Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people

The Servette senior “walking football” club in Geneva
(see page 14)
100th Birthday of Ronnie Peters

Ronnie Peters with left to right Rosemary Bell, Howard Engers, Sue Block Tyrrell; the flowers are from AFSM

Reading the letter from the Director-General of WHO

Surrounded by other former WHO staff: from left to right – back row – Sue Block Tyrrell and Jackie Sims; front row – Joan Gunby and Rosemary Bell
EDITORIAL

Here we are at number 99 of our Quarterly News: our 100th edition will be published in July and will be a special issue including memories of the early days of the magazine.

The QNT appeared for the first time in 1990, under an excellent Chief Editor Peter Ozorio until and including issue no. 50 – regrettably Peter has since passed away. I took over from Peter from edition no. 51 in 2003.

Since that time, we have tried to maintain the quality and the independence of our magazine.

We will give you more information on all that in issue no. 100.

Our General Assembly will be held this year, on 8 October, the same day as our annual reception which, since last year, has been moved to avoid the bad December weather. We will send you further information in due course.

We welcome the return of Rosemary Villars who has recently been co-opted to the Executive Committee.

We would like to repeat our call for volunteers to join the Committee which needs some more “younger blood”. Finally, we would like to remind new members who may be interested in learning about the beginnings of our Association, as well as those who feel nostalgic, that the entire series of the QNT magazine since the first issue can be found on our website.

Warmest wishes to you all.

DC

Important contacts
AFSM: see on page 1
Health Insurance (SHI): +41(0)22 791 18 18; in case of absence, please leave a message: someone will call back,
Or email to: shihq@who.int
Pensions: +41(0)22 928 88 00;
Email: unjspf.gva@unjsf.org for Geneva
Or+1 212 963 6931 and
unjspf@un.org for New York
AFSM office covered on Tuesday and Wednesday from 9:30 to 12:00
Otherwise, please leave a message: someone will call back
Our health

Dizziness in seniors

Elderly people often complain about dizziness, which has a number of causes, some of which are benign and others are more serious. The word dizziness is often used incorrectly. It is therefore necessary to distinguish between "real" vertigo and "false" dizziness.

Lightheadedness is a feeling that you are about to faint or "pass out." Although you may feel dizzy, you do not feel as though you or your surroundings are moving. If lightheadedness gets worse, it can lead to a feeling of almost fainting or a fainting spell (syncope).

Vertiginous dizzy spells are characterized by a sensation of moving in space. The person has the impression of turning around, or that the room is turning around him/her.

To maintain the body’s equilibrium, the brain needs to receive information from four systems:

- **muscles and joints** which contain pressure receptors that inform the brain about the position of the body in space;
- **the eyes** which specify the position of the head;
- **the organs that control equilibrium** which are present in the inner ear (the labyrinth) and provide information on the movement of the body in space;
- **the cerebellum** which integrates all of this information and sends out the orders for maintaining equilibrium.

If there is any discrepancy between these signals, a sensation of dizziness is experienced.

The most common causes:

- disorders of the inner ear, benign paroxysmal positional vertigo (BPPV), Ménière’s disease, infections (viral labyrinthitis or vestibular neuritis, for example);
- visual disturbance (double vision);
- adverse effects of certain medicines (in particular, those used to treat psychiatric disorders), alcohol, drugs;
- motion sickness during transport;
- and rarely, increased intracranial pressure, lesions affecting the nerves in the neck (cervical problems) or of the acoustic nerve (acoustic neuroma), cranial injury, tumors of the cerebellum or of the acoustic nerve, multiple sclerosis, etc.

Feelings of faintness (feeling dizzy and an impression that loss of consciousness is imminent) may be due to:

- a sudden fall in blood pressure (orthostatic hypotension), when a person who is seated or lying down moves to the upright position;
- circulatory problems (hypertension or hypotension) or irregularities of cardiac rhythm;
- hypoglycemia (low level of sugar in the blood);
- crisis of anxiety;
- atmosphere too hot with a sensation of lack of oxygen;
- stroke (CVA);
- neurological disorders

Benign paroxysmal positional vertigo

Benign paroxysmal positional vertigo (BPPV or positional vertigo) is a non-dangerous disorder, commonly observed in seniors. It manifests as frequent dizzy spells which occur when the person moves the head, for example when getting out of bed or turning while in bed. The dizziness starts a few seconds after the movement and lasts for less than a minute.

BPPV may result from an injury or an infection of the canals of the labyrinth (in the inner ear), when the tiny calcium crystals (otoliths), which are normally distributed equally throughout the canals, accumulate within a single canal. During movement, these crystals signal the degree of the movement. When they are concentrated in one canal, the inner ear receives an abnormally strong signal which is in contradiction with the signals received from the eyes and the body. This contradiction triggers dizziness. The treatment of BPPV involves manipulations of the patient’s head (termed liberatory manipulations, Sémont manœuvre or Epley manœuvre). With the patient lying down the doctor carries out different rotations of the head, separated by pauses. The calcium crystals are thus unblocked and once again become dispersed.
Dizziness in seniors (Continued)

uniformly in the inner ear canals.

These manipulations are painless and bring immediate relief. The patient must then remain seated for a period of 24 hours (even for sleeping). It may be necessary to repeat the manipulations in several sessions.

Ménière's disease

Ménière's disease (or Ménière's syndrome) is characterized by recurrent attacks of vertigo accompanied by hissing and ringing in the ears (tinnitus) and decreased hearing. Most often, only one ear is affected. It is a chronic disease. The frequency of attacks is highly variable and unpredictable - ranging from a few per year to several per week. Between attacks, periods of remission may last several months or even years. There is no known cure for Ménière's disease but the symptoms can be effectively relieved in most cases.

The treatment of Ménière's disease involves measures to reduce the pressure of fluids in the inner ear: diuretic medicines, reduction in salt consumption and elimination of foods containing caffeine (tea, chocolate, sodas). Surgical interventions may be undertaken to reduce pressure in the inner ear (lymphatic shunt) or to remove the role of the damaged inner ear in maintaining balance: excision of the labyrinth, section of the vestibular nerve, or injection of a sclerosing agent into the labyrinth. These measures do not affect the maintenance of balance: the intact ear and the brain compensate for the loss of the treated inner ear. During crises, medicines used to relieve dizziness (anti-vertiginous drugs) can be prescribed. In most cases, progressive reduction in auditory acuity continues in the affected ear.

What does the doctor do in cases of dizziness?

If the doctor diagnoses a case of recurrent dizziness, it is necessary to identify the cause with the help of several tests. For example, the patient will be asked to walk in a straight line with the arms parallel to the body, first with the eyes open and then with the eyes closed. He/she may also be asked to extend the arms and the index fingers. To identify nystagmus (involuntary movement of both eyes in a rapid jerking rhythm which alternates in direction), the patient's head is rotated rapidly (or the patient may be asked to shake the head rapidly). Finally, a series of manipulations of the patient's head and trunk may be carried out ((Dix and Hallpike manoeuvre) to test for the presence of BPPV.

Complementary examinations may also be prescribed: an ear, nose and throat examination (ENT), an ophthalmologic examination, MRI, scan, etc.

How are vertiginous conditions treated?

As there are multiple causes of dizziness, the treatment depends on the diagnosis made. Thus the treatment for Ménière's disease differs from the treatments for BPPV or vestibula neuritis.

Medicines termed anti-vertiginous (acetyl leucine, beta-histine, certain antihistamines, H1) are sometimes prescribed to relieve the symptoms while awaiting treatment for the true cause of the dizziness.

Lastly, when the dizziness is associated with travel sickness, travel sickness medicines can be useful.

Dr David Cohen

According to a study in the United States – Tinetti et al – involving 1087 people aged over 72 years had experienced episodes of dizziness during the preceding months – imbalance or instability, a feeling of faintness, impression of movement or rotation, and other sensations. More than half experienced multiple sensations. The episode lasted for about a minute in 44% of cases, rarely more than 2 hours; the frequency was variable, daily for 33%, monthly for 50%.

The circumstances in which the episodes occurred were multiple for the majority (74%). The most frequent precipitating causes were rising from a reclining position, rotation of the head or the body, feelings of anxiety.

Seven clinical characteristics were more common in the group which experienced dizziness compared to a control group: anxiety, symptoms of depression, unstable equilibrium, a history of myocardial infarction, postural hypotension, taking 5 or more medicines, problems of audition. The risk of ‘vertiginous dizziness’ increased with the number of these characteristics.

The authors stressed the multifactorial nature of dizziness: the condition can occur when one function is severely impaired, or when several are affected more or less severely. For this reason they form a geriatric syndrome, as do falls, mental confusion, and urinary incontinence.

Executive Board – 136th session

The Board met from 26 January – 3 February, with a Special Session on Ebola taking place on Sunday 25 January. The latter concluded with the unanimous adoption of a comprehensive resolution that clearly expresses the confidence of Member States in “reaffirming the central and specialized role played by WHO in emergency preparedness and response” http://apps.who.int/gb/ebwha/pdf_files/EBSS3/EBSS3_R1-en.pdf.

Other resolutions were passed on:
- the appointment of Dr Matshidiso Rebecca Moeti as the new Regional Director for Africa for five years from 1 February 2015; appreciation to Dr Luis Gomes Sambo for his ten years of service as Regional Director, AFRO, designated as Regional Director Emeritus by the Regional Committee for Africa
- the re-appointment for five years of Ms Zsuzsanna Jakab as Regional Director for Europe from 1 February 2015
- recommendations to the World Health Assembly to adopt resolutions on:
  - the global technical strategy and targets for malaria from 2016-2030
  - yellow fever risk mapping and recommended vaccination for travellers
  - recommendations of the review committee on second extensions for establishing national public health capacities and on International Health Regulations implementation
  - strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage
  - global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications.

The Board also received and noted reports on other technical and managerial topics, including WHO reform; framework of engagement with non-state actors; the Second International Conference on Nutrition; the WHO Commission on Ending Childhood Obesity; noncommunicable diseases; violence and health; health and the environment – air pollution and outcome of the WHO Conference on Health and Climate; adolescent health; women and health; antimicrobial resistance; poliomyelitis; dengue; global vaccine action plan; research and development; finance and staffing matters; and on the renovation of the headquarters’ buildings in Geneva. The preferred option is the construction of a new 1100-desk, low-energy, low-maintenance building. The Swiss federal authorities have agreed in principle to provide CHF 140 million as a 50-year interest-free loan to cover the construction of the proposed new building and have approved the release of CHF 14 million to support the planning phase. A global architectural competition for the design of the new building has been launched and an international jury has selected 13 out of 251 projects. At its second session in March 2015, the jury will select the winning project for construction and the results of the competition will be presented to the Sixty-eighth World Health Assembly in May 2015. Three WHO buildings will remain: the new building; the to-be-renovated main building; and the UNAIDS building: three existing annexes will be demolished and three other annex buildings will be sold.

Highlights of other news
- In addition to Ebola, WHO is monitoring other disease outbreaks, e.g. Middle East respiratory syndrome coronavirus, measles and avian influenza
- In February, WHO joined global agencies and leaders to launch the "All In" initiative that aims to prioritize and scale up HIV services for adolescents
- Also in February, WHO called for the use of “smart” syringes – those which can be used only once - to avoid the spread of a number of deadly infectious diseases worldwide
- On 7 March WHO, with the Ministry of Health of Guinea, Médecins Sans Frontières, Epicentre and the Norwegian Institute of Public Health, launched a Phase III trial in Guinea to test an Ebola vaccine, developed by the Public Health Agency of Canada. A second vaccine will be tested in a sequential study, as supply becomes available. WHO is now publishing a series, Ebola Diaries, of first-person accounts by WHO staff and others deployed in the field for Ebola response.
- On 17-18 March, the first WHO Ministerial Conference on Global Action Against Dementia took place and an important Call for Action was adopted by the participants
- This year’s World Health Day in April focuses on food safety, with the slogan “From farm to plate, make food safe”.

- The Executive Board documents and other WHO news can be found on the WHO web site – www.who.int

Sue Block Tyrrell
Energy limits to growth

Despite persisting inequalities the average condition of human beings has considerably improved over the last three centuries. This progress has resulted from economic growth that has brought tangible benefits to the poorest populations without penalizing the more favoured groups.

The need to avoid dangerous climate change is encouraging the introduction of green growth, the characteristics of which need to be defined.

These recent centuries of growth were accompanied by a demographic increase that is far from over. In the relatively short term it will be necessary to feed, clothe and house two to three billion additional human beings: is more economic growth the only solution?

For a long time economists have maintained that growth resulted from a harmonious association of capital and work, capital enabling the construction of machinery which produced goods that could be sold, and required workers to operate.

In the last centuries growth resulted from major technological innovations, with increasing recourse to substances extracted from the soil being sometimes mentioned.

Recent analyses complete but disturb the earlier picture. Technological innovations have indeed played a role, but they have above all led to the exploitation of fossil fuels: coal, petrol, gas, uranium. The intrinsic energy potential of Homo sapiens being supplemented by growing supplies of fossil fuels. Thus, a Western European benefits from the discreet help of a hundred invisible slaves.

In upsetting the global economy, the recent financial crisis caused growth in many countries to develop lasting anaemia. A detailed examination of the last 50 years in the most developed countries showed that a drop in the average rate of growth existed prior to the crisis. It also showed that the growth rate was closely related to energy consumption rates worldwide. At the local level, the correlation seemed less strong due to outsourcing of the most energy intensive industries.

Third world residents, informed by internet and television, wish to attain our living standards and demand an increasing share of fossil energy.

The struggle against climate change implies increasing use of renewable energy resources, large consumers of non renewable and essential metals that, due to the alloys they incorporate, are sometimes difficult to recycle.

There too the third world is a large consumer.

With a rapidly growing population, the share of fossil fuels and essential metals per inhabitant can only diminish – the rich countries cannot continue to consume the major part of non renewable resources and their role in global growth can only diminish.

Technological developments will improve energy efficiency, wastage of resources can be considerably reduced, but that can only attenuate the implications of a fairer sharing of non renewable essential resources, and these resources are finite. Imposing the point of view of the rich countries seems to be excluded, our large competitors also possessing intercontinental missiles and nuclear arms.

In the long term a lasting decrease will be inevitable, the choice being between organised decline and chaos.

There is a need to think about living differently.

Essential references
Aghion, P. et al., 2014 Changer de modèles, Odile Jacob, Paris
Berruyer, O., 2013 Les faits sont têtus, les Arènes, Paris

Jacques Hamon
News from our members

Happy Birthdays!

2 x 90 year olds – Yves Beigbeder and Roger Fontana

Two faithfuls on our Executive Committee have recently celebrated their 90th birthdays – Yves in July 2014 and Roger in January 2015. The Committee celebrated with these two remarkable men over a delicious lunch with birthday cake, but omitting the joint 180 candles!! We wish them both many happy and healthy returns, and many more years of service on the Committee.

However, we are not joking when we say that we need some new and younger members on the Committee. Why not come and attend a couple of our meetings and see what you think? According to our Statutes, we can co-opt up to four members.

We thank Rosemary Villars for accepting to be co-opted and hope to hear from three more of you who live in the Geneva area.

Sue Block Tyrrell

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An amazing centenarian – Ronnie Peters (see photos of her birthday on page 2)

Early years: Ronnie came into this world on 30 March 1915 in Finsbury Park, London. Her parents had the foresight to send her to the Skinner’s Companies School for Girls in Stamford Hill, and Ronnie certainly made excellent use of her privileged education there and at the Mayfair Secretarial College. Before the war, Ronnie and her sister Sophie both worked in the head offices of Marks and Spencer, at 55 Baker Street, just down the street from the lodgings of Sherlock Holmes!

WW2 (1940 – 1945)

In 1940, Ronnie volunteered for service in the FANYs (First Aid Nursing Yeomanry – now called the Princess Royal’s Volunteer Corps). During the war, many FANY volunteers conducted espionage work abroad for the Special Operations Executive. The FANY Corps taught Ronnie how to drive and she responded by driving ambulances and lorries in night convoys from Edinburgh to the coast (censored) in preparation for D day. She also drove many good looking officers around in staff cars – just like Sam Stuart in Foyle’s War!

WHO (1947 – 1976)

At the end of the war, after a short stint with UNRRA in Poland, the country of her father’s birth, Ronnie was recruited in March 1947 to go to Geneva and work at the Interim Commission later to become the headquarters of WHO. She soon progressed to serve as Personal Assistant to the first Director-General, Dr Brock Chisholm.

Her desire to see more of the world then took her in 1949 to work as Personal Assistant in the office of the Regional Director for the Eastern Mediterranean, Alexandria, Egypt, which she enjoyed immensely. Unfortunately, the Suez Canal crisis led to the evacuation in November 1956 of all WHO staff to Geneva, via an American warship passing through Cyprus. EMRO staff worked from offices in the Palais des Nations until early February 1957 when most of them returned to Alexandria.

In early 1957 in Geneva, fortunately Dr Mani, the Regional Director for South-East Asia said “I’ll take her” and Ronnie’s next exciting work venture was assured. After two years in New Delhi as Administrative Officer, Information Retrieval, Ronnie moved in 1959 to the Regional Office in Copenhagen as Administrative Officer, Reports and Projects.

However, wanderlust struck again and in 1965 Ronnie moved as Administrative Officer to the
News from our members (continued)

Regional Office for Africa in Brazzaville. She returned to headquarters in 1971 until her retirement end May 1976.

It was in Africa that Ronnie took up photography (mostly black and white), developed in her bathroom “darkroom”. Some of her striking photos of African people and wildlife won her several prizes. She also had time to win a tennis club championship and become an ardent bridge player, a pastime that Ronnie continues to enjoy with several groups of friends here in Suisse Romande!

Ronnie remains most loyal to WHO – whenever she meets someone new it is always the same question – “Oh, do/did you work for WHO?” In addition, her younger brother Professor Wallace Peters, an eminent malariologist, has frequently worked as a consultant for WHO and TDR in the area of malaria research and drug development.

Active retirement (1976 – present)

Upon her retirement, Ronnie continued to travel the world and has been very active in many varied leisure activities, including the “Les Amis du Mardi” group in the Women’s Clubs of Geneva and Nyon; painting on porcelain; water colour painting; and of course her devotion to furry and feathered friends – especially cats, dogs and donkeys! When you ask Ronnie “What is your secret of longevity and excellent health, she will give you two answers – “My father lived to be 102 years old” and “I have a dog”! Mme Peters and her dog are well known in and around her village. And if you ask Lina, her current companion (16.5 years old; born in New Zealand) what is your secret, she just looks at Ronnie and wags her tail!

Howard Engers

The Executive Committee sent its warm congratulations to Ronnie on her 100th birthday and wished her many happy and healthy returns. We delivered a card and flowers to her on her special day -- see the photos on page 2. If readers know of other WHO centenarians, please let us know.

Kabul: This time it felt different

I first submitted an article on my experience teaching in a private institute of higher education in Kabul in the April 2012 issue. I've returned a few times since. I teach what I call the human side of business administration - HR management, organizational behaviour and change management. These are challenging subjects in a country where unemployment is one of the highest in the world, where change is a daily if not hourly event and where lesson plans need to bear in mind culture, religion, socioeconomic conditions and the applicability of “western” management theories.

The above picture was taken on 14 December 2014 around 05:30, when class is supposed to start. A few of my students who live within walking distance from the school and I are gathered around an electric stove, trying to keep warm while waiting for the rest to show up. It’s an opportune time to just sit and talk, discuss class assignments, dreams and hopes in a situation that seems hopeless. It is
ice cold in the classroom. There are a few advantages of wearing a scarf. Keeping your head warm in the freezing winters in Kabul is one of them.

It’s still dark outside and it is hard to find transport at such an early hour. It is especially challenging for the women as they are reluctant to go outside in the dark to flag down a taxi or wait for a minibus to pass by. The students straggle in one by one and by 06:00 I can usually start my class.

This was my sixth time back in Kabul teaching. Whereas in previous years I was demanding, I took a different philosophical approach this time and showed a bit more mercy to these early risers. I myself had to wake up at 04:30 but I lived on the school premises. So, I imagined what time my students had to wake up! Not to mention that after class, many of them went off to their jobs.

The scene in the photograph gives the semblance of normalcy. But this time for me it felt different. There was a resurgence of violence but unlike previous times, it was less political and personal and seemed to be focused more against foreigners. Perhaps it was the imminent full departure of the NATO troops which had started at the beginning of 2014, or the fact that the latest attacks had taken place within walking distance from the school where I teach. Unlike in previous years where in spite of sporadic attacks, I could still sleep, my nights this time were disturbed ones. What affected me most was the teen-aged suicide bomber who was able to get through security at a play given at the Lycée français just two days prior to the above picture being taken. Ironically the play was titled "Heartbeat, silence after the explosion" a play on suicide bombing. I had been at that theatre, a few years earlier. It could have happened to me, a matter of the wrong place at the wrong time. The incident took place two days after the publication of a US Senate report on torture by CIA agents in the wake of September 11. Not a safe feeling as an American in a country whose citizens had been tortured and are still imprisoned.

In an article from the Washington Post of 31 December 2014, the writer described perfectly what I myself had been feeling during my stay; “Despite the superficial urban bustle, the atmosphere in the capital is tense and eerie. In the past several weeks, I have not seen a single Western face on the streets. Not in the brightly lit supermarkets where shelves are stocked with cornflakes, cat litter and blue cheese to accommodate foreign customers’ quirks. Not in the antique shops where international visitors once came to sip green tea and bargain over lapis lazuli earrings, brocaded nomad costumes and prayer rugs stitched with military scenes from the Afghan holy war against Soviet Russia. And not in the capital’s legendary bookstore specializing in English-language works.”

This described my own experience. After much discussion on security, I was allowed to venture outside the safety of the school, accompanied by one of the school officials and a Kalash-carrying guard to an artisanal centre to find some souvenirs. Once a bustling centre, the place now looked run down and deserted. Many shops were closed. The only shop that seemed to be doing business was the one selling handmade leather gun holsters. My companions both bought one.

The question I am often asked is whether I would return. As they say, once you have been to Afghanistan, it has a way of drawing you back. Plus, there is that optimism that things will get better - new national unity government, possible negotiation with the Taliban and the capacity of the Afghans to take over managing the country’s police and national army.

Maria Dweggah
News from our members (continued)

Lunch for Former WHO-EURO Staff on Friday, 6 March 2015

At Charlottehaven, Copenhagen

On Friday, 6 March, a lunch was arranged for former WHO-EURO staff at Charlottehaven in Copenhagen. Thirty-six of us enjoyed a first-class selection from a delicious buffet; there were even dishes for vegetarians. We have had lunch at Charlottehaven on a couple of occasions, and have enjoyed good food, but this time the restaurant outdid themselves. The trouble about buffets is that one tends to eat too much, but one can always worry about that the following day! The staff, from the Chief of Catering to the waiters, are friendly and open to suggestions, such as going round collecting money from guests at their tables in order to avoid a long queue at the counter.

There was a moment of panic when the boss came over to tell me that all electronic payments and money from cash machines was no longer possible as the entire system had gone down! I was informed that people would have to pay cash, or that the bill for a considerable number of people who had not yet paid, would be forwarded to me. After arguing, turning crimson, and flailing the air with my arms, I calmed down sufficiently to explain our dilemma to everyone. Fortunately, the majority had sufficient cash on them, and those who did not, were able to borrow from friends, and so all ended well.

We enjoyed ourselves so much that we agreed to make lunch at Charlottehaven an annual event in March.

An event I have in mind for the summer is a boat trip on one of the lakes, alighting for lunch somewhere along the route - more about that later.

The brochure "To stay in touch and be kept informed, join your Association of Former WHO Staff (AFSM)" was handed to all those who had not yet joined, and they were duly informed of the valuable information available from AFSM. Photographs were taken for AFSM's 'News'.

Jill Conway-Fell, WHO-EURO Retirees' Rep. in Scandinavia

Staff Health Insurance (SHI)

All insured participants received in January 2015 the SHI Newsletter 2014 together with the SHI Rules effective 1 January 2015. These new rules contain modifications which are listed in the recto-verso sheet provided by the SHI Secretariat. They are mostly editorial and include also a re-numbering of some paragraphs. We recommend that you study this new version which contains a Benefits Table detailing the conditions for reimbursement (prior approval etc.). The SHI Administration, elected representatives of retired staff as well as our Executive Committee are at your disposal for any clarification required.
Astronomy

Night sky April–June

What is that bright star? Many people will have been asking this over the past few weeks, and the answer is probably Venus. This is our current evening star, over in the western twilight sky, and it will be with us right into June and beyond.

Through a telescope, during April and May it is quite small and looks rather like a tiny gibbous Moon. On 6 June it is at right-angles to the Sun so it looks like a half Moon. Then after that it becomes more of a crescent, though it will be best seen from the southern hemisphere as it gets rather low in the sky from the northern hemisphere.

The other bright star is Jupiter, which is less bright and in the night sky, high up from the northern hemisphere and low down in the southern. As the months go by it moves more into the western sky until by the end of June it will be very close to Venus – a beautiful sight low in the twilight after sunset that will attract attention the world over.

Let us not forget Saturn, which rises in the south-east in the late evening, getting earlier week by week. Do take a look through a telescope if you can – those famous rings are quite easy to spot.

You can get more sky news from the Society for Popular Astronomy website: http://www.popastro.com/youngstargazers/skyguide/

Article kindly provided by the British Society for Popular Astronomy

In memoriam

Edward Uhde was born in Evansville Indiana USA in 1938. He spent some years in the US Army in Vicenza, Italy, and in the early seventies as a CPA, he joined WHO Brazzaville, Congo, as a Finance Officer.

I first met him in New Delhi when he visited during his transfer from AFRO to WPRO, in the early eighties and was impressed by his determination and will. This was the man I met again in 1982 in Manila, where first as Chartered Public Accountant then as Director of Administration and Finance he led the administrative team in a masterly fashion with an astonishing energy and work power, literally electrifying the local staff, always first in the office where he slept on a camp bed during the revolution and when the town was flooded. He was also the only person I know of who was able to question the UNDP cost of living methodology and was able to obtain a favourable review of the post adjustments.

In 1989, I met him again in Geneva, Switzerland as Director of Budget and Finance who stood solidly behind the Director General during the difficult years of budgetary restrictions.

He married Carmelita in 1988 prior to his promotion in WHO Headquarters, Geneva.

After 30 years of service, he retired in 1998 as Comptroller and Director, Division of Budget and Finance. Settling in Seattle, Washington State in mid-1999, he and his wife continued their tours around the world - mainly around USA, Europe and Manila - where they also reconnected with relatives and friends.

Around 2009, Ed had a stroke which made him lose part of his mobility; The Philippines became his home in 2010 where he received personal medical care and attention to his other illnesses. Ed continued to keep contact with his friends via new technologies thanks to which we could often chat and see one another on Skype. His health deteriorated in the spring and Ed passed away on 23 December.

Edward Uhde was a demanding colleague and leader, fiercely loyal to his hierarchy and collaborators and an example to all. Other colleagues will remember him as a handsome man with a good sense of humour and whose passions included history, baseball, golf and bowling. “I have fought the good fight, I have finished the race, I have kept the faith” (2 Timothy 4)

Michel Fèvre with Carmelita Uhde and the cooperation of J-P Menu and D. O’Byrne

Adriano Imbruglia passed away on 15 March 2015 at age 90. An obituary will be published in QNT no. 100.

Celeste Jacinto passed away on 21 March 2015 at age 56. An obituary will be published in QNT no. 100.

Claude-Henri Vignes passed away on 30 March. An obituary will be published in QNT no. 100.
Our members are talented

Dr Kalula Kalambay, a new AFSM life member, is not content with creating a network Association of Former Staff in Africa (QNT97), but he is also a poet and an artist. He has just published a book of poetry entitled Tendre Afrique (Tender Africa – Translation from the original French: http://www.edilivre.com/tendre-afrique-20db4d38ad.html). Below is one of his poems. In the next QNT, we will put one or two of his paintings.

Tender Africa
She slides gently and unperturbedly towards her unknown destiny
Carrying in the wake of her troubled and sterile conscience
the futile hopes of her robust children
who
by default
by respite
by violation
by challenge
have elected their eternal domicile
in the fine, hot desert sand
or
in the deep blue of the northern sea

Frontier sea
Obstacle sea
Carnivorous sea
Coffin sea with bitter sweet and intoxicating perfume of the Mediterranean
which dispassionately keeps rhythm
with the hysterical tears of brave deprived mothers

Africa of one-way departures
Thy hands callous from hard labour
give up, moaning
under the weight of unusual dreams
of thy lively and idle youth
Africa the orphaned widow
Thy parched muscles cling on feverishly
Against the tide of history’s comings and goings
desperately searching for inspiration
and the magic key to the fleeting victories

of the glorious age of thy blessed children
Africa of crowded camps and banished blood
Thy endless litany of bereavements throws shame
on sacred life and pounds unceasingly
on the jolts of the endless bloodletting
of thy shrivelled veins

Africa bewitched under sweet madness
Thy patched-up pride escapes
from thy suffering gypsy body
carrying thee along unaffectedly into the prestigious club
of debauched lords and masters

Tender Africa
Continent of sanctuary and metaphors
The frayed fibres of thy paradoxical mind
are lazily crushed on this year-end day
on the troubled surface of this mythical river
last rampart of thy life-saving purification

River of redemption and permitted hopes
River of impending debates and future combats
River of awakening and mastered destiny
The pale red glint of the rising sun
which pierces the bank of the tropical forest
this first day of the year 2007
can it cram in enough vitality to
distance from our field of vision

The Africa of successive contradictions
The Africa of optical illusions for development
The counter-productive Africa
The suicidal and genocidal Africa
This Africa which shamelessly besieges our many ghettos
and dormitory towns

Brazzaville, 31 December 2006
Kalula Kalambay

Publication
“La justice française vers l’indépendance, Pressions politiques, contraintes internationales et réformes” (French justice towards independence, Political pressures, international constraints and reforms) – L’Harmattan, 2013
This book, published by Yves Beigbeder, member of our Executive Committee, describes and supports the evolution of French justice towards independence, as backed by international conventions and resolutions of the United Nations and the Council of Europe. The book recalls the complexity of French judiciary institutions and summarizes a few “affaires”, the criticisms by the committees of these conventions and in judgments of the European Court of Human Rights. The book refers to recent French institutional reforms, and proposes new ones.
Announcement: Join the Art and Decoration Circle of the ILO

The Circle, a member of the ILO (International Labour Office) Sports and Leisure Association, has recently revived its activities by adopting a formal status and electing an Executive Committee. This was duly carried out at the General Meeting of 26 May 2014. The Committee decided to publicize widely the revival of the Art Circle. We would like to invite you to join the Art and Decoration Circle. The Constituent General Assembly has proposed broadening the activities of the Art Circle to include decoration, photography and floral arts in addition to painting and artistic creation. All other proposals will be considered by the Committee.

The ILO Art and Decoration Circle is open to active and retired members of international organizations and their families. Anyone interested in joining it should contact the Committee at the address below either by post or e-mail. You will receive an application form by return as well as a payment slip for the annual membership fee of CHF 40.

Postal address: The Art and Decoration Circle, Section of Former Officials, ILO, office 6-77, 4 Route des Morillons, CH-1211 Geneva 22, Tel: + 41 (0)22 799 64 23 (Tuesday morning only); e-mail: anciens@ilo.org

François Kientzler, Chairperson, Art and Decoration Circle of the ILO

New AFSM members

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

New Life Members:
Pierre Kahozi Sangwa, Kalula Kalambay, Caroline Gireud, Peter et Helena Hall
Conversion to life member:
Luis Casimiro Paris
New Annual Members:
Stella Anyangwe, Lester Chitsulo

Do you need or can you provide help?

We are trying to assess whether some of our more elderly or infirm members need help, for example with the completion of health insurance claims, shopping, and/or are any of you lonely and need company? Also, can any of our members provide such help? Obviously, it will be easier for us to arrange such assistance to members who live in the Geneva area, but for other parts of the world, it may still be possible to find a member who lives nearby. Responses will of course be treated in confidence.

We look forward to hearing from you.

The Executive Committee

The “walking football club” in Geneva

The Servette FC Geneva has just created the Senior Club for those over 55. The club provides regular training in “walking football”, thematic lectures, meetings with former and current club players. There are a lot of opportunities for contacts and discoveries at the Servette Senior Club.

Website: www.servettefc.ch
Contact: E-mail: seniorclub@servettefc.ch
Telephone: 022 311 18 90
Switching on the TV on February 19th and watching the new barbarians - about 600 drunk hooligans armed with bottles of beer – invading Rome and seriously damaging a wonderful example of 17th century art: the Barcaccia (boat) fountain by Bernini on the Spanish Steps, Piazza di Spagna - gives an indication of the cultural contempt of these groups. In two days they caused damage of almost 6 million euros, that their country has no intention of paying. This is not the first time that Romans have seen barbarians landing on their territory. But it was a very long time ago and the city was not yet as rich in masterpieces of art as it is now. Incursions on Italian coasts were fairly regular cataclysms in the past. Invaders looted the local products and destroyed villages and cities. Some of these people disappeared; others left important signs of their existence.

Yet it is rare to see such ancient centres with an aspect so organized to allow us to imagine everyday life... Fortunately, this is what happened after the latest excavation works at Ostia Antica, the ancient part of the town called Ostia, the sea of Rome, a village at the mouth (ostium in Latin) of the Tiber. It was a centre that experienced much development thanks to its port with its related activities, the largest in that area, where goods arrived which were destined for the Romans. From the 3rd century BC another major port was built a few miles to the North at the request of the Emperor Claudius causing the decline of the old one. Ostia Antica was left abandoned. On my last trip to Rome, I wanted to see this magical place, where today's Romans go for long walks. In the freezing cold, very rare there, there were surprisingly a lot of people who wanted to see this. In going for a stroll there, they feel closer to their origins, to the “Lares”, the house gods of their families. In the freezing cold, very rare there, there were surprisingly a lot of people. There were families, couples and children playing hide-and-seek among the columns and cypresses, the Roman sacred trees. It brought back childhood memories when I too, with my group of friends, used to play in the ruins of the Domus Aurea, the wonderful house where Nero lived which is soon likely to be restored after being abandoned for centuries. Whereas in Ostia Antica the town is easily visible based on the usual Roman architectural style, where small brick houses like those of the suburbs are built on the sides of the large main street. There were stores and depots, alongside the public and private baths in the houses of the rich. Walking against the cold wind, I saw the big grey paving stones marked by the wheels of the fast horse-driven chariots. In double tracks, such marks can be seen at the side of the road. I thought of the people who, after competitions with these chariots, had to drive them to flee from their enemies. To the right appeared the famous relics of the Roman theatre in Ostia. Other memories came flooding back. On summer evenings classical plays are performed there and the atmosphere is magical. What wonderful shows, where voices of actors reach the audience intermingled with the smell of the sea brought by the evening wind! Here the steps are still in white marble: it is exceptional considering their year of construction: 2nd century BC. The main square was the site of the shops that used images of their products to attract customers. Basic advertising in black and white mosaic (see photo) shows fish, bread and boats. Simple and......unique images!

Laura Ciaffei Preti
Volunteers required to help an NGO in Switzerland

IMPACT is a federation of international non-governmental organizations, the product of a unique partnership between WHO, UNICEF and UNDP set up in 1983, with the charismatic support of Sir John Wilson who himself was blinded as a school-boy. IMPACT has grown into a highly cost-effective NGO focusing on disability prevention. Its goal is simple: that no-one should become or remain needlessly disabled by disease, lack of knowledge or shortage of medical services - and this in the face of a depressing scenario where 15% of the world’s people are disabled, 80% of them are living in developing countries and one third of whom are children.

IMPACT’s priorities are: making surgery accessible to people who need an operation to restore their sight, hearing or mobility, or to repair cleft lips; promoting safer motherhood and child survival; expanding immunization; providing clean water and sanitation; reducing malnutrition.

Today IMPACT has eleven foundations, in Asia and Africa, supported by three financial support partners, including IMPACT Switzerland, an NGO registered in Geneva. IMPACT’s perhaps two best known projects are the Lifeline Express hospital train covering the entire railway network of India and the Jibon Tari floating hospital which supplies health services to the rural poor on the many estuaries and rivers of Bangladesh. These are only two of the many projects helping to reduce disability. In 2013, some 1.7 million people benefited from medical examinations and appropriate treatment by national IMPACT foundations to prevent needless disability – but this is a mere drop in the bucket compared to the enormous needs facing IMPACT.

The following categories of activities will be carried out in 2015 by IMPACT Switzerland, in order of priority:
1. Provide financial and technical support to projects in developing countries which focus on prevention of disability by safer motherhood and child survival, early identification and treatment of illness, provision of surgery of potentially disabling conditions and prevention of malnutrition
2. Build capacity in “International Geneva” as well as in local organizations (schools, universities, churches, NGOs) on issues relating to prevention/mitigation of disability

Need for volunteers

IMPACT Switzerland is run by volunteers including retired UN staff as well as professional people of various backgrounds who have arrived in Geneva because of their spouse working in an international organization. Every year we also have interns from Geneva-based universities. Currently we urgently need a senior person who would be able to dedicate about 10 hours per week to be involved in the following:
1. Fundraising, based on a fundraising strategy, with the private sector and Swiss public sector (Bureau de Solidarité Internationale and Mairies), also bilateral Missions by developing project proposals based on the suggestions from IMPACT Organizations in different countries
2. Facilitating contacts with universities/schools for capacity building of student volunteers
3. Making contacts for linking with WHO and UNICEF in Geneva

In addition we need people to regularly update the website, also those who could do translations into French and if possible, into German and Italian. Every few months we organize some fundraising events and need people with media skills and events management experience. Time commitment for all these tasks can be agreed depending on the person’s availability.

Heli Bathija, helibathija@gmail.com

Dev Ray