Quarterly News

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1948 - 2008

Two stamp issues commemorating WHO

"WHO has always had close links with stamp collecting. Since it was set up, numerous stamps have been issued in order to put messages across to the population. WHO has always used postage stamps as a means of information, of raising awareness, of prevention and of commemoration."
Trip to Andalusia

A view inside the Alhambra, Granada

Gardens of Generalife, Granada

Flowers in a Cordoba yard

In a church in Cordoba

Cordoba Cathedral

The group (some of them) in Carmona

Flamenco in a plaza in Sevilla

Advertisement for a famous Jerez brandy

in the Domecq caves in Jerez

A few photos from Andalusia taken by J-P Menu and P. Richard (see others in the French version)
Our journal continues to evolve and we are pleased to learn from many of you that you find it interesting. This encourages us to redouble our efforts so that you will not be disappointed. Your contributions are valuable as we would like the QNT to be a lively interchange and we would like most of the articles to be contributed by our readers.

In order to ensure a polished presentation of our texts, I would prefer the articles to be fairly short, in principle no longer than two pages, but this principle is not absolute...if a subject is worthwhile it can be more pages, but experience has shown that readers appreciate shorter texts.

Elections: as announced in QNT 71, members received a circular inviting them to stand for the next AFSM Executive Committee or to suggest colleagues as candidates. We remind you of the conditions: candidates must be life members, or annual members with paid up subscriptions, living in the area of Geneva or nearby France and must, above all, be willing to contribute to promoting the moral and material interests of our members. The date limit for receipt of proposals is 31 July 2008. We hope that there will be many candidates of both sexes! Thank you in advance.

Health insurance: is in good shape and we will give you further information when the Report for the year 2007 becomes available.

In October our representatives will participate in the joint meeting of the Health Surveillance Committees of Headquarters and the Regions. We shall then be able to report to you regarding the plans for long term health care and on any possible consequences of the fall in the US dollar.

Trip to Andalusia: like the previous two trips to Morocco it went off well - to the satisfaction of the 39 participants (see photos on page 2) who arrived on the morning of 4 May in Malaga and proceeded to Granada, to visit the prestigious Alhambra and the Generalife gardens as well as a famous monastery; an evening in a troglodyte dwelling with a gypsy flamenco performance followed, and then visits to the towns of Baeza and Ubeda; on to Cordoba to view the remains of the Jewish quarter and a synagogue dating from the 12th century, the mosque/cathedral with 850 marble columns, Carmona and its winding alleys, a parador with a magnificent view, Seville and its famous mosque/cathedral – the Giralda - the alcazar and its gardens and finally the town of Ronda famous for the bullrings and impressive ravines overlooking the Tage. The trip ended with a visit to the rock of Gibraltar, where we saw the apes and the magnificent grottos.

The success of this third trip encourages us to start thinking of another for next year.
Public Health

Tobacco, alcohol and Alzheimer

Excerpts from a short article by Eric Nagourney in the International Herald Tribune (24 April 2008):

“People who are on a path to develop Alzheimer’s disease may hasten its arrival if they drink or smoke too much, researchers say. Doctors believe that the most common form of the illness, late-onset Alzheimer’s, may be touched off by a variety of factors, separately, or together.

For this recent study (over 900 people), the researchers looked at three possible contributors: alcohol, tobacco and a gene called APOE. They asked their family members about their smoking and drinking histories and tested them for the gene.

People reported to have had more than two drinks a day developed the disease almost five years earlier than lighter drinkers, on average. Heavy smokers got it 2.3 years earlier. The APOE gene was associated with an onset about three years earlier. The risk was even higher for smokers who drink.

It was found that smoking had two effects that could contribute to Alzheimer’s. One is its role in cardiovascular disease. The other is a link with oxidative stress, an increase in damaging free radicals in the body.”

The prevalence of non transmissible chronic diseases exceeds that of the infectious diseases

According to the World Health Statistics Report for 2008, chronic diseases – cardiac and cerebral vascular conditions – often linked to western lifestyles, are overtaking infectious diseases, particularly AIDS and tuberculosis, in a growing number of countries and by 2030 will account for 30% of all causes of mortality worldwide.

Dr Margaret Chan, in her address to the World Health Assembly in May, expressed her concern at this evolution: ‘Diabetes and asthma are on the increase everywhere,’ she said. ‘Even in the low and middle-income countries obesity is rising, particularly in urban areas, and in childhood.’ As for tobacco, it is the most significant cause of avoidable mortality everywhere, being responsible for the deaths of between one third to one half of all consumers. In 2004, it was the cause of 5.4 million deaths. It is anticipated that over 80% of the 8.3 million deaths forecast for developing countries in the year 2030 will be caused by tobacco use.

Strategies to reduce the harmful use of alcohol

The 61st World Health Assembly adopted a resolution on 24 May 2008 requesting the Organization to present at the Assembly in 2010 the draft of a global strategy to reduce harmful use of alcohol.

Harmful use of alcohol is one of the main factors contributing to premature deaths and avoidable disease burden worldwide and is having a major impact on public health: in 2002 the harmful use of alcohol was estimated to cause about 2.3 million premature deaths worldwide (3.7% of global mortality) and to be responsible for 4.4% of the global burden of disease, even when the protective effects of low and moderate alcohol consumption have been taken into consideration: The consumption of alcohol carries a risk of adverse health and social consequences related to its intoxicating, toxic and dependence-producing properties. In addition to the chronic diseases that may develop in those who drink large amounts of alcohol over a number of years, alcohol use is also associated with an increased risk of acute health conditions, such as injuries, including from traffic accidents. Awareness is also growing of the impact of the harmful use of alcohol on the burden of infectious diseases.

Among the strategies given in a WHO document (A61/13, 20 March 2008), we find such items as regulating production and distribution of alcoholic beverages, in order to protect young people and other vulnerable groups, control over advertising, pricing policies.

These recall policies and debates surrounding WHO’s earlier fight against tobacco. Is WHO ready for another world battle involving governments, alcohol producers and distributors?

YB
How is climate change going to affect our health?

Climate scientists and doctors have begun to talk to each other about how to limit the damage of climate change. Issues range from mosquito-borne diseases to a heat wave that killed thousands of elderly Europeans, or mixing sewage with drinking water supplies in fetid heat. It would be useful to prepare for these situations. But "Information systems are lacking".

Between 1997 and 2006, climate-related disasters killed an average of 71,000 people a year and the World Health Organization estimates that the effects of climate change since the mid-1970s may have caused over 150,000 deaths in 2000. WHO says the impact is likely to grow in the future.

More frequent and intense heat waves could increase deaths and cases of heat stress and heatstroke, particularly among young, elderly and frail people in urban centers. WHO says evidence - including 70,000 deaths from the 2003 heat waves in Europe - shows this is already happening. Smog, air pollution and higher pollen levels could lead to more asthma and respiratory infections.

Just before World Health Day, which this year is all about the impact of climate change on health, David Heymann, the World Health Organization (WHO) assistant director-general for "health security and environment", described "scenarios" of the impact of climate change which threaten the foundations of public health - safe water and sanitation, our clean air, sufficient food.

In the five years since WHO brought out a major Report on climate change and human health, scientists and health experts have become more confident about the risks and how to tackle them. But the message hasn't spread as far as WHO would like. "It's not understood by the general public, and by many of the people who are making the laws, the regulations and the policies in countries," Heymann said.

WHO believes there is enough evidence for governments, health professionals and individuals to take action to protect human health from the effects of global warming. "We can do a lot today to strengthen our health systems - whether it is in vector control, in dealing with health emergencies or disasters, in things that will help to adapt our systems so they can better deal with diarrheal diseases, with malaria, with other things that will increase with climate change". Climate scientists and the medical world need to cooperate more closely - not least so that climate researchers can better understand what health professionals need. "Health workers would like definite predictions, which is not possible. But we can give them information that helps them make choices, and give it to them in a timely fashion."

Recently, the International Research Institute for Climate and Society (IRI) brought together scientists, health officials, donors and aid workers for a brainstorming session on how to use climate knowledge in public health in order to devise a global research agenda to get better estimates of health vulnerability and to identify ways of protecting health from climate change. "We need to make sure that health is very much at the centre of the climate change agenda, which has not been the case in the past".

On the positive side, global warming could bring limited local benefits, such as fewer winter deaths in temperate climates and increased food production in high-altitude regions.

J-J Guilbert
Demography: all centenarians in the future?

“At 70 you are just a child, at 80 you are barely an adolescent, and at 90, if the ancestors invite you to join them in paradise ask them to wait till 100 years when you will reconsider the question” (inscription carved on a rock on a beach in Okinawa) (see also below).

According to the annual report of INED (the National Demographic Institute of France) there are more than 20 000 persons aged 100 years old in France, and it is estimated that the number will exceed 60 000 in 2050. In 1900 there were only 100; by 1990 there were 3,760 centenarians.

Life expectancy continues to increase by leaps and bounds: four extra months in the year 2007 gave an average of 81 years in France. French women, who have a higher life expectancy than the men – 84.5 years as compared to 77.6 – lead the Europeans, just behind the world champions: the Japanese.

The development of support services, combined with medical progress, has opened up unprecedented prospects for longevity. France now has some ten “super centenarians” over 110 years old, women well ahead of the men – past 100 years there is only one man for 4 women.

WHO introduced a few years ago, a method of calculating the number of years in good health integrating years lost to diseases- the DALY indicator (Disability Adjusted Expectancy). In other words it took account of diseases and their severity which were subtracted from total life expectancy. This method demonstrated that the Japanese had the longest life expectancy in good health (74.5 years) as compared to 26 years for the inhabitants of Sierra Leone.

They are followed closely by the Australians and the French – top of the European Union ahead of the Swedes and Spanish. A low fat diet, a low percentage of smokers and of coronary disease sufferers are the main advantages of the Japanese. Australia has seen the number of smokers fall significantly, thus reducing the incidence of lung cancer and cardiac problems. France is in the top three thanks to its female population who push up the national average. But these good statistics could decline, in particular, because of the growing number of female smokers.

The American surprise

In the year 2000, the Disability Adjusted Life Expectancy classification of countries presented to the World Health Assembly by Christopher Murray, then Director of Evidence Based Health Policy at WHO, provoked a major surprise when the USA emerged as 24th in the ranking of countries. “An American dies at a younger age, and spends more time in poor health than any other individual in the industrialized countries” said Chris Murray.

Several factors explained this poor result:
- certain ethnic or social groups - Amerindians, rural black populations, poor urban populations - have a health status more akin to that of developing than industrialized countries;
- the incidence of cancers due to tobacco use
- the incidence of coronary diseases
- violence and homicide figures significantly higher than in other industrialized countries
- greater impact of the AIDS epidemic than in other industrialized countries.

Life expectancy in the USA3 has progressed by 2006 to 78 years (standard method). However, the USA still lags behind many industrialized countries.

AIDS in Africa

AIDS is the leading cause of mortality amongst comminicable diseases in Africa overtaking malaria, tuberculosis, pneumonia or cholera.

Healthy life expectancy in certain subsaharan countries fell to levels unknown in industrialized countries since the Middle Ages. It was partly for this reason that WHO decided to use the DALY indicator for the first time, in order to obtain a more faithful picture of the health situation of these countries.

Life expectancy in many of these countries fell over the last ten years: for newborn girls it fell from 51.1 years to 46.3 years, and for boys from 47.3 years to 44.8 years.

Overall, the impact of AIDS led to a decrease of 15 to 20 years

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in the life expectancy of the inhabitants of several African countries according to WHO. Today 33.6 million people are infected, of whom 23.3 million are in subsaharan Africa. This figure increases daily by 16 000 new cases.

Tobacco and Cancer

A Canadian study (performed a few years ago), of 3 000 women concluded that passive smoking more than doubled the risk of cancer of the breast for pre-menopausal women. According to this study published in the scientific review Cancer Causes and Control*, this risk increases by 30% for post menopausal women.

The secret of centenarians

Back to our centenarians: What is the “secret” of their longevity?

In France, according to France Meslé, Director of Research at INED, this improvement, paradoxically, has been in part a consequence of the heatwave of 2003 (15 000 deaths in France), because surveillance has improved.

In Japan, it is on the island of Okinawa that the secret can be found: this little island has, in fact, the world record for longevity with proportionally 3 times more centenarians than France. Overweight, cancers, osteoporosis, brain haemorrhages and cardiac diseases are much less frequent on this island of 1.27 million inhabitants, situated in the archipelago of the Ryukyu between Japan and Taiwan.

This fact has, of course, attracted the attention of scientists who have studied the situation closely, via the extensive study of the centenarians of Okinawa (Okinawa Centenarian Study) initiated in 1976 and financed by the Ministry of Health of Japan, which examined hundreds of inhabitants of Okinawa aged 70, 80, 90 and 100.

Conclusion: such good health and longevity do not result from a specific genetic heritage, but from a healthy lifestyle and above all a healthy diet.

The “Okinawa diet”

1. Eat less than you feel you need (“hara hachi bu”).
2. Eat low calorie foodstuffs, rich in vitamins and minerals (low calorie items: 75-150 calories per 100 grams) (or very low calorie items — less than 75 per 100g) that is:
7 portions of fruit and vegetables per day (for few calories they provide much in terms of vitamins, minerals, antioxidants, fibres, water, and, also, a sensation of satiety);
all vegetables, with a special mention of cucumber;
all fruit — with the exception of dried fruits (raisins, apricots, figs, dates) or nuts (hazelnuts, walnuts, pistache, peanuts, pine nuts);
7 portions of wholemeal cereals and/or dried vegetables a day plus 2 soja based dishes; rich in slow sugars, vitamins, fibres and proteins, whole-meal cereals are highly nutritious as opposed to their refined version (white pasta, white rice, white bread, etc.); for cereals and starches: rice, pasta, maize, sweet potatoes, potatoes (steamed or boiled);
- products of animal origin: preferably raw, lean, fish (the famous sashimi) poached or grilled, or shell fish, 3 times/week, poultry (without the skin), eggs, horse meat, mincemeat with 5% fat;
- cheese and desserts: fruit salad, stewed fruit, natural yoghurt, very fresh cheese.
- Lots of herbs, spices and seaweed: apart from their flavour, herbs contain vitamins and minerals. Spices have antibacterial powers and prevent the oxidation of bad cholesterol. Seaweed is full of minerals, fibres, vitamins and antioxidants and is a natural anti-cholesterol.

The inhabitants of Okinawa eat on average 18 times less meat and 3 times less milk products than westerners. They favour vegetal proteins, free of fat and containing specific vegetal substances beneficial for health — tanins, polyphenols, phytosterols.

- Very little alcohol.
- Very little sugar or salt. The tradition of dessert barely exists in Okinawa. The islanders consume nearly 3 times less sugar than westerners. Spices, herbs and seaweed are used to season dishes and thereby avoid salt.
- Lots of water and tea.

Ready to be a centenarian?

D. Cohen

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WHO 60th anniversary: offer peaches and noodles?

Traditionally, Chinese people do not pay a lot of attention to birthdays until they are 60 years old. The 60th birthday is regarded as a very important point of life and therefore there is often a big celebration. After that, a birthday celebration is held every ten years, that is the 70th, the 80th, etc, until the person's death. Generally, the older the person is, the greater the celebration occasion is.

The Chinese traditional way to count the age is different from the Western way. In China, people take the first day of the Chinese New Year in lunar calendar as the starting point of a new age. No matter in which month a child is born, he is one year old, and one more year is added to his age as soon as he enters the New Year. So what may puzzle a Westerner is that a child is two years old when he is actually two days or two hours old. This is possible when the child is born on the last day or hour of the past year.

In Chinese culture, 60 years makes a cycle of a life and 61 is regarded as the beginning of a new life cycle. When one is 60 years old, he is expected to have a big family filled with children and grandchildren. It is an age to be proud of. That's why elderly people start to celebrate their birthdays at 60.

Regardless of the scale of the celebration, peaches and noodles, which are both signs of long life, are required. But interestingly the peaches are not real. They are actually steamed wheaten food with sweet stuff inside. They are called peaches just because they are made in the shape of peaches. When the noodles are cooked, they should not be cut short, for the shortened noodles can have a bad implication. Everyone at the celebration eats the two foods to extend their best wishes to the long-life star.

The typical birthday presents are usually two or four of eggs, long noodles, artificial peaches, tonics, wine and money in red paper.

New members

We have pleasure in welcoming the following new members into the large AFSM family and we congratulate them on their decision.

Life members:
Evelyne APTEL; Philippe Baeriswyl; Viktor BOUYJENKOV; Jean (Mrs) CARUSO; Christiane GABERELL-JEANMONOD; Doris GASSER; François GENOUDE; Stephen (Steve) SAPIRIE; Eliane VALTON; Ann VAN HULLE-COLBERT;

Annual members:
Gabriel RIFKA; Marina AMIET-FORTIS; David MACFAYDEN; E. HANOVER; Ana OLTRAMARE; Janette FERGUSON DE BARRERA.

In memoriam

Deaths recently notified to us:
Hans G. Bahnemann; Nicolai Fetisov; Jean-Pierre Genet; Charles Goossens
Nikolai Pavlovich Napalkov died in Moscow on 22 March 2008.

He was born in 1932 in Leningrad (now St Petersburg). His grandfather Nikolai Ivanovich Napalkov and his father, Pavel Nikolaevich Napalkov, were both professors of surgery and leading surgeons.

Napalkov’s Ph.D. dissertation dealt with experimental tumours of the thyroid gland.

From 1971 to 1974 he was head of WHO’s cancer unit in Geneva and helped prepare an international histological classification. In 1974 he became director of the N.N. Petrov Research Institute of Oncology in Leningrad. In 1989, he was appointed Assistant Director General of WHO. He was responsible for several programmes concerned with the impact of the environment on human health, interventions against chronic non-infectious diseases, occupational health, health in elderly people, and promotion of a healthy lifestyle. He also headed an international programme monitoring health sequelae related to the Chernobyl accident. In 1998, he returned to St Petersburg as director emeritus of the N.N. Petrov Oncology Institute.

His international contacts were many as a result of being a consultant to the International Agency for Research on Cancer (IARC) in Lyons, a member of the foundation council of the Global Forum for Health Research, and preparing WHO’s framework convention on tobacco control. A globetrotter, he died unexpectedly from a ruptured aortic aneurysm during his tour of duty to the N.N. Blokhin Russian Oncology Research Centre.

He is survived by his wife, Lilia Anatolevna Sharai, a histologist; twin sons, Anatoly, an associate professor of surgery, and Pavel, an epidemiologist; and three grandchildren. Alexandre Goubarev

Prof Napalkov was a life member of our association.

Eileen Thompson was born into a medical family in Montreal in 1943.

After secretarial college and initial university studies, she married in 1963 and worked for two years as a legal secretary. She completed her B.A. and M.A. in the history of art at New York State University, gaining teaching and research experience and writing a regular column of art criticism.

Moving to London, she spent a year dealing with North American affairs for the publisher Jonathan Cape.

In 1971 Eileen was appointed an art history fellow at Columbia University in New York. In 1974-1975 her doctoral studies took her to Italy, where she combined field research with TV and radio work, translations, editing, cooking and sailing. Her thesis, on the Lucanian tomb paintings at Paestum, won her a Columbia University Ph. D. with distinction. Eileen joined United Nations headquarters in 1976, working as a verbatim reporter in the General Assembly and Security Council. She became Senior Conference Affairs Officer and served as Secretary of the UN Publications Board. She transferred to WHO/HBI (later PLL) in Geneva as Eileen Corrigan in 1989. Meanwhile, she published translations of Serge Gruzinski’s prize-winning “Man-Gods in the Mexican Highlands” (Stanford University Press, 1989) and his “The Conquest of Mexico” (Polity Press, 1993). In 1998 Eileen was posted to EGB as External Relations Officer.

She remarried in 1999. After being diagnosed with lung cancer, she took early retirement in mid-2002, moving first to the south of France and then, in 2004, to Finistère to be close to the sea. She spent her busy last years caring for her extended family of people, dogs and cats and preparing the English version of a Breton animal refuge’s website. She died in hospital in Quimper on 26 October 2007.

David Thompson (her husband),
Former staff member of UN and WHO
On the lighter side

THE PEACH PERSPECTIVE: From the mailbag

Hello, I received some interesting fan mail as a result of my debut column in the last QNT. An older gentleman cat sent me a thrilling message offering to be my “bodyguard”! He is French and his name is Gatto de Villars.

The news from Geneva, my hometown is that the EURO is coming here in June. Everyone has football fever—there is even a huge soccer ball suspended over the jet d’eau! (see page 13).

The QNT’s Tyrannical Chief Editor, seconded by the Ruthless Editorial Committee gave me only two pages so I apologize for having to make cuts in these letters to fit. I hope to receive more cats' (and even dogs') words of wisdom for the next issue. Remember, stay relaxed and don’t let your owner forget who is the boss.

Dear Peach,

My name is Pace, and I was very pleased to read your new column. First I should explain how my mistress chose my name. I was born in April 2003, in a small village in Tuscany. At that time, all the humans in Italy (and many other countries) were demonstrating against the war in Iraq that had just started, and there were banners everywhere proclaiming ‘PACE’. My mistress chose my name as a sign of hope in the future. Alas, I don't think most humans have got the message. Hopefully I will live long enough to see the end of that tragic affair.

When my mistress quite unexpectedly met a new male human in 2004, I thought the best bet would be to exercise my charm on him to get adopted together with her. This ploy worked to perfection, and I now have a besotted master as well. Naturally having to supervise two humans is a lot of work, but it also means I get twice as much attention. I moved to Luxembourg with my mistress when she got married. Unfortunately I am not allowed to travel with my humans when they go on cruises (their latest craze). I have to go to a cat hotel in nearby Germany (we live 10 km from the famous Schengen, in a triangle between France, Germany and Luxembourg). This means that in addition to understanding Italian, English, French and Luxembourgish, I have to cope with yet another new language. Luckily I am an international cat.

I am sending you a photo showing that I also contribute to the work of WHO by helping my mistress when she does freelance editing. I look forward to reading more news from the furry companions of former WHO staff.

Pace (alias Mary Roll)

Bonjour Sweety,

What a good idea to write to us! It is true that we cats and dogs have a lot to say, especially when it comes to humans and their foolishness. First let me introduce myself. My name is Rostam. I was born in the Haute Savoie. My parents were Americans. I am a Maine Coon cat. They say that my ancestors lived in the forests of the state of Maine in the USA. My owners think that I might grow up to be as big and brawny as my father, James Bond, who weighed 14 kilos. That is why I was named Rostam after a hero from the Persian times. I live in Nyon, near the lake. In the evenings, after my tour of inspection of the...
neighbourhood, I go up on the rooftop where I have a superb view of the lake.
Every Thursday night, all the cats from the neighbourhood assemble on the rooftop. My best friend is Charlie, a grey tiger striped cat. He was telling us that his mistress said that she was no longer going to buy fish from the lake. The newspapers were reporting that lake fish, especially the *omble chevalier* contains too many dioxins. Another of my friends, Einstein, informed us that the fishcrisis continues, we should be deprived of an important source of fatty acid, Omega3. His master, a former WHO staff member, said that fatty acids, especially those found in seafood, are very important for health and for the prevention of cardiovascular disease. So it seems that Charlie’s mistress has got it in her head that fish are dangerous. Humans are so stubborn that nothing will bring them to their senses. In fact it is even worse, because these dioxins come from their own rubbish. It is funny that the humans who complain about dioxins in milk and fish and I don’t know how many other foods, are the same ones who smoke until they croak, contaminate the air with their big cars or ruin the environment with their litter and waste. They are very strange animals, these humans. We Cat People must stand up and campaign for a better, more effective protection of the environment—it is for our own salvation! Ever yours,

Rostam (alias Yasmins Motarjemi)

Dear Peach
My name is Tarzan. I am all black except for my whiskers. I’m told my mother was Siamese, very beautiful and had a lot of suitors. I have my own door onto the terrace, which is very convenient as it is transparent so I can be sure there is nothing dangerous about before I venture out.
I don’t mind dogs when they know their place. We have one—she is large, a pale colour and smells a bit funny. At least the dog takes my mistress out from time to time. When I was younger I enjoyed catching mice and birds, but now I prefer to have my food provided for me, though sometimes it is difficult to explain which food I want—that I have changed my mind and do not want fish even though I have wanted nothing else for several weeks.
First thing in the morning my mistress takes her morning mug of tea to the big armchair, and I climb onto her lap. When she is finished I have the armchair to myself. Sometimes I stay there all morning. Other times I complain about the food, the state of the chairs and bed and everything else. She does her best, but you know, Peach, these mistresses need constant supervision to keep them up to scratch—who said a cat’s life was easy?
Best wishes,

Tarzan (alias Joan Haworth)

**A joke**

A Mother passing by her son’s bedroom was astonished to see that his bed was nicely made and everything was picked up. Then she saw an envelope, propped up prominently on the pillow that was addressed to ‘Mom’.
With the worst premonition she opened the envelope with trembling hands and read the letter.

Dear Mom,

It is with great regret and sorrow that I’m writing you. I had to elope with my new girlfriend because I wanted to avoid a scene with Dad and you. I have been finding real passion with Stacy and she is so nice. But I knew you would not approve of her because of all her piercing, tattoos, tight Motorcycle clothes and the fact only the passion... Mom, she’s pregnant.

Stacy said that we will be very happy. She owns a trailer in the woods and has a stack of wood for the whole winter. We share a dream of having many more children. Stacy has opened my eyes to the fact that marijuana doesn’t really hurt anyone. We’ll be growing it for ourselves and trading it with the other people that live nearby for cocaine.
On the lighter side (cont’d)

and ecstasy. In the meantime we will pray that science will find a cure for AIDS so Stacy can get better. She deserves it. Don't worry Mom.

Love,
Your son Jon

P.S. Mom, none of the above is true. I'm over at Tommy's house. I just wanted to remind you that there are worse things in life than the report card that's in my center desk drawer.

I love you.

Call me when it's safe to come home.

Miscellaneous

☞ A Reminder

You are invited to attend the Global Health Histories lunchtime seminars series

Place: WHO Library Meeting Room
Time: 12:30pm

Speaker: Prof. Daniel Pick, Birkbeck College, London, UK

17 July 2008: Towards a history of psychotherapy
Speaker: Dr. Sonu Shamdasani, The Wellcome Trust Centre for the History of Medicine at UCL, UK

18 September 2008: Professionalism and prestige: a British perspective on international nursing organization in the 20th century
Speaker: Prof. Anne Crowther, Glasgow University, UK

2 October 2008: The fruits of a new internationalism: South Asian governments, the WHO and global smallpox eradication
Speaker: Dr. Sanjoy Bhattacharya, The Wellcome Trust Centre for the History of Medicine at UCL, UK

20 November 2008: The rise of the global health consultant: The life and times of Brian Abel-Smith (1926-1996)
Speaker: Dr. Sally Sheard, Liverpool University, UK

Speaker: Dr. Lynette Schumaker, Manchester University, UK, and Dr. Virginia Bond, London School of Hygiene and Tropical Medicine and the ZAMBART Project, University of Zambia

For additional information, please see the web site at: http://www.who.int/global_health_histories

Don't forget to send your application for the Committee by 31 July!
Danielle Mitterrand\textsuperscript{1} at WHO

"Science without a conscience ruins the soul and there are many who have lost theirs in this story. I am here for a cause that is never lost because it is just".

What noble cause pushed Danielle Mitterrand, aged 83, to come to Geneva and protest outside WHO?

"For ten years we have been requesting the truth about Chernobyl", explained the ex first lady of France. "But obviously WHO has certain interests which cannot be named. The target of the anger of the demonstrators who have been posted outside WHO for more than a year \textsuperscript{2}, is the Agreement passed in 1959 between WHO and the International Atomic Energy Agency which "distorted the transparency regarding the Chernobyl disaster".

\textsuperscript{1} Widow of the former President of France, President of the Foundation France Libertés
\textsuperscript{2} See article in QNT 69, on WHO's position.

We received the following concerning our colleague and friend Dr Joachim Kreysler, to whom we send our sincere congratulations.

\textbf{The International Federation’s 2007 Public Health Award is awarded to Dr. Joachim Kreysler, an outstanding visionary at the International Federation of Red Cross and Red Crescent Societies, who in 1996, along with Dr. Hakan Sandbladh, noted the enduring high measles morbidity & mortality in African children while PAHO achieved measles elimination in the Americas. Together Drs. Sandbladh and Kreysler noted the lack of advocacy for measles control in Africa and thus suggested that the American Red Cross join with the Centers for Disease Control and Prevention (CDC) in Atlanta to form a consortium to address Africa’s measles disaster.}

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The Geneva famous “jet d’eau” topped by a soccer ball on the occasion of Euro 2008
Sport and leisure

We are pleased to publish the following article from Mr Paul and Mrs Jean SAMSON (AFSM member), concerning the CERN Croquet Club, which any interested readers are invited to join.

CERN CROQUET CLUB: Anyone for croquet?

Come and join a friendly group of croquet enthusiasts this summer! Listen to the ‘clunk’ of your mallet hitting a ball through a hoop; hear the cuckoos calling in the woods bordering our lawns; enjoy a refreshing glass of wine after the game... and a social BBQ to follow. Sound like fun? The club is open to all, old and young – and new members pay only 50% of the annual subscription in their first year!

Lessons
Croquet lessons are offered from early May. We teach golf croquet, an easier version of croquet. Players use a mallet to hit their balls through hoops, and the first to score 7 hoops wins. Games rarely take more than 30 minutes. Through our handicapping system, beginners are entitled to extra turns, so can play against experienced players with a chance of winning. Monday is Social Night, with an enjoyable BBQ after play.

Facilities
We have two good lawns at the Cern Prévessin site and equipment is provided (all you need are flat-soled shoes). The clubhouse has a bar, barbecue, microwave and grill. NB: We also offer lawn bowls.

Tournaments
We organise internal tournaments and Swiss championships for both Golf and Association Croquet, and play representative international matches v England, Scotland, Wales, Italy, Germany and Austria.

Our champions also play in the European and World championships.

For more information, please contact:
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And check our website

History
Games in which a ball had to be knocked around a course of hoops or obstacles with a mallet were popular in seventeenth and eighteenth century France. One of them, "Paille Maille", was introduced to London, where it was played in open ground near St. James's Palace - later becoming known as Pall Mall.

Croquet became the sports craze of Victorian England with National Championships held at Wimbledon before the lawns there were transformed into the tennis courts of today.

Despite its genteel history, croquet is by no means simply the sporting diversion at vicarage garden parties which it is often portrayed as being. Clubs exist in every part of Britain and in many countries overseas. Both national teams and individuals compete at a variety of matches and tournaments every year. Nowadays, it is more popular than it has ever been since its introduction last century and it continues to be a fast-growing sport.

Croquet was played at CERN from 1964 on the grass in front of the main building but the gardeners refused to lower their mower blades in order to provide the mad English with a smooth lawn. The CERN Croquet Club was formed in 1982 with eight members. In 1994 it moved to two good lawns on the CERN Prévessin site, renovated a hut which was due for demolition and watered the grass by hosepipe, expanding and improving the facilities little by little with voluntary labour to achieve the present facilities.