Our links with the United Nations are much closer than most of us might have expected when we left active service. When our pensions arrive each month, if we care to think about it, the fact should be impressed upon us that we are more directly dependent on, and therefore more directly concerned with, the United Nations than we ever were during our working life. Its problems, its successes, its public image, its future are related to our security. Few among us have not asked whether a crisis of confidence in the United Nations would endanger our future - even though we have been assured that the UN Pension Fund is independent and self-supporting.

Thankfully now, the crisis appears over. Public perception of the United Nations has radically changed during the last two years. Once regarded by many who influence public opinion throughout a large part of the world as an ineffective and costly debating club, or at best, as a place for fruitless diplomatic parleys, it is now seen as a centre for agreement and decision.

The cold war, which froze the United Nations into inaction, belongs to the past, making possible agreement within the Security Council and the General Assembly on hitherto difficult issues.

Now a “Paradigm” for All

"Although for the past twelve years we have had an ideal goal of 'Health for All' for all people living on this planet, we still have not found the realistic health-for-all 'paradigm' for bringing this goal to realization. The building of such a ‘paradigm’ is the sine qua non for future health development." – Dr Hiroshi Nakajima, D.G., 14 January 1991 to Executive Board.

An Office for Us

Room E124 has been designated as the new office for former staff, right next door to the Staff Association. Ext. 3103
The following are recent staff appointments:

**Office of the Legal Counsel**

Dr Anthony Piel has been appointed Legal Counsel. He was formerly Director, Programme Development and Monitoring.

**Programme Development and Monitoring**

Dr André Prost has been designated Acting Director, Programme Development and Monitoring (PDM), Office of the Director-General.

**Emergency Relief Operations**

Dr A. Tekle has been named Director Designate of the Division of Emergency Relief Operations (ERO).

**Office of Occupational Health**

Dr Mikhail Ivanovich Mikheev has been appointed Chief, Office of Occupational Health (OCH). He served as Regional Officer, Workers’ Health, EURO from 1978 to 1983.

**International Agency for Research on Cancer**

Dr Bruce K. Armstrong has been appointed Deputy Director of the International Agency for Research on Cancer, Lyon. He was formerly Commissioner of Health, Health Department, Western Australia.

**From LUN to WUN: What Fun!**

The WHO Liaison Office with the United Nations (LUN) has been re-named the WHO Office at the United Nations, New York (WUN).

**Regions**

Mr Bernard Chandra, Administrative Officer, Division of Budget and Finance, has been appointed Director, Programme Support, WPRO.

Dr Jong-Wook Lee has been appointed Director, Disease Prevention and Control, WPRO. He was Regional Adviser in Chronic Diseases.

**NEW MEMBERS**

The World Health Assembly has accepted the application of the Marshall Islands and of the Federated States of Micronesia for full WHO membership, and the island of Tokelau, for associate member – the only one in this category.

The applications bring up to 168 the total of full members.

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**HEALTH CORNER**

**BPH**

Acronyms are pervading medicine. BPH stands for Benign Prostatic Hyperplasia (or Hypertrophy). More than two-thirds of men over 65 years have an enlarged prostate, and according to some estimates, 80% of all elderly men. Despite being so common, BPH is not a “normal” phenomenon. It is also a considerable public health problem.

The prostate, a gland resembling a walnut and producing a viscous fluid that is both a vehicle and a nutrient for semen, usually starts enlarging at age 50, but it takes up to twenty years to reach a size that will cause symptoms. Irritation of the bladder, leading to frequent micturition (urination) at night, is the first symptom; at later stages, the flow of urine becomes manifestly impaired. Still later, painful retention of urine may occur, necessitating the introduction of a catheter.

Modern and simple diagnostic methods include urodynamic measurements, i.e. the registration of urine output during micturition, and echography of the gland. The latter permits to distinguish BPH from the fortunately less frequent cancer of the prostate. BPH is homogeneous on echography, while cancer presents a nodular aspect. In doubtful cases, cancer can be excluded by antibody determination.

BPH is readily treatable by surgery. The operation is not a major one, and can be done through the urethra, without incision of the skin. Promising newer medicaments make non-surgical treatment possible as well. If symptoms are not distressing, no treatment is necessary.

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**R.I.P.**

- Ms Catharina BAAN-LULofs 27 Dec 1990
- Mr Carlo BALESTRIINI 30 Dec 1990
- Mr Gordon BOSHELL 7 Feb 1991
- Mr Carlos NENSALA 7 Feb 1991
- Mr Gabriel RAMANOHISCA 14 Feb 1991
- Mr George DUNDERDALE 8 Mar 1991
- Mr Arnold A. KOHLER 8 Mar 1991
- Mr Zoltan GREGOR 9 Mar 1991
- Mr Joseph S. LINGEBACH 13 Mar 1991
- Mr Pierre BERTAGNA 14 Mar 1991
- Mr Oscar GALVEZ GARCIA 29 Mar 1991
- Mr Miguel YEPEZ 6 Apr 1991
- Mr Washington J. MOURA 8 Apr 1991
- Mr Benton MORGAN 9 Apr 1991
- Mr Jiri PARIZEK 9 Apr 1991
- Mr Max SCHILDHUAER 15 Apr 1991
- Mr Leslie LAWRENCE 19 Apr 1991
- Mrs Maria de Lourdes SILVA 7 May 1991
- Mr Eugene SETTINO 16 May 1991
AIDING A FIRED SOVIET COLLEAGUE

WHO staff representatives have launched a drive for funds to help Iouri Reznikov, a Russian translator, now unemployed.

Fired 31 May "at the request of the Soviet authorities," Reznikov is appealing the decision of WHO to dismiss him.

Since his recruitment in 1984, he has held three two-year contracts, which would have qualified him for a five-year renewal.

"Pending the hearing of his case by the WHO appeals board, Iouri needs funds to help make ends meet, pay the rent, buy groceries, educate and clothe his children - in short, to sustain his family and himself," says Susan Shaw, Chairman of WHO's Staff Committee.

His challenge of the Administration's decision is a process that could drag on for more than 18 months.

(On 4 July, the Tribune de Genève carried a story on the case headlined "La main de Moscou?")

FREED AT LAST

Subject to harsh interrogation and torture for almost two years in an Ethiopian jail, Mrs Ghennet Mebrahtu, a WHO staff member in Addis Ababa, is now in Geneva under medical care. Three daughters are with her.

Arrested in June 1989, and held without charges - though accused of espionage - she was released this May two days after President Mengitsu fled the country.

She owes her life, she told colleagues celebrating her freedom, particularly to Dr Sandro Calvani, her former boss, who "reacted so quickly and consistently" to her plight.

Without such pressure on the government, she said, "I would have been dead."

FORMER STAFF AT WORK

A former staff member, Dr Sabth Dijazzar, once with the coordination office, is serving in Kuwait City through September as WHO liaison officer with the government, developing plans to rebuild the country's health services.

He was part of a fact-finding team (which included Dr Isao Arita, formerly of the smallpox eradication campaign) that visited the emirate in April to take stock of the damages of the Gulf War.

Prior to this assignment, and since separating from service, Dr Dijazzar worked as a principle medical officer with the UN Volunteers in Kingston, Jamaica, for four years - returning to Switzerland every three months to visit family and friends.

(Note to Readers: Have you taken on an interesting assignment recently? Tell us about it, and we'll tell others - Editor)

IN TOWN

Lalit Thalpalyal, formerly information officer, and wife, paid a week-long visit to Geneva in July following a trip to London to see a daughter and new grandchild.

Now a resident of New Delhi, Lalit continues to produce plays at home of the genre that had been so well appreciated here by the Indian Association.

IN PARIS

In support of their serving colleagues, former staff were among some 250 demonstrators that journeyed to Paris from Geneva on 16 July, the opening day of the UN Joint Staff Pension Board. Demonstrators, totalling about 500, demanded "decent pensions" for P and GS grades.

IN SEARCH OF JUSTICE

The UN Staff Co-ordinating Council is looking for active or retired colleagues, with a legal background or experience with the appeals procedure to serve with the Panel of Counsel to help ease its workload. Write Room C.153.

LETTERS

A Let Down

After a first meeting on 14 March (a fascinating visit to the Red Cross and Red Crescent Museum and an enjoyable friendly meal at the "Vieux Bois"), I was looking forward, on my return from holiday, to our next get together on 18 June.

We had so much enjoyed seeing each other again, bringing back memories, recalling shared experiences and above all discovering that we are not doing so badly after all. So what a let-down to find that only 18 former friends had signed up for our second outing!

Some 600 invitations had been sent out for the visit to the Horticultural College in Lullier and the lunch in Puplinge. No, my friends, I am an optimist by nature. When I accepted the job of "master of the revels" it was
because I believed you too would find as much pleasure as myself in these meetings, which have only one purpose: to revive and if possible strengthen old friendships!

Should I keep on trying? Have you any suggestions to make?

Are you willing to attend a lunch, or better still a dinner, next October, in such large numbers that we would need to hire the Palais des Expositions to fit everyone in? I had planned a visit to Vin Union in Satigny, followed by a meal at the Château, but perhaps a simple dinner among friends, in a place to be decided, would suit you better.

I wish you an excellent summer, good health, and hope to see you in the autumn.

Carlo Fedele, Member
Executive Group

IN THE PRESS

Back to Basics

WHO has an enormous capability for improving the quality of life in the Third World. By making radical cuts in costs, WHO leaders could redirect resources toward critical health problems. Three steps can help.

First, WHO must respond to the needs and priorities of poor countries, dropping programs irrelevant to them. The focus should be on the programs that the poorest countries request: disease control, human resources and health systems development.

Second, the European office and its programs should be eliminated. WHO was founded after World War II to help rebuild Europe’s health infrastructure. The region now includes many of the richest – and healthiest – countries in the world. Why not shift Europe’s budget to more deserving countries? In this year’s budget, regional expenditures for Africa and Latin America were reduced but Europe’s budget (admittedly the smallest for any region) was increased by about 20 per cent.

Third, WHO must turn increasingly from talk to action. Twenty-five years ago WHO led the international campaign to eradicate smallpox, one of the great achievements of the century. It has now become an organization of conferences and study groups. Last month, WHO set up a “think tank” to study the cholera epidemic in Peru. No money will be spent directly to help any victim.

If WHO refuses to listen to Third World voices, if it does not respond to the cries for help, perhaps it is time to consider founding a new international health organization. Such an organization would do more than just talk.

Paul Dietrich, President
Institute for Int’l Health & Development
Washington, D.C.
(Excerpted from Int’l Herald Tribune, 17 May 1991)

Misleading

The statement regarding a “think tank” to deal with the cholera epidemic in Peru, is misleading. WHO’s mandate is to direct and coordinate international health work rather than provide direct medical assistance. In the current cholera crisis in Peru, WHO has provided technical support, and the death toll is far below what it would have been without WHO.

Mr Dietrich seems to think the health problem in developing countries can be resolved by sending them money from WHO’s budget. Has he ever stopped to think just how large that budget would have to be if it were to fund direct medical services around the world? WHO’s work reaches far beyond its total available resources, which, at about $800 million a year, are less than the budgets of three large New York City hospitals.

Therese Gastaut, Programme Manager,
INF, WHO
(Excerpt of the response, 27 June 1991)

For Americans Abroad

American Citizens Abroad (ACA), a Swiss-based, non-profit public service organization, now offers ACA members of all ages $1 million annual health insurance coverage, with no medical examination required.

Coverage for ACA members is through a British-based insurance company, PPP International. Fees vary depending on the beneficiary’s age and the type of coverage desired.

ACA membership is $25 per year. For more information, write: ACA, 157 route du Grand Lancy, 1213 Onex, Geneva, Switzerland. Or Call (41-22) 792-1659.

(Excerpted from AARP Bulletin, June 1991)

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