The Association was deeply shocked and saddened by the sudden death of Dr Lee Jong-wook.

From the start of his mandate, Dr Lee showed real interest and support for our activities and spontaneously attended our Receptions and General Assemblies. He considered himself as one of our future members and took every occasion to encourage us in our activities and projects.

Dr Lee was unanimously declared an honorary member of the Association at our last General Assembly.

Several members of our Committee were present at the ceremony of his funerals.

We address our sincere condolences to his wife and son, as well as to the other members of his family.

D.C.
Our pensions

Pensions and taxes

The nature of taxation of UN pensions in different countries has always raised interest and comments from retirees. First, we must remember that, in spite of what the media say or even Malloch Brown – our beloved Deputy SG – says (see UN Special April 2006 p 21), our earnings are not “tax free” since a staff assessment is levied at quite a high rate. We do not see our earnings before staff assessment nor actively fill out tax forms and “pay” taxes. The fact that pensions are considerably lower than earnings (without getting into an argument about whether our “earnings” were unduly high or not) when employed and are subject to national taxation makes the apparent lowering of take home “pension” somewhat biting on the wallet. But the filling out of tax returns and actively paying taxes are prices to pay when living in a country with taxation.

Currently very few countries are known not to tax UN pensions at all – e.g. Austria, India, Hungary, Singapore and Chile. A court in India had ruled that UN pensions, like UN salaries, have already been taxed and hence are not liable to further taxation. Good luck to those retirees who live in these countries. A few other countries – including two in Europe – have not exempted UN pensions from national taxation but do not follow up on demands for taxes. Again, those living in these countries are lucky but they live in a world of uncertainty where their situation may change from one year to the next.

The rest of the countries tax UN pensions – usually as if they were normal earnings. Obviously, the taxation rates vary from country to country and the way UN pensions are treated also varies. The progressive rate of taxation can add a heavy burden on pensioners in some of the countries with high social security networks. Recently some countries have moved from outright taxation of pensions as income to considering it as a mixture of annuity and interest earned. Our contributions to the Pension Fund can be treated as accumulated capital from an income which has already been taxed by staff assessment. The contribution of twice the amount by the Organizations comes from Member States’ contributions and may or may not be considered as having been taxed. However, pension benefits consist of a part repayment of this capital as annuity, and the other part as income derived from interest or dividends earned from investments of this capital.

It appears Geneva taxes annuities from accumulated capital differently from other income and thus allows about 40% of annuity to be non taxable. Consequently AAFI is looking into ways to see if the same reasoning can be applied to UN pensions but it is far from certain that there is a proper legal case. On the other hand, Denmark’s high court seems to have dealt a blow to the argument that since UN pensions are from contributions on which tax has already been paid they should not again be taxed. In a case brought by Monika Wesemann, the court has ruled against her. However, the case was brought before the Danish parliament passed a law about pensions arising from foreign sources (while the capital component of the pension is not taxable, the interest portion is) and apparently claimed total tax exemption (from Jill Conway-Fell of EURO).

I shall try to illustrate this on the basis of explanations provided by a Danish colleague since all the documentation is in Danish. Any resident of Denmark pays taxes on interest earned. For instance a Danish staff member working in WHO, Copenhagen, pays her contributions to the Pension fund and the annual pension fund statement shows how much of the capital is accumulated directly from her contributions and how much is due to interest earned on the capital. Thus if the contribution to the Pension Fund on 31 Dec 2005 amounted to USD 100 000, the Pension Fund also shows that an interest element has been added at the rate of say 3.25%. Then the Danish citizen – or fiscally resident – staff member has to pay Danish taxes on 3.25% of the accumulated contributions – in this case USD 100 000 since that is an earned interest income. After retirement, let us assume her pension is USD 30 000 (or Kronors or whatever), and she has to now pay taxes on the portion of her pension that is attributable to interest, or 3.25% of USD 300,000, since now the contributions of the Organization come into the picture. But the pensions are now deducted while calculating the accumulated capital for the next
Our pensions (continued)

year – or the capital considered at the end of 2006 is USD 300 000 (at the end of 2005) less USD 30 000 and the taxable portion becomes 3.25% of USD 270 000. In other words tax keeps on reducing every year. Apparently the pension becomes tax free after about ten years. If on the other hand, the retiree has taken a full lump sum, her capital is lower to start with and the pension becomes tax free after five or six years.

In the last AAFI General Assembly, Gilbert Ferrari, currently Chief of the UN Pension Fund office in Geneva and who will retire in July of this year, made a strong plea not to try to appeal against national taxation of UN pensions since he believes it is against concepts of solidarity with the community in which one lives and is likely to antagonize national tax authorities, especially when many governments are in large fiscal deficits.

Whatever the merits of these arguments, taxation is a national prerogative and some governments are less likely to follow the example of other countries. So don’t hold your breath in anticipation of a big tax relief but consider other legitimate avenues to reduce taxation. For further information, especially regarding pensions in Geneva, Vaud and France, see the new publication (May 2006) of AAFI-AFICS on Taxation of UN Pensions.

Dev Ray

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Health

Avian Influenza (continued...)

The news is good. Measures such as the vaccination and culling of infected bird stock have been effective. There have been many fewer cases of affected birds in those countries which had been reporting infections, and there have been fewer reports of infected migrating birds. The virus has not, however, disappeared as new countries, unaffected until now, are reporting infections. The affected areas in the world are expanding, but seemingly in a less dramatic fashion. As our Director-General has said, "We must remain vigilant!"

Picture transmitted by Michelle Evans (Staff Assoc.)
WHO ON THE FRONT LINE: THE CONGO EMERGENCY OPERATION

In July 1960, UN Secretary-General Dag Hammarskjöld called upon WHO to deal with the rapidly deteriorating health situation in the newly independent Republic of the Congo. Most of the foreign doctors who had formed the medical service had left the country. This, together with the breakdown of communications and transport, resulted in virtually a complete disruption of medical services. At that time, the Congo had a population of more than 20 million inhabitants who were distributed among approximately 500 different ethnic groups. Leopoldville, later known as Kinshasa was the capital of the six provinces that made up the Congo. WHO Director-General Dr Candau personally directed one of the largest emergency operations in the history of WHO with the able assistance of Dr Pierre Dorolle, Deputy-Director General.

Soft spoken, charming and capable, Dr Athanas Bellerive, formerly Director-General of Health, Haiti and WHO malarologist, directed the WHO emergency advisory team project. He describes his impressions upon arrival in the Congo:

“In July 1960...the situation was dramatic. There was not a single Congolese doctor. Almost all of the foreign doctors had left the Congo. Tribal conflicts were raging, telephone communications between the different capitals were interrupted and transport disrupted the roads uncertain, security precarious...The sick had abandoned the hospitals which had become very dangerous places. Those who did not have the strength to flee died. The roads were full of long lines of people with tuberculosis and leprosy.”

At the request of the Government and the UN, WHO accepted responsibility for coordinating, though the Ministry of Health, the activities of all international personnel concerned with the health of the civilian population. In the preventive field, the problem was aggravated by a breakdown in environmental sanitation and in services for the control of endemic and epidemic diseases. Bringing one of the last big epidemics of smallpox under control was one of the tasks facing WHO.

In August 1960, Dr Daniel Flahault was recruited from Lille, France, to join the medical team in Léopoldville. He estimates that one of the most important achievements of the operation was to give priority to the training of medical personnel so that they could assume responsibility for the country’s health services.

First, WHO urgently and rapidly recruited more than one hundred doctors from different countries to restore the functions of the principal rural hospitals. A team was placed in each of the provinces composed of a doctor, a sanitary engineer and a nurse—all of whom had public health diplomas—along with some technicians. The teams gave advice and assistance to the (often disorganized) services of the provincial ministries of health.

Very quickly, and in close collaboration with local authorities, WHO moved to facilitate the training of qualified Congolese personnel.

In 1962 Dr Arthur Brown joined the Léopoldville office as Deputy Chief of Mission:

“When I arrived, the WHO Mission consisted of an advisory and liaison team of some twenty special-
ists based in Leopoldville and about 160 doctors and paramedical staff assigned to hospitals in the Provinces. We called them ‘omni-practitioners’; they worked in a deteriorating situation...typically in charge of a 100-bed hospital supporting a number of peripheral dispensaries, frequently in remote areas. ... Medical supplies and equipment became reduced sometimes to non-existence.....In spite of it all, no one abandoned his post.

Dr Flahault describes how various categories of personnel were trained:

WHO greatly increased the number of study fellowships available for the training of "omni-practitioner" doctors in the Congo in the new local universities, also in Europe, particularly in France but also in Switzerland and in Belgium. It was decided, and this was an innovation, to select more than one hundred "medical assistants": Congolese who had been assistants to the expatriate doctors and who had had some limited secondary education and practical training in the local schools. These personnel were sent to Europe, accompanied by their families, and given a theoretical and technical education leading to a medical diploma. It was a sort of "à la carte" medical training programme, organized specifically for their needs with accompanying support and follow-up.

Experienced nurses were given a complementary training in public health and education in nursing care with technical and financial assistance in the local schools.

In order to create environmental health personnel, sanitary engineers were trained abroad in the beginning and then as soon as possible in local institutions.

Finally, paramedical health personnel were trained, especially in nutrition, radiology, laboratory administration, hospital management, vaccination and the control of epidemics, always with the help of WHO. By the end of 1967, all responsible posts in the country's health services had been filled by Congolese medical officers. WHO can be proud of its action in the Congo during this troubled period. It is most fitting to remember here those staff members of a great organization in the family of the United Nations who, as pioneers in difficult, risky, isolated conditions, contributed with courage and determination to the success of a remarkable international solidarity effort.

Dr Bellerive remained in the country as WHO Representative until 1965. In 1962 Dr Flahault joined a public health administration project in Niger, and Dr Brown’s next posting was as WHO Representative in Ethiopia.

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3 For a description of how the epidemic was handled, see Flahault, Daniel (1963). Quelques aspects épidémiologiques et cliniques de l’épidémie de variole à Léopoldville (septembre 1961-mai 1962) Bull. Org. mondiale Santé 29(1) pp. 117-125
4 Brown, Arthur. A public health odyssey. 2005. Copies of this book can be ordered from browne1917@yahoo.com
AND COMES THE RAIN!...

A recent quick trip to Geneva for urgent family reasons got gradually extended until it reached three weeks, and so I got a chance to meet many more former friends and colleagues than I anticipated. After the usual pleasantries and personal respective up-date, the subject almost always came up of, 'How do you Brit retirees put up with the UK's incessant rain.' So, allow me to put you right and explain this Brit's attitude to the rain which, by the way, is not incessant but rather persistent.

My wife and I spent much of our adult years working and living in tropical countries that were either absurdly dry, unbelievably wet or both. I recalled once hearing a weather forecast - in Botswana, I think - where the weather forecaster made his forecast and then said: The forecast for the next four months is likely to be exactly the same. This means a blinding sun-rise at 6 am followed almost by exactly 12 hours of unrelenting sunshine until the sun abruptly falls out of a cloudless sky and almost precisely 12 hours of unrelenting starlit darkness follows. The Botswanans greet each other with the word 'Pula' = Let it rain. When they first minted their own money, they too called it The Pula.' In Botswana, money is really made in heaven, and they know it.

This relentless march of searing tropically hot days and sleepless nights often seems endless, and the sun quickly takes on the guise of a permanent enemy -known to expatriates as The Enemy': after all it can kill you in a careless afternoon. And then comes the rain. Days, weeks, months in a non-stop Monsoon which can dump more warm rain on you in a weekend than the entire annual rainfall of the UK. And soon even the walls grow verdant green let alone your clothes in the wardrobe.

So who is for a pleasant shore bathed twice a day by a benevolent Gulf Stream? Where the rain gives the girls of the British Isles their peaches-and cream complexion that girls elsewhere would give their eye-teeth for, and old people have something to talk about - every day.

Dr David Payne (formerly MAL/TDR

Readers' Corner

An Active Life

There was a request in the last issue of the QNT for more memoirs in the Readers' Corner, so I decided to contribute—why wait for an obituary!

From the age of two years, I followed my parents far from my native village in the Jura. I was born in 1929 so I was ten years old when World War II broke out, and we had to come back to Switzerland.

I was an apprentice in an international transport firm. Horses were still used then for deliveries, and the bills were figured by hand because calculating machines did not exist and of course the computer had not even been imagined.

At this time, I participated in bicycle races as an elite amateur—it was the great époque of the post war Tour de France with the Coppis and Bartali, the Büblers and Koblet.

I climbed most of the great peaks of our Alps on bicycle: Grimsel, Furka, Gothard as well as the Alps of the French Pyrenees: Galibier, Izoard, Aubisque, Tourmalet.

After that, I trained for three years in Manchester in a Swiss firm, Ferry Wagons, which organized the rail transport of merchandise. My boss smoked so much that one match a day was enough for him because he lit each of his cigarettes from the butt of the last one, with much coughing and spitting. I earned thirty pounds sterling a month which was a good salary since I paid my landlady one pound a week for lodging and a meal at the canteen only cost one schilling six pence. It was a good time in spite of rationing which was still quite strict. I was in England in 1952 to 1953 when King George VI died, and I had the privilege of attending the coronation of the very young Queen Elizabeth II in London. Today she is 80 years old; how fast time passes! I married an English woman who gave me three children. One of my sons married a Portuguese woman and the other married a Ghanaian. I have four grandchildren: two of them are the color of coffee so it is a very modern family!

I returned to Switzerland by motorcycle with my fiancée riding behind me. We spent two years in Zürich then came to Geneva where for fifteen years I was the Chief Agent in an Asian aviation company. I was as often in Bombay, Bangkok, Hong Kong or Tokyo as I was in Geneva. By plane, I twice flew around the world.

By foot, I climbed Kilimanjaro and I trekked in the Andes in Peru. In the Himalayas, I walked twenty-two days accompanied by sherpas and climbed ten peaks more than 5000 meters high to descend into the Zanskar valley and on to Lemayuru et Leh. I also went to Katmandu in Nepal and to Lhassa in Tibet because the Buddhist culture fascinated me.

By train I traveled the Trans-Siberian from Moscow to Irkoutsk, Ulan Bator and Peking. By automobile, I covered all of Europe from the North Pole in Norway down to the south of Sicily and from the west of Portugal to the east of Romania, and in the United States from Florida to California.

Now I have discovered maritime cruises; one can visit innumerable islands in the Mediterranean and the Caribbean in comfort. I have already crossed the Atlantic Ocean three times by boat and I don't plan to stop there!

A long and happy retirement is earned. For a life in good health, people should have good hygiene, exercise, a variety of activities and an interest in many different subjects. I have recently been elected President of the communal council of my village: it is important to contribute to one's own community. Even if it is only by two thousand inhabitants of Arzier-le Muids, it is still flattering to be addressed as "Mr. President".

Very warm greetings to all my former WHO colleagues,

Marcel Nicolet (formerly Finance Officer)

The World Health Report 2006 - Working together for health contains an expert assessment of the current crisis in the global health workforce and ambitious proposals to tackle it over the next ten years, starting immediately. The report reveals an estimated shortage of almost 4.3 million doctors, midwives, nurses and support workers worldwide. The shortage is most severe in the poorest countries, especially in sub-Saharan Africa, where health workers are most needed. Focusing on all stages of the health workers’ career lifespan from entry to health training, to job recruitment through to retirement, the report lays out a ten-year action plan in which countries can build their health workforces, with the support of global partners.

Health workers were at the heart of a cross-continental satellite linkup on World Health Day, which joined London, Lusaka and the EB room in Geneva. From Lusaka, Dr Lee launched the World Health Report, "Working Together for Health," which explains the causes and the deadly consequences of the shortage of health care workers, particularly in Africa. "The scale of the problem is quantified, and human resources for health has clearly become a major issue for international action," he said.

At the headquarters event, Barbara Stilwell from the human resources for health department gave an overview of the World Health Report and its main messages. Dr Ian Smith of the Director-General’s office wrapped up the event by recognizing staff present and past, and made special mention of the Association of Former WHO Staff Members and its President Roger Fontana.

WHO Director-General to attend G8 Summit

Dr LEE Jong-wook has been invited by Vladimir Putin, the President of Russia, to attend the G8 Summit in July 2006, to be held in Moscow.

In his letter of invitation, President Putin stressed that the agenda included « the most important issues of today », including control of infectious diseases. Putin said : « I strongly believe that the World Health Organization could make its valuable contribution to elaboration of the initiatives of the G8 in 2006 ». HIV/AIDS, tuberculosis and malaria, among others, are a major threat to public health and have at times reversed development gains. Dr Lee also stressed the urgent need for countries to prepare for a possible influenza pandemic. The SARS epidemic cost the world at least USD 30 billion in economic losses. The social and economic effects of even a mild flu pandemic would be many times more.

Dr Lee has attended the G8 Health Ministers meeting in Moscow, 27-28 April 2006. He will attend the Summit from 15 to 17 July. The three main items of the meeting are : control of infectious diseases, energy security and education. In my view and probably in the view of many former staff members, the involvement of the WHO Director-General in the G8 meeting is an honour, a challenge and an opportunity for our Organization. It represents an acknowledgement of the threats of new or re-emerging infectious diseases to public health, of the direct link between public health and development and the growing visibility of WHO as a major international public health actor. The challenge for WHO is to show its capacity to mobilize national and international resources to combat these diseases and to apply effectively and in time its technical and operational competences.

Y. Beigbeder (Source: Medlinks Press Release, 8 May 2006)
**On the lighter side**

**HEALTH QUESTION & ANSWER SESSION**

Q: I've heard that cardiovascular exercise can prolong life; is this true?

A: Your heart is only good for so many beats, and that's it... don't waste them on exercise. Everything wears out eventually. Speeding up your heart will not make you live longer; that's like saying you can extend the life of your car by driving it faster. Want to live longer? Take a nap.

Q: Should I cut down on meat and eat more fruits and vegetables?

A: You must grasp logistical efficiencies. What does a cow eat? Hay and corn. And what are these? Vegetables So a steak is nothing more than an efficient mechanism of delivering vegetables to your system. Need grain? Eat chicken. Beef is also a good source of field grass (green leafy vegetable). And a pork chop can give you 100% of your recommended daily allowance of vegetable products.

Q: Should I reduce my alcohol intake?

A: No, not at all. Wine is made from fruit, Brandy is distilled wine, that means they take the water out of the fruity bit so you get even more of the goodness that way. Beer is also made out of grain. Bottoms up!

Q: How can I calculate my body/fat ratio?

A: Well, if you have a body and you have fat, your ratio is one to one. If you have two bodies, your ratio is two to one, etc.

Q: What are some of the advantages of participating in a regular exercise program?

A: Can't think of a single one, sorry. My philosophy is: No Pain...Good!

Q: Aren't fried foods bad for you?

A: YOU'RE NOT LISTENING!!!! Foods are fried these days in vegetable oil. In fact, they're permeated in it. How could getting more vegetables be bad for you?

Q: Will sit-ups help prevent me from getting a little soft around the middle?

A: Definitely not! When you exercise a muscle, it gets bigger. You should only be doing sit-ups if you want a bigger stomach.

Q: Is chocolate bad for me?

A: Are you crazy? HELLO Cocoa beans! Another vegetable!!! It's the best feel-good food around!

Q: Is swimming good for your figure?

A: If swimming is good for your figure, explain whales to me.

Q: Is getting in-shape important for my lifestyle?

A: Hey! 'Round' is a shape!

Well, I hope this has cleared up any misconceptions you may have had about food and diets.

And remember:

"Life should NOT be a journey to the grave with the intention of arriving safely in an attractive and well preserved body, but rather to skid in sideways - Chardonnay in one hand - chocolate in the other - body thoroughly used up, totally worn out and screaming

"WOO HOO, What a Ride"

*Transmitted by S. Kosovsky*

**Our Grandmothers**

An eight year old child, interviewed by the head of his school, gives his opinion of grandmothers.

A grandmother is a woman who has no children, that is why she loves other people's children.

Grandmothers don't have anything to do except to be there; when they take you on walks, they walk very slowly in order to not step on any leaves or caterpillars.

They never say "Hurry up!"

In general they are fat but they can still tie their shoes. They know that I always need a second piece of cake or a bigger one.

A real grandmother never hits a child. She gets mad by laughing.

Grandmothers wear glasses and sometimes they take out their teeth.

When grandmothers read stories, they never skip anything and they don't mind reading the same story many times.

Grandmothers are the only adults that always have time.

They are not as fragile as they say they are, even if they die more often than we do.

Everyone should try to have a grandmother, especially kids who don't have television.

Y. B. from ALPES 74 - THONON INTER / JULIET 2005

**Caution: This is a joke!**

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*Page 8 Association of Former WHO Staff*
Here is the story of an extraordinary life:

Henri-Louis Orain remembers.... Long ago, a sickly little Breton was born into a large peasant family. In a France that had just been through the Great War, in a region that had not yet felt the progress of mechanization, he dreamed of studying. Gifted with a will of iron, the shy, self-taught, intelligent, curious child managed to realize his dream in spite of family and social obstacles. His story begins with the harvests in the fields of black wheat, continuing with the tribulations of a youth in the Royal Navy as a nurse in 1940 up to the work he carried out as WHO staff to conquer the anophele mosquito which is so dangerous to human health. He worked principally in Morocco and in a dozen other countries, spanning Africa, Central America, and the Middle East. He was supported by his wife Christiane who followed him with his three children and dealt with his traveling and absences from home.

Today Henri-Louis enjoys the pleasure of writing and witnessing.

Michèle Fabres-Ducellier

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A recent book on humanitarian medicine


The book includes articles, among others, on the right to health, health and human rights, ethical principles for everyone in health care, avoidable tragedy post-Chernobyl. Half-dan Mahler challenged « Health for All or Hell for All ? », Anthony Piel, former WHO Legal Counsel wrote on « The role of science to improve the quality of life : reflections on the post-genomic era ». WHO offered a compilation of health and human rights in international legal instruments.

IAHM also established the « World Open Hospital » (WOH), which any hospital or any physician can join. The Association provides specialized medical and surgical treatment, free of charge, in and from countries where such treatment is not possible. It mobilizes hospitals in developed countries to receive, and doctors to treat, such patients entirely on a humanitarian basis and it also provides such services in disaster situations. Dr Gunn, our former colleague, is President of the Association, which is named after the first Director-General of WHO, to perpetuate Dr Chisholm’s vision and action.

Yves Beigbeder May 2006
News from our colleagues

In the magazine “News of Petit Saconnex-Grand Saconnex, Servette, Grand-Pré, St Jean, Charmilles” of March 2006, Sophie Eigenman has written an appreciative article about Jean-Paul Darmstetter, who has recently moved to the Pâquis in Geneva. Here are some extracts from the article:

Jean-Paul Darmstetter, 82 years old, brisk and bright,… has returned to his roots after having roamed the entire world. He was a war correspondent, a political journalist and an international civil servant for WHO. He loves the multicultural community which is his new home in Geneva (les Pâquis)—it reminds him a little of New York City.

Born in Geneva to a Belgian father and a French mother, Jean-Paul Darmstetter had a childhood scarred by terrible accidents which almost cost him his life. He overcame his handicaps: “My hunger for life turned setbacks into passions.” These passions are aviation, music, painting and poetry. The first of these gives him wings and sends him traveling, and the last gives him, still today, the pleasure of words which he loves so much.

Words which give pleasure

…For nearly twenty years, he was a radio and press journalist in Geneva. During this time he met his favourite authors: Louis Aragon, Blaise Cendrars, Jean Cocteau, Léopold Sédar, Senghor. Then Jean-Paul Darmstetter came to work at WHO as Chief of Information at the WHO Regional Office for Europe in Copenhagen.

Today Jean-Paul Darmstetter continues to work on his writing¹. As a poet, he finds his inspiration in Apollinaire, Baudelaire, Valéry and Mallarmé. He also admires the “local colour” of a Senghor or a Cendrars. His skill with the rhythm and the music of words makes his works a delicate mixture of ancient and contemporary forms. Under his spell, beauty is created and sustained. He particularly likes to bring a light touch to serious matters—a reflection of his personality. Irony has always amused him. The way in which he highlights the comical side of an apparently desperate situation is a lesson in life.

¹. Quatritude temps suspendu suivis de Autres chansons, Poèmes L’âge d’homme Edit., Lausanne, 2005

In our next issue, if the author agrees, we will publish one or two of his poems.

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Trips

THE TRIP TO MOROCCO, A SUCCESS!

All of those who went to Morocco agreed that the AFSM trip was a resounding success—another trip is already in the planning stages, this time to southern Morocco.

One of the best aspects of the trip was the congeniality of the group, bringing together people who had not necessarily met one another previously and others who had many years of work in common. One of the participants wrote to us to say, “How we remember the marvelous moments spent in the company of such nice people and such attentive organizers!”

The ten day visit to the imperial cities of Morocco began on Monday 24 April with a morning visit in Casablanca, where the group admired the Hassan II mosque—the largest mosque in Africa and the second largest in the world. Next, on to Rabat, the administrative capital of Morocco where the group was received at a magnificent cocktail and lunch at the residence of the Ambassador of Turkey to Morocco, who is the son of the recently deceased and sorely missed Dr Algan. Initiated by Roger Fontana, the reception was organized jointly by the Turkish Embassy and the WHO Representative to Morocco, Dr Benamar. We were happy to note that there were large notice boards for World Health Day in the Embassy gardens.

The visit continued to Meknes, capital of King Ismaël, a contemporary of Louis XIV, then on to Volubilis, an ancient roman city. The next stop was Fès, the intellectual and religious capital of Morocco, founded in 808. The trip continued to Marrakech with a stop in the mountain village of Ifrane, reminiscent of Switzerland.

Reception of the AFSM group in Rabat by the Ambassador of Turkey in Morocco, in the gardens of his private residence. First rank, from left to right: Dr Menu, Mrs Messeret, Mrs Cohen, MrsStella, Miss Mermet, Mrs Fontana, Mr Algan, Ambassador of Turkey, Mr Fontana, Dr Benamar, WHO representative in Morocco, Mrs Bell, Mrs Benguerel, behind, Mr Puget, Mrs Puget, Mr Sletta, Dr Cohen, Miss Martin, Mrs Castella, Mrs Fournier, Mr Castella, Mrs Wiedmer, Dr Gurney, Mrs Gurney. Before, accroupi, our guide, Mr Lazrak. Carole Modis took the photo.

After a wonderful few days seeing the sights of Marrakech, a day was spent in Essaouira (Mogador), a beautiful village on the Atlantic Ocean. After a last night in another port town, Safi, the trip was completed with a journey back to Casablanca which included views of the argan trees which only grow in Morocco and are the source of argan oil.

The guide for the trip was excellent—his goal was to make sure that we not only visited, but lived Morocco. His spirited and lengthy stories and explanations were another highlight of the trip. Presented here are a few photos from the trip which, unfortunately, cannot be printed in color. We hope you will join us on the next trip!
Trip to Morocco (continued)

Hassan II Mosque in Casablanca  
A door in the Medina of Fes 
A women’s Cooperative (argan oil)

Show in Marrakech  
Tea ceremony, Ourika valley 
Tannery in Fes

Roger Fontana  
Rebecca Agoncillo 
Dinner with andaluz music in a riad in Fes

Argan tree (look at the goats on the tree)  
Hands with henna (ladies from our group) 
The group at the Medina in Fes

Place Jamaa-el-Fna, Marrakech  
Storks on a roof, Marrakech 
Our guide, our driver and his assistant

These photos were taken by C. Modis, J.-P. Menu, and D. Cohen
In memoriam

José Barzelatto, Chilean physician and former employee of the World Health Organization, died in Washington, DC, on 7 April 2006, just a few days after his 80th birthday.

Dr. Barzelatto graduated at the University of Chile in December 1949, and did postgraduate training in Endocrinology and Nuclear Medicine at the Massachusetts General Hospital in Boston. In 1954 he founded the Radiisotope Laboratory of the University at Hospital Salvador which he directed until 1968, where Chilean and foreign physicians under WHO/PAHO auspices received post-graduate training in nuclear medicine.

His experience with WHO Geneva began in 1975 when he was appointed as Medical Officer, Expanded Programme of Research, Development and Research Training in Human Reproduction up to 1977, when he became Responsible Officer for Research Capability Strengthening, Special Programme for Research and Training in Tropical Diseases. From 1984-1989, he headed the Special Programme of Research, Development and Research Training in Human Reproduction.

During his tenure as HRP director, the program benefited from his strong leadership becoming a co-sponsored program of the World Bank, the UN’s Population Program – UNFPA, and UNDP, and thus able to enlarge the scope of its important research both in the bio-medical sciences but also in the social sciences, to better understand the causes and sequences of unwanted pregnancy and the reasons for poor use or non-use of contraception.

A strong defender of women’s health rights, especially sexual and reproductive health rights, upon his retirement from WHO he moved to New York, where he headed the Ford Foundation’s Reproductive Health Program from which he retired in 1996. This program contributed to the world’s conceptual shift from an almost exclusive concern for reducing fertility by promoting contraception, to a more holistic vision centred on sexual and reproductive health and rights, education and socio-economic development.

Since 1997, he was Vice President of the Center for Health and Social Policy (CHSP), an NGO with international activities aimed at improving social justice and health. He was also member of the Boards of CHANGE (Center for Health and Gender Equity) and of IPPF/WH (International Planned Parenthood Federation, Western Hemisphere).

He shared 50 years of marriage with his wife Juanita who passed away in 1999. They had four daughters and two sons and 8 grand-children. His integrity and honesty have been an example not only to his close family, but also to all that knew him.

Cristina Barzelatto (daughter)

Tribute was paid to Dr Barzelatto on 11 May 2006 at WHO headquarters in the presence of the Director-Genera and Dr Mahler, Director-General emeritus. Mr Roger Fontana represented AFSM.

List of deceased

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<tr>
<th>Name</th>
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News from AFSM

IT’S ELECTION TIME AGAIN

It has been a busy two years for the twelve members of Executive Committee of your Association. We all agree that serving on the Executive Committee from 2005-2006 has given us new or increased understanding, ideas, interests and contacts. According to the aims of the Association, we have raised our collective voice to ensure the welfare of all of our members, provided solidarity and promoted contacts and recognition of the many extraordinary people who make up the former staff of WHO. Now the time has come to prepare the election of the twelve members of the next Executive Committee to carry on the activities of the AFSM for 2007-2008. Since one of the first items we need for the elections is a list of candidates, we would like to invite all of you who are dues paying members of the AFSM and who live in the Geneva area to consider running for election to the Executive Committee.

The Committee meets once every month, and in addition to attending the monthly meeting, you could choose an area of activity which interests you. We need a team of writers, translators and editors to produce the Quarterly Newsletter; a working group to create an AFSM website; advocates and representatives to work on important health insurance and pension issues; people to work in our office for a few hours a week taking care of mail, phone calls and meeting our members; interviewers, transcribers and researchers for our WHO collective memory and oral history team; and groups to plan more travels, social occasions, or informative seminars for our members.

We think being a member of the AFSM Executive Committee will bring you enjoyment, satisfaction and pleasure, and the Association will be even better for your enthusiasm, new ideas and expertise. So if you would like to be a candidate or if you would like more information about what it entails, please contact us at:

We would also like to hear from you if you would like to join us for a short time on a specific project—either one of the ones we mention here or a new one that would interest you.

New manager at UBS /WHO headquarters

Roger Fontana had a meeting with the new manager of the UBS branch at WHO headquarters; M. Dreyer was most interested in AFSM and the retired staff and requested documentation on the Association. This augurs well for our future contacts with the Bank.

A communiqué from Health Insurance:

A letter-box is available at the main entry of WHO/HQ, on the right, in front of the reception desk: you will have from now to put your reimbursement claims in this box, and no more in the box of the second floor, which will be taken off.

New AFSM members

LIFE MEMBERS: Mrs Rebecca AGONCILLO; Mr Bernard CHANDRA; Dr Graeme CLUGSTONE; Mrs Jacqueline GAUD; Mrs Myriam HIRSCHFELD; Dr M. HOUENASSON-HOUGANBE; Mr André L’HOURS; Mr Ashok MITRA; Mrs Susan ROBERTSON; Mr Shiv Kumar Varma.

CONVERSION ANNUAL MEMBERS ——> LIFE MEMBERS: Mr Roland LEVRAT

ANNUAL MEMBERS: MRS K. ANKAL-JEON; Mrs C. LARSEN-RANNOU; Mrs Andréane LECLERCQ; Mrs Valérie O’MAHONEY.

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

Special thanks go to the WHO Printing, Distribution, and Mailing Services

The opinions expressed in this newsletter are not necessarily those of the editor.

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Association of former WHO Staff

Joining AFSM / updating membership

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 25 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 the current year

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 ........ 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

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