Bewildered at the two recently-introduced Swiss taxes on prescription medicines? Nonplussed at the explanatory circular dated 27 July from our Staff Health Insurance? You are not alone; others are just as puzzled. Moreover, press reports show that commercial health insurance companies are resisting them, while at least one pharmacy, Sun Store, has proposed not to levy them at all.

All this agitation results from Berne’s controversial decision to apply two taxes totalling CHF 11.55 to prescription medicines, beginning 1 July 2001. The sum breaks down to first, a CHF 7.35 tax for what the SHI circular explains as “administration of the patient’s file,” and covers three months at the same pharmacy.

And, secondly, a CHF 4.20 tax for what is described as “advice” from pharmacies, but which their receipts show as “taxe pharmaciens.” Note though that this amount is not for each prescription filled, which would be bad enough, but for each medicine prescribed, which somehow smacks of petit larceny.

In a letter to the Tribune de Genève, a copy of which was sent to the QN, Daniel Flahault, formerly Ombudsman, protested the “surprising and shocking” charges he incurred, over and above the price of the medication itself, in filling two prescriptions on different days last August at the Pharmacie Chêne-Vert.

His indignation is well-founded. With the two taxes added, he paid CHF 38.35 all told for medication that was priced at CHF 26.80 – or 44 per cent more. Similarly, four days later, for a pain killer that cost CHF 13.70, he paid a total of CHF 25.25 – or 88 per cent more. Adding insult to injury, he was charged the CHF 7.35 administrative tax each time, which is incorrect. Thus, the pharmacy owes our colleague a refund.

“Do we have to put up with such taxes without protesting, resisting, or demanding justification and remedies?” he asks. “Or should we perhaps compare prices in neighbouring France and buy there instead, which would be to the advantage of our health insurance scheme?” Indeed it would; saving not only for the SHI but also for us. Another way to economise however, would be to patronise Sun Store.

The Sun pharmacy chain has come to an agreement with five commercial insurers. On the one hand, it proposes not applying taxes on persons insured with the companies. Indeed a colleague has reported being exempt when filling a prescription for four medications at the airport branch. And, on the other hand, ceasing the 10 per cent discount granted since 1997, which, though little known, WHO former and serving staff were entitled to. A seeming quid pro quo. (However on the 10th of each month and on your birthday 10 percent will be granted).

“The agreements are part of guerrilla action in Suisse Romande, led by certain health insurance companies and pharmacies, against the new taxes for medicaments,” the Tribune de Genève reported on 17 August. Aware that the administrative tax is inapplicable to us, SHI, we are informed and can take comfort in, “is negotiating this charge with the appropriate authorities.” A suivre.

STOP PRESS

The SHI is encouraging us to patronize Sun Store, according to a circular from its Coordinator, Ann van Hulle-Colbert, dated 28 August, but which reached QN after this issue had been basically closed. Excerpts follow:

“Sun Store Pharmacies has agreed not to charge the fees (i.e. CHF 7.35 and CHF 4.20) detailed in our letter of 27 July 2001. In addition there will be no charges levied for services outside of regular hours (CHF 12.60 from 18H30 to 21H00 and CHF 21 from 21H00 to 07H00).

“Sun Stores will no longer offer the 10 per cent discount on medicines supplied on the basis of a doctor’s prescription.

“We encourage you to avail yourselves of this offer as this is in both your own interest and that of the Staff Health Insurance.”
Ex-ADG in Gloomy Global Warning

Our excessively energy-using civilisation could have only a few decades to run before it collapses due to the exhaustion of local supplies of energy and the exorbitant cost of natural gas and oil. Even this picture is optimistic; it does not take into account the needs of the Third World resulting from demographic and economic growth, and the consequent increasing use of non-renewable energy.

The greenhouse effect is already a major threat in the absence of any political will among most of the industrialised countries to attack it at source. This inertia is understandable since the ever-growing concentrations of greenhouse gases will only affect the world's climate after a few decades. Unfortunately, once those changes have taken place, it will take thousands of years to return to the original state of equilibrium.

The demographic and economic development of Asia and its billions of inhabitants will make the most catastrophic of present forecasts about climate change look ridiculous. In order to stabilise the situation at a tolerable level, the United States should reduce its annual production of greenhouse gases to 10 per cent of what it is now and France to 25 per cent of its present level. What government would be inclined to propose such a requirement to its electorate?

In the present context, nuclear energy has little to offer. With some 450 nuclear reactors in place today, the global reserves of fissile uranium could meet their needs for two or three centuries. But if every country in the world replaced fossil fuels by nuclear energy, those reserves would be exhausted in a matter of years. The prospects for new renewable energy sources are more of a dream than a reality, since their energy potential is uncertain; a few well-known instances have shown that their total potential is very modest.

If the inevitable and fast-approaching energy crisis is not tackled now, so as to spread its impact over the greatest possible number of years and pave the way for the rational emergence of an energy-economising society, this crisis could shatter the world as we know it. Half a century from now our children will have to live with at most 10 per cent of our present energy consumption, which will cost 20 times more. It was to study this perspective that I set aside my current entomological activities in order to work with an informal group of physicians, economists, ecologists and agronomists who are comparing, analysing and summarising the data with a view to bringing these findings to the attention of those who govern us.

—Jacques Hamon
(formerly ADG)
Gaillard, France
(Excerpted from text dated Jan. 2001)

Health Insurance

IN JULY, INCREASE IN RATES; ADDED BENEFITS

The Secretary of the surveillance committee, Staff Health Insurance, has advised of an increase in contribution rates to our health plan — effective 1 July 2001 for serving staff and 1 January 2002 for us, former staff. The amount of the increase however is the same for both categories, being set at 1.5 per cent of either salary or pension, a rise from 1.4 per cent. WHO's contribution is set at 3 per cent, increasing from 2.8 per cent.

As "over the last five years, the levels of claims increased," a memorandum dated 1 May 2001 to all participants said, "the moderate increase would ensure the plan's financial equilibrium, in the short-term at least," while also making possible added benefits. Already, from 1 February 2001, the insurance began covering 80 per cent of the cost of a single room in private clinics and hospitals in the cantons of Geneva and Vaud up to a limit of CHF 490 a day. In this case,
reimbursement is CHF 392 daily.

Among the new benefits are the following:

**Psychotherapy:** An increase in the amount covered from $5,000 to $6,000 every five years.

**Lenses, Frames:** Increased coverage for lenses and frames, or contact lenses, from $300 to $400 every two years, with an added $300 only for lenses in cases where there's a change in dioptre of 2.5 or more during this time.

**Dental Care:** Increased coverage for prosthetic dental care, following surgery for systemic illness, from $3,000 to $3,500.

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**AMRO, THE**

This victim of leprosy, that one of scabies – whence cometh all their ills?

La Fontaine: *The animals stricken by the plague*

It is often said that pensioners receive reimbursements far in excess of their contributions to the Staff Health Insurance plan. In fact, this assertion – judged to be a truism – deserves to be treated with great reserve. It is correct for certain pensioners but not so for others.

The financial cost to the health insurance of pensioners varies considerably depending on geographic location: AMRO or elsewhere. So it is regrettable that the Annual Report of the health insurance presents, graphically, the retired group as one single and unique population while it divides serving staff into nine different categories (some of which amount to only 1 per cent of the total insured), thus showing up the difference in processing information.

According to figures for 1999-2000, the claims of AMRO pensioners exceeded their contributions to the health insurance. They collected 44 per cent of total claims, while paying 32 per cent of contributions. Or, stated differently, globally contributions of pensioners covered 86 per cent of their claims; in the case of AMRO however, contributions covered only 64 per cent. As for non-AMRO pensioners (HQ and other regions), their claims represented 95 per cent of, or less than, their contribution.

It is our view, therefore, that pensioners ought to be classed in three groups: those administered by AMRO, who form 30 per cent of the total; those at HQ, 32 per cent, and those administered by the Regions, 38 per cent.

Given the sizeable proportion of pensioners in the total insured population, and since they account for 45 per cent of contributions, there is the need for in-depth studies to determine the reasons for these discrepancies and to plan appropriate measures to deal with them.

—Samy Kossovsky, Alain Vessereau

Representatives, Surveillance Committee, SHI, WHO

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**Participation:** Colleagues who have contributed to the insurance plan for 20 years and who leave WHO between age 50 and normal retirement retain coverage. The requirements before were more rigorous — those leaving before age 55 needed 20 years to remain in the plan.

(What's needed, as an act of mercy, QN's Wise Old Owl dares to suggest, is a revision in rules allowing authenticated duplicate bills to be considered for payment. Former staff, as a group, have a higher tendency to lose or misplace things, including originals.)

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Representatives, Surveillance Committee, SHI, WHO

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colleagues who make up a large proportion of investors in the area by the Geneva investment company, Ross Alexander International, Europe. “Please forward this message to anyone you think might be interested,” it urges.

The warning followed the collapse of Imperial Consolidated, which is based in the Bahamas, but is similar to another scam, Evergreen Society Ltd., operating out of Orlando, Florida, but banking in Nassau, which adversely affected a colleague, Ted Webster HSD (Health in Sustainable Development), who had bought heavily into it.

“Yes, the offer was interesting, 9 per cent for five years,” he told QN recently after his loss. “The problem was that the management ran other companies and borrowed from Evergreen for speculative ends.”

Over the last decade, it attracted $214 million from some 2,000 gullible investors around the world, before being exposed as a scam. Charles Ponzi, who in 1920 defrauded tens of thousands in Boston through a swindle based on offerings of postal coupons, gave his name to such shady deals.

“Colleagues intending to invest in any serious way need to double check companies with national regulatory agencies, like the Security and Exchange Commission in the United States,” advises our victimized colleague who is now determined to spare others from his misfortune and his oversight.

He is attempting to recover some of his capital through joining others in a lawsuit. Good luck.

**Lucky Luke’s Award Remembered**

WHO was mentioned in the obituary of Morris (Maurice de Bevère), creator of Lucky Luke, who passed away on 16 July 2001, aged 77. In a tribute, the Times of London noted that “the comic-book character hardly changed over the years, though he did give up smoking, content in later years to chew a blade of grass. This exemplary self-discipline won Morris an award from WHO in 1988.”

That year, Roberto Masironi, formerly TOH (Tobacco or Health), organised WHO’s 1st No-Tobacco Day, highlighted by presentation of medals honouring individuals outside the field of health for “promoting the concept of tobacco-free societies”.

“Among the recipients then were presidents, journalists, magazines, newspapers, airlines, athletes, and a Japanese taxi driver. In later years, however, the medal was handed out almost exclusively to public health officials (leading QN’s Wise Old Owl to wonder if they were rewarded for doing what they were paid for).

WHO’s citation applauded Morris for “taking the cigarette from the mouth of Europe’s favourite cowboy. By that act, he made a powerful point among millions of young readers – that their hero had quit.” A drawing depicting the moment of truth was presented to WHO by the cartoonist.

**Call for faxes, e-mails**

To help us stay in touch easily, colleagues who haven’t done so are encouraged to list both fax and e-mail addresses in the next issue of the AFSM/AOMS directory, which is under the meticulous care of Vice Chairman, Averil Foster. Telephones and home address too, of course.

**“Contract” renewed**

AFSM’s Executive Group has asked Peter Ozorio to edit the Quarterly News for another year. He has accepted the renewal of a “voluntary contract” for four issues, effective from QN42, while thanking colleagues listed in “Acknowledgements” (page 10), for their valued cooperation and infinite patience, frequently under deadline pressure.
LIFESTYLES

GOLDEN DAYS

Last May, the Mairie of the commune of Versoix honoured residents whose 50th wedding anniversary falls in 2001. Among them were Rajindar Pal, and wife Mala, married in New Delhi on 21 November 1951. At that time our colleague had been invited to a WHO expert committee meeting, hence they spent their honeymoon in Geneva.

Although now commonly associated with AFSM where he served three terms as chairman, he was formerly chief of the VGB unit (Vector Genetics and Biology). His work in the genetic control of mosquitoes earned him a listing in WHO's WHO in the World. His wife does voluntary work, and was Vice President of CONGO (Conference of NGOs), which is in official relationship with WHO. The Pals have three children, and five grandchildren.

DEDICATED TO GRANNY

Little Karl Zurcher's start in life was dramatic, according to Mark Malan, a former staff member, who tells, in a Swiss Family Saga, the story of the Zurchers from the canton of Appenzell between 1826 and 1928. Taken to church for baptism, the baby had rolled off the sleigh and was seemingly lost in the snow. Just when hope was being abandoned, the Rev. Daniel Zurche4 groping frantically in a bank of snow, found him sound asleep. The Lutheran Minister of Wolfhalden fathered 13 children by his first wife (not counting three who died after birth), and five more by his second.

Intent on helping the sick after the tragic death of his mother, Karl studied medicine at Geneva and Heidelberg, then began practising in Switzerland. Later, prompted by straightened finances and an invitation from a younger sister, he moved with his wife and two daughters to Nizza, where he was likely to be in demand by German-speakers along the then Italian Riviera. Shortly afterwards, just at the start of La Belle Époque, Emperor Napoleon III required the King of Sardinia to cede the city to France, and thenceforward it became Nice.

The author of the book is a U.S. citizen born in Turin, Italy, who worked for WHO between 1962 and 1971 in Europe, Africa and Asia. Dedicated to the "loving memory of my grandmother Fanny Zurcher Peyrot," it is essentially an account of his family, based on real lives, places and events but "novelised" to include imagined thoughts and conversations.


ANYTHING BUT RETIRED

- Warren Furth, formerly ADG, has been elected Chairman of the Geneva branch of American Democrats Abroad and Jery Kilker, formerly information officer, LUN, a Vice Chairman. Now having moved on, both served on AFSM's Executive Group.

- Jan Stjernsward, formerly Chief, CAN, was seen all too briefly on CNN speaking at the fourth anniversary of the Diana, Princess of Wales Memorial Fund in August at County Hall, London. He is a member of its Palliative Care Initiative, which has disbursed grants to hospices in Uganda and South Africa that meet WHO-established standards of care.

He is also international director of the Oxford Centre for Palliative Care.

SHAKESPEARE IN AUTUMN

AFSM's Stan Flache and AAFI/AFICS's Aamir Ali have joined forces to organise group readings and discussion of the works of William Shakespeare beginning in autumn. For those living in the Geneva area and are interested in the Bard, please contact AAFI/AFICS and refer to its Bulletin 60, July-August 2001. Write c/o room C-54 21, Palais des Nations; or fax 022 917 0075; or e-mail <aafi-afics@unog.ch>.
Mohyeddin A. Farid: Malariologist and a 24-year veteran of international service, he began his career with UNRWA in Lebanon (1949-54), which was followed by assignments to EMRO (1955-61), Geneva (1962-63), WPRO (1964-68) and a return to HQ (1969-73).

In 1980, the World Health Assembly awarded him the Darling Foundation Medal and Prize for outstanding work in malaria. “This evil disease takes advantage of every manifestation of human weakness,” he said in his acceptance speech, “including a short memory, lack of cooperation and the tendency to talk a lot and do little.” Even after retirement he continued his fight against the dread disease with exemplary and unrelenting devotion: as a member of the WHO Panel of Experts on Malaria; as chairman of a scientific working group on applied research, UNDP/World Bank/WHO; and as a member of the WHO Malaria Advisory Committee.

In 1978 he became advisor to the Gulf Arab States. He is noted for two articles: the first a frank assessment of progress and problems aptly entitled “The Malaria Programme from Euphoria to Anarchy” published in 1980; the second, a historical study of the disease in the Middle East entitled “The Malaria Situation in Arabia at the time of the Prophet, Muhammad,” published in 1999, which his peers say only he could have written.

A graduate of Cairo University, he received a master’s degree in public health in 1947 and a doctorate the following year from Johns Hopkins University. He passed away on 2 August 2000 in Geneva, aged 88, leaving behind a wide gap in the international scientific scene. He is survived by his wife, Samira.

—Hichem Lafis
(Director, Division of Adm & Fin. EMRO)

Alexandre Manuila: His experience as a physician writing and publishing technical papers aroused his interest in both terminology and medical publications. In March 1947, before the coming into force of the Constitution, he joined WHO, spending four decades of his working life in the publications service. He became Chief, Office of Publications and Translation and eventually, in 1976, Director HBI (Health & Biomedical Information).

Responsible for publications, language services, library services and health legislation, he directed efforts for wide dissemination of information originating in WHO or elsewhere. He set up machinery for the better coordination of the publications services of WHO and PAHO, which had previously operated quite separately, which later was extended to cover all the regional offices. He encouraged the translation of WHO publications and documents into additional languages. An achievement in which he took pride was the launching of the World Health Forum in 1980, which had considerable success as a vehicle of information on public health policy and practice.

After retirement in July 1981, he undertook a wide-ranging study of health and biomedical information services in the Eastern Mediterranean Region. In the French-speaking medical world he was known through his great Dictionnaire français de Médecine et de Biologie, published in four volumes in 1970-1975. He was one of the last survivors of a group of talented experts who joined WHO young, in his case at age 26, and who remained and served with devotion and distinction.

Born in Romania in 1921, he studied medicine in Lausanne. He passed away in Geneva on 13 July 2001 aged 80. His death has saddened his many colleagues, who extend deepest condolences to his wife Ludmila.

—Barry Cooper
(formerly Director, HBI)
Geneva
Roland Choumara. It has been a year since our colleague left us; he passed away on 5 September 2000. As one who has served under him through seven years in Morocco, I feel I am not alone in confirming the esteem and privilege we shared of working with a team leader as devoted to WHO as he was. Like myself, Roland served in Central Africa where he was loved and respected though often out-spoken. He joined WHO in May 1958 as medical officer. To quote from a message from one of his friends:

"Secularism which unites us in spite of everything should be greater than personal differences. We must continue to do a good job using our strong points and minimising our weaknesses. After all we are only human beings."

His wife, Helene, also a doctor, worked in Morocco too, and it is to her and their children that I offer deepest sympathy on behalf of all who were fortunate enough to known him. Finally, may I be allowed to quote from a letter that she wrote to me:

"There was no sadness in the house, only the impression that something, a life, had ended from natural causes."

—Kenneth Waldron
(formerly GPA)
Brussels, Belgium

Grace Meyer: To those of us who toiled in the field, Grace was much more than a staff member. In her capacity as Briefing Officer, she welcomed us when we arrived at WHO, nervous and uncertain of what lay ahead. She dealt with all our questions with patience and serenity, and was a tower of strength to newcomers.

When I joined, WHO was situated in the Palais des Nations. I was always losing my way in the many corridors, staggering around with piles of information, much of which I never read. But at the end of the day, Grace was always there to cheer me up. We became good and lasting friends.

She returned to England to a nursing home near Liz Stone, her devoted god-daughter, who visited her daily. I visited her from time to time from the West Country. Despite her long illness, Grace never lost her affectionate smile and faced moments of pain with courage. She passed away in Westgate-on-Sea, Kent, on 9 August 2001, aged 81.

All of us who knew and loved her have our own special memories of her, but all agree that she lived up to her name — amazing Grace. On behalf of all field staff, thank you.

—Elizabeth Barton
Dorchester, England

Trained in London as a psychiatric nurse, Grace joined WHO in 1958. Thanks to her warm personality, technical staff taking up appointments were able to cope with administrative and health formalities, obtain documentation, and, above all, meet other staff who could provide information about field assignments.

For those kindnesses, former staff around the world will remember Grace Meyer with gratitude and affection.

—Annette Koreneff-Hunt
Ferney-Voltaire, France

RIP (since the last announcement)

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—Compiled by Rosemary Bell from the AAFI/AFICS Bulletin and other sources.
IN THE HOUSE

**FEAR OF FLYING
**

**BLOOD clots!**

WHO has appealed for 12 million Euros ($11 million) to conduct a 30-month study of the link between deep-vein thrombosis (blood clots) and air travel. It followed a meeting last March of representatives from the International Civil Aviation Organisation, Montreal, the European Commission and the airlines.

"The research will determine the frequency of venous thrombosis, the magnitude of its association with air travel and the possible causal mechanisms involved," says Dr Derek Yach, Executive Director, Non-communicable Diseases and Mental Health, WHO. "These studies will also provide clues on prevention strategies for air travellers, whatever the level of risk they have."

Meanwhile, experts have recommended commonsense measures such as reducing alcohol intake, drinking adequate fluids, wearing loose clothing and, while seated, performing leg exercises.

(Excerpted from press release, WHO/38, 17 Aug. 2001)

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**Aussies Begin Immediately**

Australia will study up to 10,000 medical and travel records held by government agencies to reveal the proportion of travellers who have developed blood clots during flights, Deputy Prime Minister John Anderson said.

Reports of passengers developing clots after long flights have mounted since media coverage of the death in October of a young woman during a flight from Australia to London. Several people who say they suffered the condition are now suing major airlines and Australian aviation authorities.

Clots develop in blood vessels in the legs when circulation slows, usually because people stay still for long periods. The clots can be fatal if they break off and are carried to the lungs, blocking the flow of blood. To be conducted by the Department of Health and Aged Care, the study will begin immediately with preliminary results expected next March.

(Excerpted from Int’l. Herald Tribune 9 Aug 2001)

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**HEAR**

WHO has called upon manufacturers to provide affordable hearing aids to those affected by hearing loss in the developing world, where costs range from US$200 to $500, and are prohibitive for the majority of people. WHO would like to see the price come down to $10 to $20 per hearing aid.

There are an estimated 250 million people worldwide with hearing loss who could benefit from hearing aids, with two-thirds living in developing countries. Although hearing loss is generally associated particularly with ageing, people in the developing world are more susceptible at a young age. Middle-ear infection, from which many children suffer, can cause long-term hearing loss if not treated. Meningitis, common in West Africa, and other infections will also impair hearing. Ototoxic drugs (drugs that damage hearing, such as certain antibiotics) are a problem in some areas and noise-induced hearing loss is increasing in many developing countries. Hearing problems can also be inherited.

(Excerpted from press release, WHO/34, 11 July 2001)

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**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)

**Lump Sum is Profit Making**

(re: Full Pensions for all at age 70, QN 44, Spring 2001)

I retired after 32 years of service in July 1982 and was one of those who elected to take a one-third lump sum payment thus reducing my pension by a third. The argument that the lump sum system is a profit-making device for the Pension Fund makes sense. I heartily support the proposal of our UNICEF colleague that all of us who have made it to our seventies should receive a full pension.

—Prescot Stevens

(Sanitary Engineer, formerly EHE)

Geneva
Re: UBS - Gone to L (QN44 - spring 01)

I must admit to being more than a little surprised at the tone of your article. However, the following may put the relocation of the bank in a better light.

You suggest that it “is going, in all likelihood, to be somewhat hellish for visitors — guests, experts, delegates — to find. It is far from the centre.” The bank has just been moved about 200 metres, and our close contact with WHO remains proof of our wish to be WHO’s bank. We have put up direction signs showing how to find it within the limits imposed by WHO; these appear to be quite adequate and finding us is not particularly difficult, since we are in a widely used building that is quite familiar to WHO staff. I would say we are still a considerable distance from “hell” since, in any city today, 200 metres doesn’t seem too far to go to enjoy a complete range of banking services.

You refer to a virtually do-it-yourself area; there again your claim is wrong, since we have deliberately retained an ordinary counter capable of dealing with all standard and current operations including WHO payments and, in addition, we have beefed-up our team of client-advisers to help with all current operations. Furthermore, there are two areas where UBS staff are available to help with pre-payment of bills. Certainly we try to advise our clients to use such machines as the Multimat or Bancomat in order to simplify their banking operations, but we are, of course, always available to provide whatever advice or information is needed.

Finally, in your last paragraph you make an oblique reference to the possibility of anyone who is dissatisfied with our services closing their accounts. Clearly the client remains — quite rightly — the only person who can decide which bank to use. But considering the great pains we have taken on the one hand, to provide loans and, on the other, to engage in dialogue with our clients, I am amazed you never contacted us to discuss matters. That is in contrast with both the WHO Staff Association and the WHO Administration, with whom we have worked closely.

As always, I remain very willingly at your disposal to find solutions.

—Regis Baumgartner
Manager UBS at WHO, WTO, ILO

(The QN report was based in large part on the Staff Association’s Spotlight, No.13. But also on reaction to the move by customers. Some find machines far from simple, particularly the Multimat. The suggestion about changing banks was made by a representative of the Admin, as reported in the Spotlight; it is not QN’s. The writer’s reassurance that we can count on human assistance is welcomed. QN remains open to UBS should it wish to reach WHO pensioners in the Geneva area. —Editor)

LETTER FROM EGYPT

Thank you for sending me the QN and the Annual List of Members which I found of particular value with addresses of several friends and colleagues with whom I’d lost touch. Now I’m trying to remedy that.

It’s very good to know that you’re there in HQ, Geneva and that we may turn to you for advice in case of need. I thought the least I can do then is to pay my dues and I’m enclosing them for 2000 and 2001 and hope not to fall into arrears again.

It would be nice to meet if I ever pass through Geneva, where I worked for about 18 months in the early 1970s, as well as being at WHO EMRO for decades.

—Iris Sharaf
Alexandria

IN THE PRESS

Serving Colleague Attacked Physically

• This could have been a plot for a novel by John Le Carré or the first pages of a script for a thriller. Unfortunately for Dr German Velasquez, Director of WHO’s Drug Action Programme, it was real, justifying police protection at his home near Geneva, in neighbouring France.

On 26 May while on mission in Rio de Janeiro, he was mugged and robbed, receiving a 16 cm-long slash on his arm. Two days later in Miami, again on WHO business, two men attacked him on Lincoln Road. He was threatened with a pistol and kicked; one bandit hissed “Let’s hope you learnt a lesson from Rio. Stop criticising the pharmaceutical industry.” He reported the attack to the Miami police and informed WHO in Geneva and the United Nations in New York.

Back home ten days later, he received a midnight phone call: the caller said in English “Are you afraid?” and when he asked what this was all about, the voice replied “Miami, Lincoln Road.” On 19 June, the phone rang and the same voice urged him not to attend a meeting of the World Trade Organisation called to
discuss the vexed question of health and drug patent rights; he represented the D-G, WHO at the meeting anyway.

(Excerpt from Le Monde, 23 August 2001)

- "I do not deny; I do not confirm." WHO spokesman, Gregory Hartl, clearly received orders to maintain a blackout about the physical attacks and death threats on Dr German Velasquez who, when contacted by phone, was silent too. This eloquent silence perhaps betrays the ambiguous relations that WHO has with the pharmaceutical industry, as well as showing the key role played by this senior Colombian official in the global struggle to improve access to essential drugs - especially those to treat AIDS.

Earlier, Velasquez was asked to report on the impact of World Trade Organisation activities on national pharmaceutical policies and essential drugs. The conclusion was that international regulations stem from negotiations dominated by the rich countries and sometimes work against the economic and social interests of the poorest countries. Referred to as the "Red Book," the report immediately became the work of reference. It is with this "Bible" under his arm that German Velasquez tours the developing world, to the displeasure of Uncle Sam. For 18 months, the U.S. Mission in Geneva prevented its publication on the pretext of the Colombian's incompetence. Later a second section was added to include the comments of the [drugs] industry.

In these circumstances, WHO's D-G Gro Harlem Brundtland can be congratulated for not disowning her collaborator. But she adopts a low profile whenever the multinationals are criticised - no doubt because the Norwegian is a staunch supporter of alliances with the private sector.

—André Allemand

(Excerpted from the Tribune de Genève, 25-26 August 2001)

**THE RIVALS OF VIAGRA**

When it hit the market three years ago, a little blue pill called Viagra revolutionised the treatment of impotence, with no less a figure than former U.S. Senator Bob Dole going on television on behalf of the drug. But despite the buzz, perhaps only 10 per cent or 15 per cent of the men in developed countries who have potency problems have asked for treatment.

Now, Viagra is about to get competition. Two drugs in the late stages of development appear to work at least as well and may offer patients some slight advantages. Both drugs could reach the market next year.

Analysts predict a marketing war involving Pfizer, the manufacturer of Viagra, Bayer and Eli Lilly that could make impotence drugs the U.S.'s most heavily advertised category of pharmaceuticals.

At one time, ailments like impotence were simply suffered in silence and frustration. "We're making it O.K. to seek treatment," said Nancy Bryan, vice president of men's health at Bayer. "We're medicalising the condition."

Sales of Viagra, introduced in 1998, were $1.3 billion last year, and analysts project $1.6 billion for this year. Demand for quality-of-life drugs is growing rapidly and contributes to rising health care costs.

Watson Wyatt Worldwide, a benefits consulting firm, recently cited an increase of 14.6 per cent in a single year in employer costs for prescription drugs. *(The Staff Health Insurance does not cover Viagra even though it is on prescription, notes QN's Wise Old Owl, a little ruefully.)*

Years of research data suggest that Viagra is effective and safe. It cannot be taken with certain heart medicines, but early worries that it would lead to an increase in heart attacks have not been substantiated.

Eli Lilly is developing Cialis in a joint venture with the biotechnology company, the Icos Corp. of Bothell, Washington. Cialis has not been compared with Viagra, but tests suggest that it may be less likely to cause side-effects. Perhaps more significantly, the drug appears to work for at least 24 hours, compared with a few hours for Viagra.

The other drug under development, by the German pharmaceutical giant Bayer, is proving markedly potent in human tests, which means it can probably be given at lower doses to limit side-effects. The drug is showing particularly impressive results in diabetic men, a hard-to-treat population.

—Justin Gillis

(Excerpted from Washington Post Service, IHT, 13 August 2001)

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