The ASFM statutes call for a biennial assembly of members, so the General Assembly will take place this year. We hope that many of you will participate.

I would like to take this opportunity to remind you that only those colleagues who have paid their AFSM annual membership dues have the right to vote during the Assembly; of course life members have full voting rights.

This will be the Fourth General Assembly held in the history of ASFM, and we hope that it will be as lively and stimulating as the previous Assemblies. You will find the Assembly agenda on page two.

In addition to the suppression of the decreasing rate of health insurance participation in long term care, this year, we have been able to obtain free flu vaccination for all retired staff who so wish. We invite you to apply using the form on page 14.

A trip to Morocco is being planned for spring 2006. Those who are interested can already express their interest by means of the form on page eight.

With regard to the QNT, we ask for your suggestions for articles, travel stories or memories of life at WHO as well as humorous items…and constructive critics.

We remind you that this newsletter is for you and that it is put together by a team of dedicated volunteers who spend many hours preparing it; they deserve to be encouraged and supported. Fortunately, the majority who find the new format of the QNT, in general, satisfactory and the contents interesting.

See you soon, dear colleagues, at the General Assembly.

* Apologies for the different colours: it is the decision of the Printing Service due to the availability of paper.
AFSM General Assembly

Thursday 20 October 2005, Salle C, Main WHO Building at 13:00

For those colleagues who are not yet life members:
Don’t forget to pay your AFSM dues for 2005—then you can vote in our Fourth General Assembly at WHO headquarters on Thursday, 20 October 2005, Salle C, starting at 13:00. We encourage any of you who are not yet member of the Association to join using the form on the last page.

Provisional Agenda

13:00 – 13:30: Registration and Welcome

1. Opening of the Assembly and Introduction
2. Election of the chair of the Assembly; election of six tellers
3. Adoption the agenda
4. Report of the AFSM President
5. Budget and finance report, election of account auditors

Coffee break: approximately 15:00-15:30

6. Health Insurance: retired staff and H. I.
7. Pensions: present situation,
8. MEC
9. WHO/AFSM activities related to the history and collective memory of WHO.
10. Social and cultural activities
11. AFSM Statutes: amendments
12. Other matters
13. Closure of the Assembly

International Day of Older Persons

AFSM and The Geneva International Network on Ageing (GINA) in collaboration with the NGO Committee on Ageing at the United Nations in Geneva cordially invite you to attend the panel discussion on Social Security at the Crossroads

Monday, 3 October 2005
From 16:00 to 17:30 – Conference Hall C
Followed by a Cocktail reception

The panel will be introduced by Dr Alex Kalache, President of GINA and coordinator Ageing and Life Course, WHO, and Dr Astrid Stuckelberger, Chair of the NGO Committee on Ageing.

Details will be given in a separate circular

2 Association of Former WHO Staff
**Glaucoma - a cause of blindness**

Periodic examination of the eyes – just like a general check-up – is imperative: it is well known that even excellent vision deteriorates to a certain extent with age. Glaucoma is one of the most dangerous eye conditions because if left untreated, it can cause blindness.

There exist two forms of glaucoma: the acute form (narrow angle) which has a number of symptoms – the eye is red and may be painful, coloured rings may be seen around white lights - and requires immediate treatment. This is not the type of glaucoma that is dealt with here.

The type that concerns us is the chronic (open angle) condition which is all the more dangerous as it advances insidiously and is only detected when specifically tested for.

Chronic glaucoma is more common in older patients, but regular tests should be undertaken from the age of 40; it can moreover be found in young persons and even in children. Eyesight may seem unchanged but the condition leads to deterioration in the field of vision which progressively shrinks. The individual does not notice because the central vision remains intact and visual acuity is not affected. If untreated, chronic glaucoma leads to blindness.

**Risk factors:**

The genetic factor is important: a close relative affected by glaucoma is a cause for concern.

The most important risk factor is, however, eye pressure: the aqueous fluid entering and leaving the eye should have a constant flow. If it flows insufficiently, the pressure within the eye increases and affects the optic nerve, leading to a reduction in the field of vision. The damage is irreversible.

The evolution of the condition can be stopped by treatment, but it is impossible to recuperate the field of vision that has been lost. It is thus important that the condition be diagnosed as early as possible and this can only be done by an ophthalmologist who measures the eye pressure during a routine examination.

The field of vision should be examined periodically, even when the pressure appears normal, because there exist forms of glaucoma with normal pressure and ocular hypertensions without glaucoma.

**Treatment of Glaucoma**

Three types of treatment exist:

1. eye drops which are intended to lower the pressure in the eye by increasing the flow of aqueous fluid or by diminishing its production; such eye drops are not harmless and may have side effects of a general nature; their use must be prescribed by a specialist and the patient must adhere strictly to the instructions given;
2. laser treatment, before surgery or as a complement to surgery;
3. surgery in order to create a safety “valve” to improve the drainage of fluid from the eye: this may be sufficient, or eye drops may also be needed.

In all cases regular surveillance is essential.

* Photos Laboratoires Alcon®
EU and Taxes

The EU Savings Tax Directive (STD)

All residents of any of the 25 EU countries or the Crown Dependencies of the UK (Jersey, Guernsey and the Isle of Man) will soon see the income from their savings in another EU country or Lichtenstein, Monaco or Switzerland being taxed at a progressive rate. Previously, income or interest earned from monetary deposits in another country, where a person is not resident, was usually exempt from taxes. From July 1, 2005, the income from deposits will be subject to a 15% withholding tax, which will rise to 20% in 2008 and to 35% in 2011. It does not apply to persons who live outside the EU or to money invested in countries other than those mentioned, including the USA which has not accepted the Directive.

Basically, the legislation will cover income from interest earned on bank deposits, from the sale of certain bonds, and income from certain types of investment funds (principally open-ended money market retail funds). Other types of income (for example, dividends on shares of companies, salary and pension payments) are outside the scope of STD.

The STD forms part of a major tax reform package launched by the European Commission in 1997. It aimed at uniform “information exchange” across the Union with all countries agreeing to report interest on savings paid to the citizens of other Member States, thus removing the possibility of hiding the returns of their savings from their home tax authorities, or cross border tax evasion. It is an attempt at a world-wide assault by the high-taxing countries of the OECD on the leakage of taxes represented by cross border investments. However, implementation has been delayed due partly to the new Republican administration in the USA and an alliance of various financial institutions which had relied on the bank secrecy to attract the funds of non-residents. Three-quarters of the revenues raised through these withholding taxes will revert to the countries of the EU resident concerned. The collecting tax authority will keep the rest as charges.

However, if an account holder agrees to the exchange of information with the tax authorities of the country of residence, withholding tax will usually not be levied since it is assumed that the account holder will also declare it for tax purposes. With withholding tax, the identity of the account holders will not be divulged since the transfer of tax revenues will be done in bundles and not individually.


In the September AAFI/AFICS Bulletin

AFSM-WHO, Geneva

The Association of Former Staff Members (AFSM) of WHO has given new life to its Bulletin, known as “Quarterly News of the AFSM”. Our member David Cohen is responsible for editorial coordination and a new layout, and other AAFI-AFICS (and AFSM) members, such as Yves Beigbeder, Samy Kossovsky, Jean-Paul Menu, Carole Modis, Dev Ray and Rosemary Villars contributed to the April-June 2005 News.

Some news items in the previous issue had provoked a mixture of praise and criticism among AFSM members who reacted with letters in the “Readers Corner”. We congratulate the AFSM and its editors on the renaissance of the Quarterly News; we are confident that our former WHO colleagues will enjoy reading it, just as we of the AFICS-Bulletin’s editorial team did.
An exemplary life

WHO former staff members are an extraordinary collection of individuals representing a rich cross section of backgrounds, unique experiences and remarkable contributions to the history of global health. One of these individuals was Dr Kenneth Sinclair-Loutit (KSL) whose lifetime spanned almost a century from 1913 to 2003; he left an account of his life in an unpublished memoir entitled Very Little Luggage.

I have two reasons for writing this book: the first is that sharing my experiences may help those whose journey is but recently started. The second reason is to convince myself and those of us who are left, that our journey from the twilight of the nineteenth century to the dawn of the twenty-first was worthwhile.

1913-1930: Home and Schooling in Cornwall

The Sinclair-Loutit family had played a major part in the creation of Port Calcutta for the Honourable East India Company. By the time the 1914 war arrived, KSL’s father had retired from the India Service, married a young Scotswoman, and settled with his infant son in Cornwall -- it was an idyllic, innocent childhood.

In Cornwall, apart from my own generation, I had only been meeting frankly elderly people. Those who had fallen in 1914-18 and who would have been in their forties while I was becoming a young adult were largely missing; this had left a gap in the whole structure of the society of the 1930s.

1930-1936: Cambridge and Spain

At Trinity College, among an extraordinary generation of peers, KSL experienced the turbulent political and social events of the time -- The Great Depression, Hunger Marches, the rise of Communist and Socialist ideologies and the Nazi Government in Germany. After receiving his degree, he was appointed Administrator of the British Medical Aid Unit for the victims of fascism in the Spanish Civil War, leaving for Spain in August 1936 with twenty other volunteers and a fully equipped mobile hospital. He directed medical operations treating casualties on the front lines of the Spanish Civil War.

We were young enough not to worry...Those who helped us in 1936 were the very same people who were to make the French resistance a reality five years later... From 1937 until the outbreak of the war, there was an ever increasing consensus, uniting men and women of all ages and all backgrounds, in a simple refusal of complaisance toward fascist thinking... We were ready to do something about the world we lived in, rather than to accept whatever might happen next.

1937-1944: War

KSL completed his medical degree at St Bartholomew’s Hospital in London; during the war he was Medical Officer in Paris to the Polish Relief Fund and Medical Officer for Civil Defence in Finsbury.

We really can believe that London’s response to bombing did much to save the United Kingdom from invasion... The threat of invasion dissipated -- all the more readily because a very large part of the population had never really believed in it.


UNRRA was created by a forty-four nation agreement in 1943 to assist countries after the war; many of the staff who founded WHO were recruited from UNRRA. KSL was appointed Director of health and relief services in the UNRRA Yugoslavian mission in Belgrade.

As the total liberation of the national territory allowed Yugoslavia to take stock of the results of a pitiless total war, we in UNRRA had to measure how to make effective our contribution to the country’s recovery... One of my jobs was to get the Belgrade Faculty of Medicine under way once again... To form an appreciation of epidemic risks, I covered many kilometres over a countryside utterly ravaged by the Nazis....The 1946 spring thaw brought massive contamination of drinking water supplies; it became vital to get a mobile laboratory into the field. We, those first arrivals in the international
civil service, had all started work with tremendous hopes for an open society, an open world and a new relationship between nations; we believed that the United Nations held the clue to a workable peace.

1950-1973: World Health Organization

In 1950, KSL was recruited as the WHO Medical Adviser to the South East Asia Office of UNICEF in Bangkok. His responsibilities covered all the countries within the Alexandria-Manila-Djakarta triangle. He travelled throughout these countries, meeting many remarkable people. His many vivid stories include being at the legendary Shepheard’s Hotel when it burnt down during the Cairo riots.

In 1950, the visitor to WHO felt he was dealing at all levels with deeply informed professionals... I felt an immense elation at the prospect of spending the rest of my working life in such company. We were engrossed with the part our UN Agencies were playing to ensure peace and in re-civilising the world after the traumas of the last decade.

His next posting was as WHO Medical Advisor to the UNICEF office in Paris, responsible for programmes in Africa, Europe and the Middle East. KSL travelled throughout the countries.

The responsibility for programming assistance to all the territories of Africa as well as for a number of Middle East and European countries was immense... As Great Britain and France were still administering their colonial territories, we had to maintain close relationships with the medical directorates in the Colonial ministries of London and Paris in addition to working with their dependant administrations in thirty African capitals.

In Eastern Europe, he helped Ministries of Health to set up maternal and child health services. He had a particular respect for post-war Poland.

...Being a Pole is much more than a question of nationality, it is a state of being...

In 1961, KSL was recalled to Geneva; Dr Pierre Dorolle asked him to take over the WHO office in Rabat, Morocco. For eleven years, KSL implemented a wide variety of public health programmes in Morocco. He also served as WHO’s liaison with the new independent government in Algeria. He lived for the rest of his life in Rabat in the Kasbah des Oudayas.

It did not take long to establish the status of the WHO Mission and to place it properly within the United Nations programme of national development. The quality of existence in Morocco is unique. I am intensely grateful that my employment with WHO kept me long enough within the country for me to learn that I could never leave it

1973-1993 “Retirement”

I was starting to see that retirement was something I preferred not to think about -- it threatened the frustration of all my energies. I had so much left to do. I hope those who retire at the end of this century will be able to feel as proud of their work as do those of us who joined the United Nations system in the 1940s.

KSL eventually adjusted to retirement; he started up a radio communications and electronic engineering company which carried out many projects in Morocco, including the first mobile radio telephone in Morocco. And fortunately, he took up writing. His life is an inspiration to all of us.

Carole Modis

* WHO archives, WHO 12. Black and white photographs: n° 486 WHO’s Q-Z. Photo n§ 10960

Thanks to Rosemary Bell for giving us the KSL memoir which will be deposited in the WHO Archives
Banks are becoming inhuman!

This letter was written by a ninety-six old woman to her banker, who sent it to The New York Times.

Dear Bank Manager,

I am writing to thank you for bouncing the cheque with which I endeavored to pay my plumber last month. By my calculations some three nanoseconds must have elapsed between his presenting the cheque, and the arrival in my account of the funds needed to honor it. I refer, of course, to the automatic monthly deposit of my pension, an arrangement which, I admit, has only been in place for eight years.

You are to be commended for seizing that brief window of opportunity, and also for debiting my account with $50 by way of penalty for my errant financial ways.

However, you will be pleased to know that you have set me on the path of fiscal righteousness. No more will our relationship be blighted by these unpleasant incidents, for I am restructuring my affairs, taking as my model the procedures, attitudes and conduct of your very own bank. I can think of no greater compliment. Please be advised about the following changes.

First, I have noticed that whereas I personally attend to your telephone calls and letters, when I try to contact you I am confronted by the impersonal, ever-changing, pre-recorded, faceless entity which your bank has become. From now on I, like you, choose only to deal with a flesh and blood person. My loan repayments will, therefore, no longer be automatic, but will arrive at your bank, by cheque, addressed personally and confidentially to an employee of your branch, whom you must nominate.

In due course I will issue your employee with a PIN number which he/she must quote in all dealings with me. I regret that it cannot be shorter than 28 digits but, again, I have modeled it on the number of button presses required to access my account balance on your phone bank service. Let me also introduce you to my new telephone system, which you will notice, is very much like yours. My Authorized Contact at your bank, the only person with whom I will have any dealings, may call me at any time and will be answered by an automated voice. By pressing buttons on the phone, he/she will be guided through an extensive set of menus:

1. To make an appointment to see me;
2. To query a missing repayment;
3. To make a general complaint or inquiry;
4. To transfer the call to my living room in case I am there; Extension of living room to be communicated at the time the call is received;
5. To transfer the call to my mobile phone in case I am not at home.
6. To leave a message on my computer. To leave a message a password to access my computer is required. Password will be communicated at a later date;
7. To return to the main menu and listen carefully to options 1 through 6.

The contact will then be put on hold, pending the attention of my automated answering service. While this may on occasion involve a lengthy wait, uplifting music will play for the duration. Regrettably, but again following your example, I must also levy an establishment fee to cover the setting up of this new arrangement.

I wish you a happy new year even if a little bit less prosperous than the previous one.

Your humble client
On the light side

Warning! This is sexist (but fun).

ROMANCE MATHEMATICS
Smart man + smart woman = romance
Smart man + dumb woman = affair
Dumb man + smart woman = marriage
Dumb man + dumb woman = pregnancy

OFFICE ARITHMETIC
Smart boss + smart employee = profit
Smart boss + dumb employee = production
Dumb boss + smart employee = promotion
Dumb boss + dumb employee = overtime

SHOPPING MATH
A man will pay $2 for a $1 item he needs.
A woman will pay $1 for a $2 item that she doesn't need.

GENERAL EQUATIONS & STATISTICS
A woman worries about the future until she gets a husband.
A man never worries about the future until he gets a wife.
A successful man is one who makes more money than his wife can spend.
A successful woman is one who can find such a man.

HAPPINESS
To be happy with a man, you must understand him a lot and love him a little.
To be happy with a woman, you must love her a lot and not try to understand her at all.

LONGEVITY
Married men live longer than single men do, but married men are a lot more willing to die.

PROPENSITY TO CHANGE
A woman marries a man expecting he will change, but he doesn't.
A man marries a woman expecting that she won't change, and she does.

DISCUSSION TECHNIQUE
A woman has the last word in any argument.
Anything a man says after that is the beginning of a new argument.

HOW TO STOP PEOPLE FROM BUGGING YOU ABOUT GETTING MARRIED
Old aunts used to come up to me at weddings, poking me in the ribs and cackling, telling me, "You're next." They stopped after I started doing the same thing to them at funerals.

Trip to Morocco

A TRIP TO MOROCCO is foreseen at the end of April or the beginning of May 2006; the Imperial cities (Rabat, Meknès, Fès, Marrakech) will be visited, as well as Essaouira.
The duration of the trip should be eight to ten days. The indicative price per person (two persons sharing the same room on a half-pension basis) is about CHF 900 (+ 450 +taxes for the flight). The exact itinerary as well as the dates and exact price will be communicated as soon as possible.
In order to plan the trip, those interested are requested to complete the following form, it being understood that this is without commitment at this stage.

I am interested in the trip to Morocco in spring 2006:

Name                      First name
Address
Tel :    Fax :    E-mail :
Number of travellers:
Suggestions if any:

Date, Signature

Slip to send as soon as possible to AFSM, Office 4141, by post or E-mail.
WHO, Spirituality and Religions

Our Colleague Rajindar Pal wrote to us to report that he attended a round table held on 19 May 2005 on the occasion of the 58th World Health Assembly; the objective of this round table was to try to introduce within the WHO Constitution the notions of spirituality and religion in the health definition.

“...The guest speakers were Rev. Robert J. Vitillo, Special Advisor on HIV and AIDS, Caritas Internationalis, Dr R. Fahri Saatcioglu (University of Oslo, department of Biomolecular Biosciences), Dr Astrid Stückelberger (University of Geneva, Department of Public Health) and (member of the Expert advisory Panel of WHO). Mr Werner Peter Luedemann (International Association for Human Values) was the moderator. Dr Halfdan Mahler, previous Director General, WHO, and Dr Shakhar Saxena, Coordinator Mental Health, also spoke...

...in 1988 ... the Executive Board 101 approved a draft resolution saying “Health is a state of complete physical, mental, social and spiritual well-being and not merely the absence of disease and infirmity”... The 51st WHA decided not to consider the proposed amendment.

...In response to a letter sent by Dr Pal on behalf of the relevant working group, the mental health department reports that “a field-test instrument covering quality of life aspects related to spirituality, religiousness and personal beliefs” is to be found on the website http://www.who.int/mental_health/resources/evidence_research/en/

...Since then, two announcements have been made:
1. First National Conference on Spirituality and Health to be held in Australia on 28 & 29 July 2005

ED: QNT, as well as the Committee, being strictly neutral in matters of spirituality and/or religion, are in no way involved in this approach.

Thanks and Erratum; anecdote

Dear Editor,
First of all, thanks for all the hard work that goes into the preparation and editing of the QNT. I enjoy reading it - it is good to have news of what's going on, especially for former staff of long date.

Sorry, however, to point out an error. This one is neither grammatical nor due to translation, but it concerns me.

In the "In Memoriam" column of QNT60 it is reported that Marcelle Prevosto worked as Administrative Assistant in Education & Training, later Health Manpower Development, until her retirement in 1973. However, that post was held by me from 1963 until my retirement in 1977. The Director of that Division in 1963 was Dr. Grzegorowski, then for an interim period of two years Dr Mackintosh, later came Dr. Braga from Brazil, and then Dr. Fülöp, from Hungary.... A long story.

If you would like something "on the light side", here is a short anecdote:

James Mackintosh, mentioned above, had a great sense of humour and he preferred talking with people in person rather than by telephone. On the staff were a certain Dr. Chu and also a Dr Sze. One day, Mac announced briefly that he was "just going off to Chu Dr Sze.'

Eveline Watts, Geneva

ED. Thank you Ms Watts for your kind appreciation, and apologies for our mistake; Marcelle Prevosto served in the Library and Documentation department from 1948 to 1973. Her last position in the Library and Documentation department was as administrative assistant for health manpower development."

Congratulations

"...I take this opportunity to say how much I appreciate the Quarterly News which serves to maintain our unity and our friendship and how much I appreciate your voluntary efforts to support our interests - kindly convey my thanks to your colleagues on the Executive Committee.."

Docteur Pierre Delon, Versoix

ED: Many thanks, Dr Delon for your kind appreciation.
Congratulations and proposal of articles; distinction

To Dr. David Cohen, Editor - Quarterly News

Dear Sir,

I thank you for the very interesting, helpful and sometimes controversial subjects which are printed in the "Quarterly News" which I look forward to reading. Congratulations on your efforts. I enjoyed very much my old friend Mr. Varma's article - and all other articles.

You may be interested to know that on 14th July 2005 I received the honorary Doctorate of Science degree from Chulalongkorn University, Bangkok. It was bestowed on me by Her Royal Highness Maha Chakri Princess Sirindhorn.

Following the presentation my wife and I spent five lovely days at the beautiful home and garden of Dr. Brian Doberstyn -former WHO Representative in Thailand. Since retiring from WHO in January 1991 as WHO Representative in Myanmar, I have worked as Founder President of the Delhi Society for Promotion of Rational Use of Drugs, established as President the Delhi Medical Council in its first six years of functioning and also chaired the National Sub Commission in Macroeconomics and Health of the Government of India. In Thailand I hold the UNESCO Chair in Rational Use of Drugs at the College of Public Health, Chulalongkorn University, Bangkok.

At the moment I am very much involved also in the work of the International Network in Clinical Epidemiology as Chair of the Board of Trustees of INCLEN.

If you think any of the activities would be of interest to the reader of Quarterly News I would be happy to submit a piece for your consideration.

With all good wishes,

Yours sincerely,

Professor Ranjit Roy CHAUDHURY

ED: Dear Prof Chaudhury,

Many thanks for your warm appreciation; of course we would be very happy for you to share your many experiences with your former colleagues and we are quite prepared to publish any of them which could be of interest to our readers.

New members

Here is the list of new members from 1 May to 18 August

New life members:
Mr Keith WYNN; Dr Y. DIALLO; Dr O. AYENI; Mme Martine PALLUEL

New Annual members:
Mme M. GOMEZ-CRESPO; Mr Michel WEHRLI; Dr P. PACHNER; Mr Roger EGGLESTON

Conversion to Life membership: Mrs Isabella CORRIGAN.
Publications

International Justice against Impunity Progress and New Challenges

This is the title of the book presented below, that our colleague Yves Beigbeder, PhD in law has just written. "Evidence shows that national justice has been slow, ineffective or unwilling to judge major political and military leaders responsible for genocide, war crimes and crimes against humanity on a large scale. Hence the justification for international criminal justice.

This book reviews the achievements and limitations of the International Criminal Tribunals for the former Yugoslavia and Rwanda, and the creation of mixed national/international courts: the Special Court for Sierra Leone and the Cambodia Tribunal. The major, unexpected and promising judiciary innovation is however the creation of the International Criminal Court in 1998, supported by the UN, European Union members and other countries, effectively promoted by NGOs, but strongly opposed by the USA. The Court will have to show that it is a fair and valuable instrument in fighting impunity at the international level.

Not a legal treatise, this book combines historical, legal and political elements in a highly readable text on the development of international criminal justice, which should be of interest to the academic community, international organizations and concerned observers."

Published by Martinus Nijhoff Publishers (Leiden-Boston), Brill in June 2005.

“Emergency sex (and other desperate measures)"

A true story from hell on earth
By Kenneth Cain, Heidi Postlewait and Andrew Thomson, Miramax books, 2004

A fresh look on the United Nations humanitarian missions

"We risked our lives and saw our friends die – all in the name of humanitarian aid. We have the right to tell the truth."

This book was written by three young professionals, a New Zealand doctor, a social worker from New York, and a graduate in law from Harvard, recruited by the United Nations in the context of missions to keep or to enforce peace in Cambodia, Somalia, Haiti, Liberia, Bosnia, and Rwanda from 1993 to 1998. These missions were amongst the most difficult undertaken by UN – often with the participation of WHO – during that decade.

It consists of personal accounts which do not pretend to analyse the international politics but which describe in brutal and tragic manner the experiences and reactions of the authors faced with often unbearable situations.

The missions entrusted to the authors were multiple – to organize elections, ensure the medical and legal protection of prisoners, accompany convoys in insecure zones, identify corpses in mass graves. They were deeply traumatized by such experiences and the production of this book probably served a therapeutic purpose. We may not share all the feelings of the authors and, in particular, we may deplore the importance given in the book to their sex life –considered a safety valve in the face of horror. This being said, it may not be a bad thing to take a fresh look at events with which we, as members of the family of the United Nations, have been associated from near or from far. This unusual book enables us to do just that.

The book is often critical of the UN and the manner in which these missions were conducted. The reader should be aware that its publication caused a certain unease amongst the leaders of the United Nations, in particular because two of the authors were still employed by the Organizations at the time it was written.

J-P Menu
In memoriam

Dr Celalettin Algan began his distinguished career in the field of public health with a medical diploma from the Faculty of Medicine, Istanbul University and the Military Field School of Health, Bademli/Izmir. From 1960 to 1964, he specialized in chest diseases at the Sanatorium of Hezbeli-ada/Istanbul and Internal Medicine of Haseki Hospital/ Istanbul; after receiving a diploma in his field of specialization, he was the Coordinator of the National Tuberculosis Control Programme, working on the standardization of diagnosis and treatment methods in tuberculosis hospitals and dispensaries countrywide for the Ministry of Health in Turkey. For the rest of his working life, he was one of the extraordinarily talented and dedicated individuals serving in various offices and capacities for the World Health Organization. He began in 1965 as Chief Medical Officer of WHO Rwanda, organizing national tuberculosis programmes and directing smallpox eradication in that country. In 1971, he moved to Senegal as Medical Officer/Epidemiologist to develop basic health services. From 1975 to 1984, he was the WHO Regional Adviser for Communicable Diseases at the WHO Regional Office for Africa, Brazzaville; particularly notable was his contribution to efforts to eradicate smallpox in Africa. His last post for WHO was as WHO Representative for Madagascar and Reunion Island. During the following years, he was called upon to consult with the WHO Office in Ankara, Turkey. Dr Algan died in Geneva on 22 June 2005. 

Carole Modis

Robert Jaffré passed away on 19 July 2005. Born on 28 September 1929 in Paris, Robert came to the Geneva region in 1964 to work for the Tribune de Genève as a printer. In 1972, he began his career at WHO in the Building and Office Services where his colleagues especially appreciated his competence, kindness and good humour. Robert loved the “simple life”: the joy of his family, music, woodwork, walks with his dog, and time with his friends and neighbours. He married Michèle in 1951, and they had three children who gave them four grandchildren and two great granddaughters.

Carole Modis

Dr Roger Leclercq died on 23 July 2005 at the Kremlin-Bicêtre Hospital near Paris. Dr Leclercq was born in 1921 at St-Gilles, Brussels, Belgium. He practiced medicine in Belgium, specializing in pneumonology. In 1960, he was appointed Assistant Director of Public Health in Tunisia. He began his career at WHO by serving from 1964 to 1967 in the WHO country office in Port Vila, New Hebrides (now Vanuatu). After a short leave of absence, he returned to WHO in 1969 to serve with great distinction for the next ten years as WHO Representative in Vientiane, Lao People’s Democratic Republic. In 1980, he was reassigned to the Disease Prevention and Control programme in the WHO Regional Office for the Western Pacific, Manila, The Philippines until his retirement in 1981. We thank Dr Richard Pottier, Professor of Medical Anthropology at the University of Paris, Sorbonne, who notified us of the death of Dr Leclercq. Dr Pottier was a member of the WHO team in Laos; he observes that he was “honoured to be a participant in Dr Leclercq’s team

Dr Leclercq passed away on 19 July 2005.
and that all of those who knew Dr Leclercq greatly appreciated both his professional competency and his personnel qualities. I am certain that I will not be alone among the former staff members to regret his passing away”.

Dr A. W. A. Brown – known to his friends as « Tony » was born in England in 1911. He died, quite peacefully, in Morges, Switzerland, on 17 February 2005, at the age of 93, with his daughters Hillary and Virginia at his bedside.

Dr Brown immigrated to Canada at the early age of 17 and worked hard to pay for his studies in forestry and entomology at the University of Toronto. He was a brilliant student. During the period 1936-37 he held a research fellowship from the Royal Society of Canada for postgraduate studies at the School of Hygiene and Tropical Medicine, London, England. Research, teaching, and field work occupied the next 12 years.

During the war, Dr Brown joined a team of top British and Canadian scientists at the Suffield Proving Station in Alberta, Canada, working on biological warfare programmes for the Allied war effort, to combat what Churchill believed was being developed by Nazi Germany. He was awarded an MBE for this work.

In 1949 he was appointed Professor and Head of the Department of Zoology at the University of Western Ontario.

Through his personal research in insect physiology and toxicology, especially in relation to insects of medical and veterinary importance, he and his associates and students made many original contributions in these fields. Throughout, his research was characterized by a keen discrimination between the trivial and the truly important.

Among his scholarly writings were three major works: Insect control by chemicals, New York, 1951; Entomology, medical and veterinary (with D. N. Roy), Calcutta, 1954; and Insecticide resistance in arthropods, WHO Monograph, 1958. These books won him worldwide recognition and respect.

Space does not permit a full account of Dr Brown’s exceptional career, but mention must be made of his distinguished service as a biologist with the World Health Organization in 1959 and 1960. Subsequently, he acted as a consultant to WHO and to some 60 governments in the interests of stimulating and coordinating research on resistance to insecticides. To crown his career, Dr Brown was awarded the Entomological Society of Canada Medal “for outstanding achievement in Canadian entomology” in 1963.

Dr Brown’s wife, Jocelyn, died some years ago. He leaves behind him his three daughters and three grandchildren, to whom we extend our deepest sympathy.

Grace Servais

The authors of obituaries are kindly requested not to exceed 300 words.

We wish to thank all those who collaborated on this issue with articles and/or translations (Editorial committee: Yves Beigbeder, Samy Kossovsky, Jean-Paul Menu, Carole Modis, Dev Ray, Rosemary Villars. Translations, Editorial coordination and layout: David Cohen).

Special thanks go to the WHO Print and Mailing services

The opinions expressed in this newsletter are not necessarily those of the editor.
Finding WHO administrative documentation

WHO documents which concern staff regulations, pensions and insurance are increasingly only available on the Internet. If you go to the WHO web site at: http://www.who.int, look on the right hand side of the page and click on "Governance". The Governance page gives public access to WHO governing body documents. Clicking "Basic Texts" will bring up the full text of the most recent edition of the Basic Texts of WHO which includes the "Staff Regulations" and "Financial Regulations".

The WHO manual and other administrative documents which you might need are available only on the WHO Intranet, so you have to be in the WHO building to find them. Once inside the WHO building, you can use the public computers in the WHO Library (where the friendly librarian on the reference desk will assist you); you can also go to the Cybercafé on the Mezzanine floor. From any of these computers, simply click on "Start", then on "WHO Information". In this menu, you see listed several documents, for example, the most recent version of the WHO Official List of Addresses and the UN-WHO Exchange rates. If you click on "Administrative Documents", the submenu offers all the Information Notes, the WHO Manual and the Staff Rules. These full text documents can be searched by keywords.

Some other useful websites are:
Association of Former International Civil Servants at: http://www2.unog.ch/afics/
UN Joint Pension Fund at: http://www.unjspf.org/eng/
UN Federal Credit Union at: http://www.unfcu.org/

Each first Friday of the month, former staff are invited to meet at the Café de la Gare, Cornavin, at 11:00 to have a coffee and/or lunch. Everyone is very welcome.

Vaccination against Influenza

Don’t forget: free flu vaccination for retirees and spouses will be undertaken in October at WHO/HQ. In order that we may anticipate the number of doses of vaccines required, and organise the sessions, we need to know how many people are interested.

So, please fill in the form below:

Family name ……………………… First name …………………………………………..
Address
Telephone E-mail

Spouse (if any) Date, Signature

And send it as soon as possible through the post or E-mail to AFSM Office 4141.
Are you still not a member of AFSM? Is it because you don’t like it or what it stands for? Let us know. Or, do you keep forgetting to join? Hope you will become a life member – it costs only 250 CHF – the price of a good meal for two; and you will never again have to remember to pay your dues. Or, you want to give it a try? Then join for a year at 20 CHF – and decide after a year. Fill in the form below and send us your payment.

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

(Please fill in the application form below)
- I am already an annual member and I want
  - to convert into a life member
  - to pay my dues for 2005

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

APPLICATION to JOIN

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