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 (WHO, Basic Documents, 47th Edition, 2009)

1st October: International Day of Older persons
(All old youngsters?)
Two paintings from our colleague and friend Kalula Kalambay, poet (see QNT 99) and painter

Innocence, 2015 Oil 14’ X 11’

Nostalgia, Oil 14’ X 11’
EDITORIAL

Our General Assembly and Annual Reception have taken place. For the first time they were scheduled on the same day. We look forward to hearing your views as to whether this new approach should continue.

The elections to the Global Standing and Oversight Committees held no surprises: as was the case for the first elections, all the representatives elected to these Committees are members of AFSM Geneva and Washington which underlines, if ever it were necessary, the legitimacy of our Associations (details on page 6).

The International Day of Older Persons is an opportunity to remind ourselves that to achieve an enjoyable old age requires, in addition to a healthy diet and lifestyle, that we remain mentally and physically active, stay involved in social activities and avoid becoming isolated.

We receive many expressions of appreciation for the Quarterly News, but we lack active input from our membership. We would like to receive more articles and also initiate a dialogue with you through the Readers’ Corner.

Finally, and it is the same old story, we appeal for volunteers to join the Executive Committee, otherwise it risks fading away.

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@unjspf.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
Visual impairment among older populations

WHO defines 4 levels of visual function:

- normal vision;
- moderate visual impairment;
- severe visual impairment;
- blindness.

A person with impaired vision is one that cannot perform or has difficulty in performing one of the following:

- reading and writing (near vision)
- daily activities (mid distance vision)
- communication (near and mid distance)
- perception of space and movement (long distance vision)
- performing activities requiring prolonged visual attention.

The lack of light perception is known as total blindness or total visual impairment. It is the most severe stage of visual impairment.

Risk factors and health issues of visual impairment

314 million persons are visually impaired worldwide, of which 45 million are defined as blind. Older persons are particularly affected. Visual impairments linked to age are growing due to increased life expectancy.

Causes and origins of visual loss

The following excludes visual impairment due to infections or parasites. It deals only with older persons.

1. **Central vision impairment** can be caused by age-related macular degeneration (AMD). A disease of the macula (central point of the retina), it destroys sharp, central vision: (occurrence of a scotoma - black round spot), but peripheral vision typically remains intact. Reading, television, driving are impossible.

   AMD can be divided into two categories: exudative (or "wet") which progresses rapidly but can now be treated, and nonexudative (or "dry") AMD; its advancement is typically slow but irreversible and there is no medical or surgical treatment at this time. (See QNT 63)

2. **Peripheral vision impairment**, such as glaucoma, brings about visual field loss, blurred vision and problems with movement. (see QNT 61)

3. The two types may be associated: **diabetic retinopathy** (In diabetic people, impairment of the retina including macular with central vision and peripheral disorders up to blindness if untreated:

   cataract: lens opacification which normally occurs in the elderly, but may occur much earlier in diabetic patients: treatment involves removal of the lens and its replacement with an implant (see QNT77).

4. A **stroke** could be responsible for local visual impairment with visual field loss.

   Depending on the pathology and the location, visual impairment is expressed differently according to the specific condition of the pathology in question. It is progressive when the cause is chronic. For example, dry AMD, the most common eye disease, causes a disappearance of viewed objects; reading is hampered, as well as all activities of precision.

   In the case of glaucoma, the field of vision is limited (likened to looking through a tube). In all cases, vision impairment brings about a limit to activities, and thus must be addressed early on.

   The onset is progressive (dry AMD, cataract, glaucoma, diabetic retinopathy) or sudden (wet AMD)

   Do not confuse pathologies with difficulties of vision quasi physiological and easily correctable with spectacles such as myopia (nearsightedness); hypermetropy

1. For more details, you can consult Issues reported on either your printed copies if you kept them, or on our website.
Visual impairment among older populations

(farsightedness) or presbyopia (ability to focus on close objects).

In case of recent difficulties with vision, a visit to an ophthalmologist will determine the difference. Prevention relies primarily on early detection of eye troubles.

In case of recent or progressively worsening of visual difficulties, it is imperative to consult an ophthalmologist for a visual and general assessment.

On the other hand, sudden blurred vision, such as the loss of an eye or a loss of partial field vision can be a result of a stroke. Even if this incident was brief, it is important to urgently consult your treating specialist.

What will the doctor do?

He or she will ask you to describe in detail the visual problems. A number of elements will be necessary to evaluate the severity of sight loss: distance visual acuity (Monoyer scale); near visual acuity (Parinaud scale) and the field of vision.

A person is classified as blind if he/she has a distance visual acuity after correction at 1/20 th and if the field of vision is less than 1/10 th for each eye. Visual impairment is defined by a distance visual acuity between 4/20 th and a field vision between 10° and 20° for each eye.

Additional specialized exams will diagnose the cause, depending on the clinical exam, the onset of the incident and the antecedents.

Once the impairment is established, certain adjustments to your lifestyle will need to be made:

Gradual step by step changes such as improving lighting, reinforcing the contrasts to avoid shocks and falls can suffice as a first step. However, in cases of worsening visual loss, recourse to more technical help is necessary: the intervention of an occupational ergotherapist, for example, to rearrange and adapt your home, or a prescription for technical aids:

• braille watches or talking watches, braille alarm clocks, etc.
• folding and collapsible canes and other accessories, regular rigid walking canes,
• Daisy (Digital Accessible Information System) software tools, such as digital talking books, voice scanners, screen readers, text to speech tools, other android applications for mobile phones, etc.
• adaptive equipment for the office, screen magnification systems, screen readers, braille printers, braille terminals
• adapted telephones with extra large buttons, voice phone dialers, telephones with braille keypads, voice generated scales, voice generated lamps
• adapted educational and board games, puzzles
• electronic magnifiers
• speech synthesizers, a variety of software applications and electronic equipment for computers, tablets, mobile phones; voice generated GPS, etc.

In any case, it is advisable to consult an ophthalmologist at least once per year.

Dr David Cohen

Driving and seniors

Vision problems obviously affect driving but they are not the only ones that senior citizens face in this field. From a certain age, in more and more countries, they must pass a periodic medical examination to assess their driving ability.

It is also possible that some insurance companies limit their coverage or simply refuse to insure them.

Finally, car rental agencies may also set restrictions for senior citizens.

We have no precise information in this area and would be pleased to learn from our members of any experiences they have had which they are willing to share with us.

Any information you give us will be published in the Quarterly News only with your permission. Thank you in advance for any contributions.

JPM
Staff Health Insurance

Renewal of prescriptions – An important reminder

As you are probably aware, claims must be submitted within 12 months of the date of the bill for services rendered (SHI rule 350).

This rule may be difficult to apply for prescriptions which are issued for up to 12 months’ duration (repeat or renewal prescriptions). In many countries, the pharmacist will not deliver the full amount all at once. In France, for instance, the pharmacist will usually only provide the quantity for one month. Since the original prescription has to be provided when claiming reimbursement, this may pose a problem if you wish to retain it for further purchases, bearing in mind also that claims must be submitted within 12 months from the date of purchase. We have asked the SHI Secretariat to remind us of the current practice which is as follows:

Renewal prescription must clearly indicate the duration of validity (ex.: renewal prescription for 3, 6, 9, maximum 12 months).

Renewal prescription should be stamped by our services either at the SHI helpdesk (office 2140) OR you can send us the original document in a claim for reimbursement (blue envelope) and put a note under remarks: “renewal prescription to be stamped and returned to me”. We will stamp it and send it back to you after processing of the claim.

A copy of the renewal prescription should be attached to future claims for reimbursement, and the original should be submitted at the end of the treatment. The prescription is only valid for reimbursement purposes for a maximum of one year. Therefore if the treatment lasts more than one year, the procedure should be repeated annually, i.e., a new prescription should be obtained for the next period (for instance 12 months).

JP Menu

Election of the Representatives of retirees in the WHO Staff Health Insurance (SHI).

On 9 February 2015, the SHI Secretariat called for candidates to stand for election to the Global Oversight Committee (GOC) and the Global Standing Committee (GSC) for 4 years starting September 2015. All retirees affiliated to the SHI were asked to vote on 8 May and the deadline for receiving ballots in HQ was 7 July. Candidates were informed of the results on 31 July.

The following persons were elected:
GOC: Ann Van Hulle (Member) and Clas Sandström (Alternate member)
GSC: Marjory Dam and Jean-Paul Menu (Members), Françoise Hery-Persin and Carol Collado (Alternate members)

You will have noticed that the persons elected in 2012 for an initial 2 year period have all been re-elected.

The SHI Secretariat is expected to inform all retirees through their Newsletter to be issued towards the end of the current year. The results have been posted on the SHI extranet (https://extranet.who.int/).

We take this opportunity to remind you that all retirees have the possibility of communicating with their Representatives at the following address: SHI.RETREPS@gmail.com.

You are also welcome to contact the AFSM Executive Committee.

JPM
**Highlights of events over the past few months**

- In June, WHO and partners launched the Global Reference List of 100 Core Health Indicators to improve measurement and accountability for global public health, in order to reduce excessive and duplicative reporting requirements.

- On 1 July, WHO and the World Meteorological Organization launched a new report on “Heatwaves and health”: the report reviews who is at risk from heat, particularly the elderly and the chronically ill, and outlines steps which can be taken towards effective warning systems.

- On 7 July, the WHO Report on the global tobacco epidemic 2015 was launched: the report finds that raising taxes on tobacco products is the most effective tobacco control measure but is the least implemented.

- On 14 July, WHO released its Mental Health Atlas which provides a comprehensive overview of mental health policies, plans and services worldwide.

- Also in July WHO issued new guidelines on HIV testing services: globally, only 51% of people living with HIV know of their status: the guidelines include a recommendation to support testing by trained lay providers and consider the potential of self-testing.

- On World Humanitarian Day on 19 August, WHO launched a campaign focusing on health workers who are the heroes in humanitarian action, sometimes at great risk to their own lives.

- With regard to Ebola:
  - end July WHO announced that the world was on the verge of an effective vaccine, following results from an interim analysis of the Guinea Phase III efficacy trial of VSV-EBOV (Merck, Sharp & Dohme) which have shown the vaccine to be highly effective against Ebola.
  - WHO epidemiologists are working in the field to counter misperceptions in order to get mothers and their children back to health centres and lower childhood mortality rates.
  - at the 68th World Health Assembly in May 2015, Member States set a mandate for a Review Committee of the International Health Regulations (IHR): the first meeting of the Committee took place on 24-25 August to examine the role of the IHR in the Ebola outbreak and response, and to look at links to the Emergency Response Framework and other humanitarian responsibilities of WHO.

- WHO is providing technical and on-site assistance by training health personnel and delivering emergency kits in European countries which are trying to cope with the current influx of refugees and migrants.

- In September, WHO drew attention to its Global Database of Age-friendly Practices, one element of a wider WHO project to support cities in developing environments that enable the healthy and active ageing of their populations. WHO is developing a Global Strategy and Action Plan on Ageing and Health: the first draft is open to consultation until end October 2015 – www.who.int/ageing/consultation/en/

- September-October are the months for the Regional Committee meetings:
  - African Region – 65th session, 31 August-4 September, Ndjamen, Chad
  - Region of the Americas – 67th session, 28 September-2 October, Washington, DC, USA
  - Eastern Mediterranean Region – 62nd session, 5-8 October, Kuwait
  - European Region – 65th session, 14-18 September, Vilnius, Lithuania
  - South-East Asian Region – 68th session, 7-9 September, Dili, Timor-Leste
  - Western Pacific Region – 66th session, 12-16 October, Guam, USA

Sue Block Tyrrell

Further information can be found on the WHO website – www.who.int
Most lived in single room "flea bag" hotels in the Tenderloin district, that were for the most part owned and managed by unscrupulous absent landlords. As an aside, Manhattan police officer, Alexander Williams, is thought to be responsible for the phrase "tenderloin district." As the story goes: In 1876, Williams was assigned to New York City's old 29th precinct, extending from 23rd Street to 42nd Street west of Broadway. The vice-ridden area was notorious for its graft and prostitution. Williams liberally helped himself to illegal cash and boasted that his new assignment allowed him to switch from eating cheap, tough chucksteak to expensive tenderloin cuts. Soon, among police, "tenderloin" meant any vice-filled neighbourhood where easy cash could be picked up

The Tenderloin back in the 70s was well, let's just say, that the Tenderloin, was not, and still is not, a place where you wanted to find yourself getting lost, and especially at night, and even more so if you were a tourist. It was not always like that; there were vestiges of movie houses, first rate restaurants, beautiful architecture. But as the years passed, drugs, prostitution, crime, poverty and homelessness were drawn to and slowly took over the area.

The 70s, at least in San Francisco, was a time when the City took a serious look at its growing population of old and poor citizens. Gerontology was becoming a recognized area of study in major universities. There was a growing awareness and an urgent need to act to remedy the situation. The Government bought up these hotels and offered property developers the opportunity to purchase them at convenient interest rates. In exchange, the developers had to agree to turn them into safe and affordable, government subsidized housing, for low income seniors and people with disabilities for at least 25 years. One such property management company hijacked me from my Services for Seniors job and hired me as a Project Manager to manage The Alexander, a 179-unit, 12 story, hotel located at Eddy and Taylor streets. In those days (as in the present) one did not dare walk down those streets, unless you had some serious business there.

I have many stories, many memories of wonderful people, of some not so wonderful. Thinking back I reflect on how naive, ignorant and plain clueless I was. I found myself with the responsibility of managing a staff of twelve, interviewing potential residents, making sure I complied with all relevant government regulations, ensuring the safety of 179 residents, coordinating service deliveries with local social workers, mental health workers, home care providers, dealing with pervasive alcoholism, contacts with relatives, would be vultures who prey on the most vulnerable, not necessarily the relatives, who for the most part I only saw when there was something to gain, but street people who would latch on to an old and confused person to try to extort money or materials.

The article on vision loss reminded me of Joseph. I would see him walking slowly with his stick in front of him, tentatively touching the tip to the sidewalk. He would sit for hours in the lobby of the hotel, alone. He was the gentlest of men of impeccable courtesy. The cataracts in his eyes had progressed enough to seriously impair his vision. He had an intense fear of the surgery especially back then when persons were afraid of the complications that could result. Through long conversations and gentle persuasions of the possible good outcome, or at least to find out if he had any other eye problems, I finally managed to get him to see an eye specialist, with the proviso that I accompany him to the hospital. He underwent surgery to remove the cataracts. He had to wear dark glasses for a few days which covered the patches over his eyes. A few days later, I saw him walking toward me, still with his walking stick but no longer fearfully extended in front of him. I greeted him, "Hola Señor Borreo, cómo está usted?" Recognizing my voice, he broke out in a smile: "¡Maria, eres tan guapa!"
Our colleagues’ activities

Moving from President, Staff Association to retirees’ representative in Scandinavia

Becoming a Staff Committee member, and then President, EURSA in the middle of the 1990s, had not prepared me for the enormous task in hand. It was learning by doing from the first day, although fortunately there were some experienced former staff representatives who were approachable and happy to share their knowledge with me.

What on earth did all the acronyms stand for, e.g. FICSA, UNJSPF, AAFI-AFICS, FAFICS, CCISUA, FUNSAs (Federation of United Nations Staff Associations), and I could go on. It was with fear and trembling that I attended my first FICSA Council, imagining that all the other delegates would surely be brilliant. There were some clever people, but what struck me more than anything else was that the old hands from the other UN organisations were kind and helpful.

Preparing speeches was one thing, but presenting them at staff General Assemblies was quite another. Asking for the floor at interagency meetings and FICSA Councils, staff-management meetings both in EURO and at WHO-HQ was nerve-wracking initially, but once I had got my nerves in hand, I started to enjoy myself.

Dr Gro Harlem-Brundtland established the Global Staff Management Council (GSMC), in which I participated at WHO-HQ on three occasions; what I had realised earlier really came home to me, as I knew with certainty that I was privileged to be working with some of the Organisation’s best brains. Dr Brundtland asked the Norwegian Ambassador at Geneva to invite President, HQ and myself for lunch. We appreciated being asked for our views with regard to the D-G’s reform process, which was almost a revolution in staff-management relations.

It was an honour being entrusted with the representation of EURO staff; doing my best involved reading and comprehending complex documents; working almost every evening and weekend; briefing others; requesting and checking documents; organising the work of the secretariat with Assistant, EURO Staff Association (EURSA); chairing weekly meetings of the Staff Committee and, in those days, monthly meetings of the Federation of United Nations Staff Associations (FUNSAs) in Copenhagen. Large piles of documents pertaining to agenda items for FICSA Councils, and the GSMC had to be read and annotated so that I was prepared for likely arguments that would be put forward by management, and views members of the Staff Committee wanted me to present.

During my three-year term of office, a legal case concerning taxation of UN pensions brought against The State of Denmark was initiated by another staff member and myself. Our case was partially financed by permission of the Annual General Assembly (AGM) on two or more occasions, but primarily by voluntary contributions from both serving and retired staff, both ‘P’ and ‘G’. Considerable follow-up, lobbying and fund-raising were essential, which was why, even after my name had been removed as one of the plaintiffs due to the fact that the lawyer was double-billing us; I decided to continue after early retirement.

Everyone had to be kept informed of progress, which was why I started writing a newsletter for former EURO staff. Within a short space of time, both serving and retired staff were asking to be added to the mailing list. Word got around, which led to former UN staff of all Agencies in Copenhagen asking to be added to the list, which was why I changed the title of the newsletter to include all UN staff and retirees. Initially, there were approximately 40 EURO names; today, there are over 400 from all UN Agencies in Copenhagen; the Regions, including HQ; other international organisations; and individuals throughout Europe, Australia, New Zealand, and the U.S.

Issues are: local taxation; the Danish early retirement scheme; bank charges; the surviving spouse and procedures to be followed by Danish spouses/partners; fighting for the right of gays to inherit their partners’ UN pensions on an equal footing with heterosexuals (same sex partnerships); the vagaries of the two-track system; AFISM; SHI; AAFI-AFICS, and many other matters.

Roger Eggleston, then President, AAFI-AFICS, later President, FAFICS, together with Alan Blythe, Head of the UNJSPF’s Office at Geneva, asked me to arrange, and participate in, briefings on UN pensions for both serving and retired staff of all Agencies in Copenhagen, which was held in EURO in March 2010. Both staff and retirees found the briefings useful, even enlightening.

After retirement, the late Anders Tholle, former President, AAFI-AFICS, asked me if I would like to represent the organisation, initially in Denmark. That was a new challenge, and one which still means a lot to me, now as the representative in Scandinavia. Cooperating with AAFI-AFICS staff, ensuring that the organisation is made known to all retirees, is something I consider worthwhile.

In conclusion, it is a wonderfully stimulating life working as the representative in Scandinavia for our own Association of Former WHO Staff (AFSM), and as the AAFI-AFICS representative of an informal branch in Scandinavia. Working with so many intelligent, friendly and warm people is a privilege.

Jill Conway-Fell
The 42nd edition of the UN ‘Olympic Games’ took us to Salou, near Tarragona on the Mediterranean coast of Spain, on 29 April -3 May 2015. This year’s Jamboree was distinguished by the fact that the International Telecommunication Union (ITU) had volunteered to organize it in celebration of the 150th Anniversary since its founding as the International Telegraph Union in 1865!

And ITU followed through - addressing most of the difficulties encountered during last year’s disappointing Games at Long Island, New York. The Games were centered around the holiday park of Port Aventura (a sort of Disneyland), which enabled all participants to be gathered within two attractive hotel complexes, while effective shuttles were organized toward the more distant sporting events of football, table tennis and athletics. We were also blessed by the weather, as opposed to the howling gale which battered the 2013 Games at Marina d’Or, 150 kms further south.

The challenge this year was the numbers! Over 1,500 participants and supporters from around the world registered to participate and the organization of many of the sports were immediately under considerable pressure. How does one align 200+ football players into an effective tournament of 8-player teams over 2½ days? Where does one find 16 table tennis tables? How does one juggle 73 mixed gender badminton players into an equitable format?

Having been co-opted by ITU into organizing the Chess tournament, I myself was feeling quite content with the structure and preparations for my compact 30 player event - only to learn at the last moment that 9 of 10 of the Afghan contingent (an attractive and talented feature of the competition for the past few years) had failed to secure visas. So I ended up scrambling as well to create a five-team format of 4 players each from the assembled IAEA, IFAD, FAO, ITU, UNAMID, UNMISS, UNIDO, UNODC, UNOG and WHO players. It is a dominant characteristic of the Games that everyone collaborated in this exercise so as to ensure a friendly and competitive event.

The overall results are almost impossible to describe. The champion football team (men) was announced as “DPKO/IFAD/IL/OCHA/OCHR/UNCTAD/UNJSPF/UNNY/UNOG”. Huh? IAEA features regularly among the top 3 finishers, but the pleasure in participating predominates. WHO – at last – had a meaningful turnout of some 50 players, of which 14 from Geneva, 12 from Lyon, 11 from Nigeria, 5 from Copenhagen and Maputo, etc. The ‘Retiree’ component doubled from last year, when Hema Dassanayake, playing Golf, joined me, while two retiree supporters Mary Kehrli-Smyth and Heli Bathija, cheered us on. Our ‘purest’ all-WHO team consisted of the “WHO Mermaids” from HQ & IARC, who handsomely secured a third-place finish in Swimming (Women). Otherwise, WHO competitors had to link up with other agencies to form teams, thereby contributing to a 1st place finish in Athletics (Men) and 3rd place finishes in Swimming (Men) and Chess. The retirees performed very creditably.

As usual, the festive atmosphere was the key contribution to what has become the main annual social and sporting event of the UN family, with multiple reunions of friends and acquaintances across the extraordinary diversity of agencies and locations.

The welcome party within the ‘Disneyland’ park and the closing Gala event were resplendent of good food, good wine, good music and good company. Enjoyable sightseeing excursions could also be made to Salou and nearby Tarragona.

The 2016 edition of the Games will be organized by Nairobi, Kenya, something we are already looking forward to!

Derrick Deane
**Book reviews**

### Biography of Dr C.P. Ramachandran

“*I am … because of you*” is the title of the biography recently published of Academician Professor Emeritus Dato’ Dr C.P. Ramachandran, known by his friends and colleagues as CP. CP worked at WHO, in the Special Programme for Research and Training in Tropical Diseases (TDR) from 1979 until his “retirement” in mid-1996. Initially, in TDR, CP was responsible officer for research capacity strengthening and research training of scientists from countries in Africa, Asia, Latin America, the Middle East and the Pacific; and later he took on the role of Chief of Filariasis Research, TDR/Chief of Filariasis Control, CTD (Division of Control of Tropical Diseases). In 1997, following a World Health Assembly Resolution, CP and Dr Eric Ottesen initiated the WHO Global Programme for the Elimination of Lymphatic Filariasis, hailed as a “best buy” in global health.

The book describes CP’s life journey from his early childhood interest in lymphatic filariasis, his education in Malaysia, India and England, his research and teaching in Malaysia before joining WHO and his unceasing efforts since his “retirement” to prevent and control the tropical diseases, notably lymphatic filariasis. Photos and anecdotes illustrate CP’s life up to the time of publication in CP’s 78th year.

The book can be obtained through the Academy of Sciences Malaysia http://ecart.akademisains.gov.my/ under the biography section.

*Sue Block Tyrrell*

### A Hospital in Homs

*By Dr Khalid Shibib*

Our colleague and life member, Khalid Shibib, has recently published this novel which is the story of a young Syrian doctor whom the Ministry of Health sent from the capital Damascus to the city of Homs as part of his post-graduate education in late 2010. He witnessed how the city and the country went into full-scale civil war in 2011. The conflict between the regime, dominated by the Ba’ath Party under President Bashar El Assad and a fragmented but widely-supported, increasingly Islamist dominated opposition, has devastated the country and caused the deaths of over 150,000 persons, injuries of several hundred thousand and the displacement of almost half of Syria’s 23 million population during the three years of the conflict (2011-2013).

Homs city is in central Syria, where one million Syrians used to live. It is the epicentre of this conflict and was the first major city to be contested and divided between the conflicting parties. The novel describes how, over three years, the conflict totally changed the city, the hospital and the person himself.

This book is a novel and not a documentary work. Names, characters, businesses, places, events and incidents are either the products of the author’s imagination or used in a fictitious manner. However, the novel imagines what could have happened in the city and other war affected cities in times of conflict.

Published by E-Kutub.com, Google Books & Amazon (English and Arabic)

ISBN: 9781780581545

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:
Marisol Salmon Yori; Jane-Helen Reymond; Thierry Lambrechts;
Aafje Rietveld; Patricia Scarrott

Conversion to life member:
Monique Eid

Annual member
Margaretha Skold

In memoriam

Mehmet Salih passed away peacefully on June 15 this year at his home in the Philippines. He was 81 years old and is survived by his wife Alma and 5 children. He had been in declining health for the past few years and was fortunate to have home care with his devoted family around him.

Mehmet was born in Cyprus and studied in Ireland, qualifying as a Chartered Accountant. He joined WHO as an Internal Auditor in 1969 and for many years was a senior auditor, including a term with AMRO/PAHO. He retired in 1995 at which time he had been acting as Chief, Internal Audit for a number of months. As an auditor, he was known for his diplomatic and persuasive manner of dealing with senior WHO officials (especially Regional Directors!), which often helped diffuse difficult situations.

I had the privilege of knowing him from when I joined WHO in 1982. We, and subsequently our families, became very close when he worked for some 5 years after retirement, directly with me in WPRO and AFRO (Harare) when I was Director of Administration and Finance.

Mehmet will be fondly remembered for being a soft spoken, gentle person with a great sense of humour. He had an amazing memory for figures and could quote back telephone numbers and dates of birth without effort! He was the most generous person I have ever met and never failed to assist a colleague in financial trouble. Anyone who ever went to a restaurant with him will know what a struggle it always was to get the bill, since he always insisted on paying it! He was a sincere and very loyal friend, truly a rare commodity in our changing times. Above all, he was a very devoted husband and father who will be greatly missed.

May he rest in peace!

Bernard Chandra

Dr John WRIGHT, born on 14 May 1934, left us on 14 May 2015 after a full career with more than 52 years of service to mother Africa. After having served in his own country, Niger, he became WHO Representative in Rwanda and in Comoros. The many messages of sympathy from all those who knew him show how much this great man was appreciated and how much he will be missed.

Kalula Kalambay
In memoriam (Cont’d)

Dr Awni Arif

Awni had a very interesting career at WHO, in that he was twice employed by the Organization. He served at both the HQ and regional levels at EMRO. He got his MD from Baghdad University Medical School, and then went on a scholarship to the US for postgraduate training. He obtained a Master’s degree and a Ph.D. in the field of public health and preventive medicine from the School of Public Health, Columbia University. Then he taught at the latter while doing research work on drug abuse in New York. He believed that drug addiction should be treated as a medical problem and not as a criminal offence. He met his wife, Geneva Berryman, in Oklahoma City while visiting public health facilities across the US. They were married in 1959.

While still at Columbia University, he unexpectedly received a formal letter from WHO asking him to apply for a post of medical officer at the new Drug Addiction Unit, at HQ. He applied for the post and was accepted by WHO. He started work in February 1960. After six years, he returned to Iraq, upon the request of the President of the country, to fill the post of Director-General of Health Services at the Ministry of Health.

However, he continued his link with WHO, attending the WHA sessions as head of the Iraqi Delegation, as well as those of EMRO’s Regional Committee. After three years in Iraq, WHO requested Awni to return to HQ to take up his old post, and he did so.

However, he wanted some experience in field work. So he accepted an offer for the post of WR in Libya, which coincided with the coming to power of Gaddafi. At that time, WHO had more than 35 experts working on malaria, tuberculosis and other communicable diseases, sanitary engineering, water supplies, training, establishing a dental school and so on. From Libya he went to Pakistan as a WR, returning from there to HQ, as a Senior Medical Officer in charge of the Drug Dependence Program in 1976. He remained at that post until his retirement in 1985.

Awni was a very fine man and a perfect example of a WHO Senior staff member. He got on very well with his colleagues, respected them and was respected by them. And he was always ready to help a colleague and a friend, be it at the professional or social level. He was an avid amateur golfer. After retirement he joined a lunch group, consisting of former WHO staff members and others, which met once a week for lunch. He was a pillar of the group, full of joy, wit and medical advice, he never ceased to laugh, joke, tease and enjoy life.

He died on 22 January 2015, months short of his 90th birthday. He will certainly be sadly missed by his wife, Geneva, his son Laith, daughter-in-law Cathy, and four grandchildren, and all his many friends, particularly his lunch group. But all those who knew him will remember him forever with affection and admiration.

Dr Sami Shubber

Rafik Shousha passed away on 10 August 2015

Rafik, whose father was the Regional director of EMRO, joined WHO as a trainee in 1963 after having studied politics in Geneva. He became a good friend of Kofi Anna who also was in WHO at that time. After long missions in Brazzaville and Kinshasa, he was reassigned to the EURO as Finance Officer. He moved to Geneva in 1969 and later joined the Office of the Director-General where he became Assistant to Dr Mahler. He was a very popular person and made many friends both within and outside WHO. He maintained his friendship with Dr Mahler and saw him frequently after retirement. He leaves behind a wife and three daughters – the youngest Sonia is now in WHO as a third generation representative of the family.

I got to know Rafik very well when I was assigned to the World Health Assembly and Executive Board. He was always the most welcoming and kind person – one of the real gentlemen in WHO. He protected the DG without providing any barrier between others and the DG. He took his retirement after the departure of Dr Mahler. He is remembered fondly by all who had any dealing with him. He will be sorely missed.

Dev Ray

Evelyn Watts passed away in September 2015.
In memoriam (Cont’d)

Deceased people from AAFI-AFICS’s list

<table>
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<tr>
<th>Name</th>
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<td>ADIAO Oscar</td>
<td>21 12 2014</td>
<td>KATOANGA Salesi Finau</td>
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<td>KNUDSEN A. Bruce</td>
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<td>ANTWI John M.K.</td>
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<td>THY Martha</td>
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Astronomy

Skies for September–December 2015

The evening skies for the last few months of 2015 contain no bright planets at all, so we are left with the constellations to gaze at. Look for the quite large Square of Pegasus, in mid sky looking south (or north, in the southern hemisphere). It is in a fairly barren patch of sky. Follow its western edge southwards about three times as long as its edge to find a comparatively little known lone bright star Fomalhaut. From the northern hemisphere you need a good low horizon to see it at all. It is in the faint constellation of Piscis Austrinus, the Southern Fish. But the better known Pisces, the Fishes, is on the eastern side of the Square. This, too, has few bright stars. It consists of two straggly lines of stars, marking the two fish, but you really need a star map and a good sky to be able to pick it out. However, one feature of the fishy pattern is fairly easy to see – a group of stars known as the Circlet, which is to the south of the southern edge of the Square. This marks the head of one of the fish. Other nearby constellations are Cetus, the Whale, to the south of Pisces; Aquarius, the Water Carrier, to its west; and Capricornus, the Water Goat, farther west still. This time of year is the rainy season in Mesopotamia where the constellations received their names, hence the watery links.

For more details and a star map go to http://www.popastro.com/youngstargazers/skyguide

Article kindly provided by the British Society for Popular Astronomy
On the lighter side

Hi, Seniors (& other non-Facebook users) -
For those of my generation who do not use and cannot comprehend why Facebook exists:

I am trying to make friends outside of Facebook while applying the same principles. Therefore, every day I walk down the street and tell passers-by what I have eaten, how I feel at the moment, what I have done the night before, what I will do later, and with whom.

I give them pictures of my family, my dog, and of me gardening, taking things apart in the garage, watering the lawn, standing in front of landmarks, driving around town, having lunch, and doing what anybody and everybody does every day.

I also listen to their conversations, give them the "thumbs up" and tell them I like them.

And it works just like Facebook. I already have four people following me:
two police officers, a private investigator, and a psychiatrist.

After the thirty-year-old lawyer died, he screamed at Saint Peter, "How can you do this to me? A heart attack at my age! I'm only thirty."

Replied Saint Peter, "Well, when we looked at your total billable hours, we figured you had to be at least ninety-two police officers, a private investigator, and a psychiatrist.

And it works just like Facebook. I already have four people following me:
two police officers, a private investigator, and a psychiatrist.

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From Jess M. Brallier's Lawyers and Other Reptiles

Wonderful English from Around the World

**DOCTOR'S OFFICE, ROME:**
**SPECIALIST IN WOMEN AND OTHER DISEASES**
**DRY CLEANERS, BANGKOK:**
DROP YOUR TROUSERS HERE FOR THE BEST RESULTS.

**IN A NAIROBI RESTAURANT:**
CUSTOMERS WHO FIND OUR WAITRESSES RUDE OUGHT TO SEE THE MANAGER.

**IN A BANGKOK TEMPLE:**
IT IS FORBIDDEN TO ENTER A WOMAN, EVEN A FOREIGNER, IF DRESSED AS A MAN

**ON THE MAIN ROAD TO MOMBASA, LEAVING NAIROBI:**
TAKE NOTICE: WHEN THE SIGN IS UNDER WATER, THIS ROAD IS IMPASSABLE

**ON A POSTER AT KENCOM:**
ARE YOU AN ADULT THAT CANNOT READ? IF SO, WE CAN HELP

**IN A CITY RESTAURANT:**
OPEN SEVEN DAYS A WEEK AND WEEKENDS

**IN A CEMETERY:**
PERSONS ARE PROHIBITED FROM PICKING FLOWERS, FROM ANY BUT THEIR OWN GRAVES.

**TOKYO HOTEL’S RULES AND REGULATIONS:**
GUESTS ARE REQUESTED NOT TO SMOKE OR DO OTHER, DISGUSTING BEHAVIOURS IN BED

**ON THE MENU OF A SWISS RESTAURANT:**
OUR WINES LEAVE YOU NOTHING TO HOPE FOR

**HOTEL, FORMER YUGOSLAVIA:**
The flattening of underwear with pleasure is the job of the chambermaid.

**HOTEL, JAPAN:**
YOU ARE INVITED TO TAKE ADVANTAGE OF THE CHAMBERMAID

**IN THE LOBBY OF A MOSCOW HOTEL, ACROSS FROM A RUSSIAN ORTHODOX MONASTERY:**
YOU ARE WELCOME TO VISIT THE CEMETERY, WHERE FAMOUS RUSSIAN AND SOVIET COMPOSERS, ARTISTS AND WRITERS ARE BURIED DAILY, EXCEPT THURSDAY.

**A SIGN POSTED IN GERMANY’S BLACK FOREST:**
IT IS STRICTLY FORBIDDEN ON OUR BLACK FOREST CAMPING SITE, THAT PEOPLE OF DIFFERENT SEX, FOR INSTANCE MEN AND WOMEN LIVE TOGETHER IN ONE TENT, UNLESS THEY ARE MARRIED WITH EACH OTHER FOR THIS PURPOSE.

**HOTEL, ZURICH:**
BECAUSE OF THE IMPROPRIETY OF ENTERTAINING GUESTS OF THE OPPOSITE SEX IN THE BEDROOM, IT IS SUGGESTED THAT THE LOBBY BE USED FOR THIS PURPOSE,

**ADVERTISEMENT FOR DONKEY RIDES, THAILAND:**
WOULD YOU LIKE TO RIDE ON YOUR OWN ASS?

**AIRLINE TICKET OFFICE, COPENHAGEN:**
WE TAKE YOUR BAGS AND SEND THEM IN ALL DIRECTIONS.

**A LAUNDRY IN ROME:**
LADIES, LEAVE YOUR CLOTHES HERE AND THEN SPEND THE AFTERNOON HAVING A GOOD TIME

**SEEN IN AN ABU DHABI SOUK SHOP WINDOW:**
IF THE FRONT IS CLOSED, PLEASE ENTER THROUGH MY BACKSIDE
On the lighter side

He is showing off because he is wireless.

For healthy ageing, stay active!

Some people are old at 18 and some are young at 90...

Gym session for seniors

Reminder: 2016 trip

Cruise on the Danube: Splendours of the Austro-Hungarian Empire 30 June-7 July
There are still some places available, hurry up!
Price: Main deck: 1’677 CHF; Intermediate deck:1’817 CHF Superior deck: 1’841 CHF
Price includes: full board with drinks, all excursions
The flight from Geneva to Vienna on Easyjet: count around CHF150.

Sign up: □ 1 person; □ 2 persons
Name, first name email Phone:
Address
Date Signature

Please send your enrollment by email, or postal mail; no phone please!