remain connected to the service. In many countries, including the United Kingdom, users also have to pay local fees to their telephone providers. In the United States, the usual pattern is that users pay a fixed monthly amount for unlimited service on one telephone number.

This marketing ploy spread quickly throughout Britain, then crossed the Channel and finally the Atlantic. As of December 2000, FreedomList News <www.freedomist.com> reported 616 FISPs in 50 countries. Its website is the primary place to keep up with the constant changes in the business.

It offers: world wide news (including summaries of articles in newspapers, magazines and online sites); reviews of news service; user discussion groups; help files; FISPs in your country; and links to FISPs, as well as free telephone, fax and voice mail. You can even sign up for periodic e-mail-based newsletters.

However, the FISP industry rapidly turned bad at the end of 2000. Many of the relatively few firms that provided network capability to the FISPs have retrenched or gone bankrupt, among them WorldSpy, Freewwww, FreeInternet.com and 1stUp.com.

1stUp was the provider to my service, AltaVista FreeAccess, which at least gave its large user base advance notice. I then tried the free service offered by the book chain Barnes & Noble, which uses SpinWay service. I was blithely surfing on their “nickel” for a few days when I was abruptly disconnected. Apparently SpinWay cut back on access to local telephone numbers, eliminating those in my own region.

For a day or so I was surfless! However, our local library offers free Internet access, and I located a site called 1888USA.com which provides news and connections to FISPs, email and long-distance telephone service. In view of the present economic crunch decimating the dot-coms, it has also devised criteria for identifying reasonably useful FISP services, narrowing the field down to five in the United States: NetZero, Juno, BluLight, Startfree and American Express.

Although an Amex cardholder for more than 30 years I didn’t know about this benefit. I clicked on the link and was rewarded with the best service I have ever experienced – free or fee-based. For those of you who are card members, try <www.amexol.net> and with luck you may never need to worry about loss of service again. If you have no access to the web at present, just telephone 800-281-0258 (USA) for a CD-ROM which contains the browser and other necessary files to use the service.

—Herbert Ohlman
(formerly Health Manpower Development)
Mount Pleasant, South Carolina, USA
Email: <herbohlman@yahoo.com>
Undeterred by the preference shown for a bunch of bankers by the management of the hotel (Bristol) that it had booked, AFSM's Self-Help Group, simply went up-scale. Colleagues gathered instead at Geneva's *****Hotel Warwick on 6 December to mark the year-end.

Present, and enjoying themselves were:

Joan & Ernst Annaheim, Josiane Bachman, Margaret Baker (with guest), Yves Beigbeder, Rosemary Bell, Gabriella Bencze, Lilian Burford, Janine Cohaneir, Ann Elter, Susan Enzler, Averil Foster, Danae Gottet, Joan Gunby, Inge & Jery Kilker, Marianne King, Doris Monnier, Daniel Reelfs, Joan Robertson, Morris Sinclair, Grainne & Adrian van Pernis, Ljuba Vesely, Evelyne Watts.

Self Help meets normally on the first Friday of the month for 11 a.m. coffee, followed by lunch at the Bar de la Gare, Hotel Montbrillant, behind Cornavin station.

For details contact Rosemary Bell (phone/fax: 33 450 42 26 78). All are encouraged to come for sharing and sympathy.

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Joseph Lanoix: A 30-year veteran of service, he joined WHO in 1950 for an assignment in Afghanistan. Thereafter, from 1953, he held different positions in the Division of Environmental Health, Hq., most notably Chief, Sanitation Services and Housing, and, prior to his retirement in December 1979, Technical Cooperation Officer, a position created to promote inter-sectoral multi-disciplinary and inter-programme cooperation, of which he was an ardent believer.

During a distinguished career, he developed methods and guidelines for national environmental sanitation services, helped set up national and regional training activities and centres, and served as secretary of many expert committees and scientific groups, namely, environmental sanitation, urban planning, training of environmental health personnel, sanitation technology.

Also, he co-authored WHO Monograph Series No. 39 (Waste Disposal in Rural Communities) and No. 42 (Water for Rural Areas), which became all-time WHO best sellers.

He believed in the critical contribution that the sanitary engineer makes to health. Though he came to eventually accept that few health administrations would give environmental health the priority he believed it deserved, with his typical technical excellence and resilience, he never gave up working for inter-sectional cooperation as a sine qua non for successful environmental health programmes. He was a mainstay of WHO's work in environmental health.

He passed away, from cancer, on 24 April 2000 in Sarasota, Florida, aged 81. Our deepest condolences go to his wife, Sophie, and their two children, David and Winnie.

--Bernd Dietrich (former Director EHE)

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Who among us can forget banking at WHO?
Whether during the early days of multiple lines at the tellers' windows, or much later, when the single queue was, at last, established, it was much the same during pay days — you waited.

Thus, the item below in the staff's satirical newsletter, Le Serpent Enchainé, must bring back memories, for it shows that in this respect, whether it's SBS in our times, or UBS today, not much has changed.

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‘Acting Locally: Serpent is delighted at the news of the acquisition by UBS of the U.S. investment powerhouse, Payne Webber.

Now that the bank is a world-class player, and thinks globally, Serp is encouraged to believe there's a good chance it will act locally — by bringing relief to colleagues standing in long queues at the windows at pay days.'
CONJURED-UP MEMORIES

The pleasure for me in reading QN comes not only from the contents but also (and specially) from the memories conjured up by the names.

In the WR's course in '63, held under the direction of the delightful James Deeny, the doyen in a rather distinguished group was, to my mind, Kenneth Sinclair-Loutit. To his vast experience and natural courtesy he added a whiff of the Casbah and with his Bentley a certain panache. He has never met since and it is a pleasure to note that he still "is" and is "still" in Morocco.

Others I have noted this time are Nedd Willard (formerly PIO SEARO) whose persistence is highlighted, Daniel Flahault with whom, as a fellow WR, I shared many hours of work and tennis when together in Brazza and who appears to be now in the pleasure cruise business - in which we would like to participate - and dear Bill Barton who did so much for Indonesia in my time. He was already there as an STC when I arrived and helped me settle in with the work.

To these former colleagues I send greetings and the request that they continue to give us the benefit of their wisdom. Please, Editor, continue stimulating these happy memories.

As for the subject that provoked this note to you - Ageism and the use of suitable experts - I believe the Regions have a better understanding of the needs than HQ. I know of several "age-retired" staff that have been used and re-used.

—Desmond Nugent
(formerly WR AFRO/SEARO 1959-1981)
Cheam, Surrey
England

(A delightful letter to have received – Editor)

OCTOBER IS FOR TOURING

I seem to remember that until a couple of years ago the Association's annual reception used to take place in November. Why is it now being held so much earlier (in October)?

For us oldies, whose movements are no longer governed by our children's school holidays, October is the ideal month for tourism: the crowds investing cathedrals, palaces and art galleries or swarming over the sites of ancient cities have melted away, the air has cooled, but the Mediterranean is still pleasantly warm to swim in. So for the second year running my wife and I plan to be in Turkey and not, to our regret, at the party (which we of course hope will be a great success).

I anticipate the rejoinder that you can't please everyone. Indeed no, but you can often please the majority and I wonder whether most members really prefer to meet at the very beginning of autumn. Any comments, anyone?

—John Fraser
(formerly TRA)

DANISH TOBACCO

We had quite a shock when it was disclosed that the pension fund for doctors and nurses in Denmark was investing in the tobacco industry. Many were not aware of this and protested, saying that it was immoral for the medical profession to invest in the tobacco industry, which is one of the major causes of lung and heart diseases.

I am writing as I and many of my friends from AFSM/WHO in Denmark want to be sure that the U.N. Pension Fund is not investing in tobacco, which, as Dr Gro Brundtland, D-G, WHO, says, is one of the major causes of disease.

We are awaiting your confirmation that our U.N. Pension Fund is respected.

—Gabriella Farah
(Dansk Handicap Forbund)
Hellerup, Denmark

(The U.N. Pension Fund divested itself of tobacco holdings several years ago, at the urging of WHO. —Editor)
My last ten years with WHO were spent as WR in war-torn Cambodia and in the Emergency Humanitarian Action Department in Geneva. This experience led me to join the Management Board of Médecins sans Frontières/Swiss Branch (MSF-CH).

Nowadays, WHO and MSF are frequently present side by side in emergency-stricken countries and in disease control programmes. Their mandates differ to the point that they may appear antagonistic, while they are in fact remarkably complementary. The world needs both to work in a mutual respectful partnership to better serve the “the forgotten people of the planet” as eloquently put by Jacques Hamon (“The Forgotten People”, QN41, Summer 2000)

With nearly four hundred volunteers going every year to more than 20 countries, MSF/CH has won the confidence of an increasing number of donors. To meet programme requirements, fresh volunteers (physicians and other health professions, logisticians, field administrators) are constantly sought for short missions (a few weeks in case of acute emergencies) or longer ones (several months for chronic emergencies and communicable disease control programmes).

QN readership represent an incredible reservoir of expertise but, even more important, of understanding of global issues. Perhaps this short note can generate in some an urge to contribute once again and in a “different” way to international health. If this is the case, just let us know as per the contact address below, or care of AFSM, room 4141, WHO.

MSF policy is embodied in two main documents: The Charter and the 1999 Nobel Peace Prize speech. They are available on the internet site <www.msf.ch> and also on <http://msf.org>. You will also find a wealth of up-to-date information on programmes...

—Jean-Paul Menu
(ex EHA/HQ)
296 rue Duguesclin, F-69003 Lyon,
tel: (+33) 4 78 60 90 80
<jpmenu@attglobal.net>

WHO’s “Massive Effort” Criticised, Defended

- WHO’s “Massive Effort” campaign recently launched against AIDS, tuberculosis and malaria will not work without a dramatic improvement in access to effective drugs, according to Médecins sans Frontières, the Nobel prize-winning humanitarian group. It said the WHO advocacy campaign, which focuses on scaling-up existing low-cost technologies, such as bed nets for malaria prevention, was not aggressive enough.

“Many effective medicines are either too expensive or don’t exist,” explained James Orbinski, president of the group. “The campaign should include a drive by WHO to increase currently neglected research into new drugs for TB and malaria and to ensure that poor nations have access to cheaper AIDS drugs,” he said.

—Frances Williams
(Excerpted from the Financial Times, 5 October 2000)

- WHO is surprised by the statements made by Médecins sans Frontières in relation to the “Massive Effort” advocacy forum held in Winterthur.

“Massive Effort” must necessarily include work on global enabling actions, which make existing drugs and vaccines more widely available to poor people and the development of new drugs and vaccines. This includes work to drastically reduce prices of existing essential drugs, and to create incentives for research and development of the new products needed to combat the diseases which cause and perpetuate poverty.

In its statements, MSF is concerned that “Massive Effort” does not take on board issues relating to prices and research. In fact, their suggestions actually echo proposals and ideas that WHO has repeatedly stated. “Massive Effort” is still in the process of being articulated and designed, and we welcome MSF’s constructive contributions to this process.

(Excerpted from a WHO statement issued 5 October 2000 in response to MSF criticism.)

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The opinions of the QN are those of the authors, not necessarily of AFSM.
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IN MEMORIAM
Liste des collègues qui nous ont quittés depuis notre dernière annonce
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