Quarterly News

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Chatting....
On the lighter side: Funny signs

Transmitted by S.Kossovsky
EDITORIAL

AFSM’s very successful and special annual reception with its musical interlude (see QNT 74) concluded the Association’s celebrations of WHO’s sixtieth anniversary.

The editions of the QNT which covered the history of WHO as seen by its players were particularly appreciated. We hope you will continue to send us your souvenirs and anecdotes relevant to your years of service. We will be pleased to publish them.

Mr Rai, the new President of AFSM/SEARO gave us the pleasure of his visit (see page 16), which resulted in fruitful discussions at our Committee meeting. It is our continuing resolve to reinforce ties with the Regional associations.

This year is that of our annual Meeting which will take place on 29 October. Preparations are already under way. Make a note of the date in your diaries.

Important – Will you please verify your e-mail addresses and bring them up to date so that we can communicate more easily with you.

DC

Dear annual members of our Association,

A BIG THANK YOU to all those who have already sent us their dues for 2009.

We remind the others to kindly do so as soon as possible.

You will find the usual form in this Quarterly News. Of course you can at any time convert your annual membership into life membership. A significant portion of the dues already paid will be deducted. Do not hesitate to call on us, in person, by telephone, letter or electronic mail.

We remind you that the Quarterly News is now sent only to life members and paid up annual members; they will also receive the 2009 edition of the Directory of members.

With warm regards

Anne Yamada and Jean-Paul Menu, Treasurers
The whole world is going through a period of crisis. The immediate cause is the financial meltdown but many other factors are contributing to it.

The unbridled greed of the banking sector and blind adherence to unsupervised capitalism have probably contributed to the current state of affairs. What is unnerving is that trillions of dollars are being set aside for the banking sector while little is being done for "little" people or other sectors. This is compounded by the shocking attitude of the executives in claiming huge compensations when they have caused the bankruptcy of the same banks e.g. the previous CEO of the Royal Bank of Scotland who has led the Bank into bankruptcy claims a pension of £ 700,000 per annum for life even though he is only 50.

What is the likely effect of the financial crisis on retirees? The UN retirees have probably suffered from the disappearance of their savings but their pensions provide a silver lining to the cloud since the pensions are protected from the volatility of the market. Other non UN retirees who have put their savings in different equity oriented retirement schemes have had their pensions reduced drastically.

Recently I went on a trip to India, Vietnam and Laos. It was interesting to see the variable nature of the effects of recession on different countries. India is suffering from a diminution of the value of its stock market and the reduction of the wealth of the wealthy but the ordinary people seem to continue their lives fairly normally. Although Mercedes car sales in India have fallen by 50%, the sale of other cars is increasing.

The readership of a newspaper which is published both in English and Hindi were asked about their perception of the recession. While the English audience remarked on their belt tightening, the Hindi audience was not even aware of the existence of a recession. Perhaps some cultural differences also contribute e.g. high rates of savings and the absence of high personal debt. Another factor may also be cited - the existence of a huge parallel non-formal cash economy (due to corruption and avoidance of taxes).

In Vietnam, the tourism industry has been affected but there is no shortage of backpackers from Australia. Perhaps the shift of many outsourced manufacturers from China to Vietnam is delaying the effects of recession. Laos is altogether a different country where people seem quite content with what they have and hence provide a contented and peaceful atmosphere for tourists. Obviously these are simple generalizations.

Let us hope that the world economy will stumble its way through the current crisis although the statements of the economists and politicians in the West do not fill us with much optimism - while some economists believe the injection of 800 billion dollars is too large others claim it is too small. The effects are yet to be seen... Have we overplayed the importance of the science of economics and held economists in undue awe? Should the Nobel prize for economics be withdrawn?

Dev Ray

Clarification regarding the “resignation” of Roger Fontana

In QNT 74, we stated that Roger Fontana, former president, had resigned after being elected to the Executive Committee; in fact Roger was elected to the Committee but anxious to ensure the renewal of the Committee, and since he had been elected «Honorary President», which implied that he would continue to be part of the Committee, he resigned so that the candidate next on the list could be elected.

In addition to the regular “permanence” on Tuesday mornings, Roger mans the office on Wednesday mornings.
Health Insurance

Erratum:

As we indicated in the previous QNT, new rules were adopted at the joint meeting between the Headquarters Surveillance Committee and the Regional Committees in October 2008 (see QNT 74 page 4: “Health Insurance – What's new?”). We wrote that these new rules would take effect from 1 January 2009. However, they will only become effective as from 1 March 2009, after the DG’s’s signature. Our readers, as well as SHI, are asked to forgive this error.

In the same edition, you were also informed that a Working Group composed of representatives of the Headquarters and Regional Surveillance Committees would be meeting during the course of the year to overhaul our insurance system.

We will, of course, be participating. In order to defend retired staff’s interests, a study group has been formed within the Committee to put forward suggestions to the Working Group.

You will be kept informed.

Pensions

UNITED NATIONS JOINT STAFF PENSION FUND

SUMMARY OF QUARTERLY REPORT ON INVESTMENTS

As of 31 December 2008, the market value of the Fund's assets was USD 31,301 million. This represents a decrease of USD4,134 million or 11.7 %, from 30 September 2008 when the Fund's asset value stood at USD 35,435 million.

Through active management, the Fund continues to outperform the policy benchmark with effective stock selection and periodic re-balancing of assets to maintain the Fund's long-term investment objective.

The asset allocation is as follows: 52% equities; 39.3% bonds; 5.4% real estate; 3.3% short term.

As of 31 December 2008, the Fund had investments in 45 countries and 7 international/regional institutions and 27 currencies. The value of investments by region is as follows (in millions of USD): North America USD13,254; Europe USD 9,338; Asia and Pacific USD 6,490; Latin America USD711; Africa USD 328; Middle East USD 46; other USD 1,134.

The Fund had no investments with Bernard Madoff.
Our health

Request a genetic test before taking drugs?

This is what three articles on the web sites of the New England Journal of Medicine (NEJM) and The Lancet suggest. These articles deal with individual reactions to a drug, clopidogrel (Plavix®), used as a blood liquidifier and to prevent myocardial infarction or avoid a relapse.

According to these studies, the reaction of individuals who are carriers of one or more examples of the variant of a gene implicated in the metabolism of clopidogrel (about 30% of the population) is insufficient leading to increased risk of new cardiovascular problems.

According to Professor Philippe-Gabriel Steg (Department of Cardiology, Hôpital Bichat, Paris), one of the authors of the French study published by the NEJM “The concept of pharmacogenetics is not new, but is little used in practice”. This group worked on a database created on the initiative of Professor Nicolas Danchin (Hôpital Georges-Pompidou, Paris), who recorded information on the evolution of patients who having suffered myocardial infarction, had been admitted to intensive care in France.

In over 2 200 patients monitored, this group investigated, for different genes implicated in the intestinal absorption, the metabolic and biologic activity of clopidogrel, a link between the presence of a genetic variant and the risk of death during the year following their registration. “The large number of patients enabled us to analyse separately what happened to patients according to their genetic profile. In total, 30% had one or more variants of the gene CYP2C19, which enabled the transformation of clopidogrel into active metabolites”, explained Dr Tabassome Simon (Hôpital St Antoine, Paris) principal author of the article. “In 2.6% of the population studied, the two examples of the gene CYP2C19 vary, with, as a result, a loss of functional capacity.”

This small sample presented twice as many cardiovascular events after its infarction than the population without the genetic variant. In the carriers of two types of genetic variants, the frequency of cardiovascular events was multiplied by 3.6. “The impact is significant and the use of genetic tests for the choice of treatment is going to be more and more frequent”, emphasized Céline Verstuyft (Hôpital St Antoine, Paris) co-author of the article.

In another study published by the NEJM, a group from the Faculty of Medicine, Harvard (Boston, USA) and the laboratory Eli Lilly, monitored nearly 1 500 persons treated with clopidogrel for acute coronary syndrome. The risk of death through a cardiac event was increased by 53% for carriers of at least one variant of the gene CYP2C19. In the group of patients in whom a “stent” (a spring intended to maintain the interior calibre of the artery) had been implanted, the risk of another arterial thrombosis was multiplied by three for the carriers of at least one variant.

These results matched those of the French team led by Professor Gilles Montalescot (Hôpital Pitié Salpêtrière, Paris) published in The Lancet. In monitoring 259 patients of less than 45 years of age after an infarction, “we found three times more coronary events” indicated Professor Montalescot. “Possessing even one variant of the gene CYP2C19 is a major determinant of prognosis in young patients who receive clopidogrel after myocardial infarction.

“This is the grand entrance of genetics in the treatment of coronary diseases”. Henceforth, will genetic tests be systematic for patients after a myocardial infarction? “These observations will have to be tested on a larger population” Professor Steg considers. “But in the coming years, such genetic characteristics will have to be taken into account”.

Economic consequences: Generics of clopidogrel will soon be available, while new higher-priced competitors will also soon reach the market. Keeping the latter for the minority of patients for whom clopidogrel would be less effective and giving the generics to the majority for whom clopidogrel works well should enable substantial economies.

D.C., based on Paul Benkimoun, Le Monde, 13 January 2009
Our health

The Tobacco industry can never be a legitimate partner

The Third Session of the Conference of the 161 Parties to the Framework Convention on Tobacco Control (WHO FCTC) drew to a successful close on Saturday 22 November 2008, in Durban. On Article 5.3 of the Convention, the Conference agreed that countries should protect their public health policies from the interference of the tobacco industry, which is pushing aggressive tobacco marketing particularly on children and the developing world, and continuing to fuel the conflict between profit and health.

In a non-binding but morally powerful set of guidelines, the Conference laid down that interaction between governments and tobacco firms should be limited to what is “strictly necessary” and kept transparent through public hearings and disclosure of records; voluntary or non-enforceable arrangements should be barred. The Conference proclaimed that there is a “fundamental and irreconcilable conflict” between the interests of the tobacco industry and the cause of public health. For The Economist, this meant that “anything that could make tobacco firms look like decent citizens, doing their bit for public service, ought to be avoided”.

Critics of the tobacco industry claim that firms, while proclaiming their concern for health, use insidious methods to infiltrate and water down WHO’s efforts to combat the scourge of tobacco. For example: companies engage in campaigns against “youth smoking”, which actually serve to publicise their brands. British American Tobacco, the second-largest player in the global business, has complained that such “extremism” – the guidelines adopted in Durban – would obstruct the efforts of the “legitimate tobacco industry” to block illegal sales to children. Fight illicit commerce (tobacco smuggling) and invest in “safer” products. What safer products?

WHO claims that tobacco smoking is responsible for more than 5 million lives a year, a figure which may double by 2030. The Lancet says that 100 million Chinese men may die early from smoking between now and 2050. Although the United States is a conspicuous absentee from WHO’s war against smoking, The Economist notes that Barack Obama was one of 11 US senators who wrote in 2005 to George Bush urging him to send the Framework Convention to the Congress for consideration – noting that tobacco claims more than 400,000 lives a year in the USA.

Excerpted in part from The Economist, 29 November 2008. See also ‘WHO Framework Convention on Tobacco (WHO FCTC) http://www.who.int/fctc/en/index.html

Yves Beigbeder

Visit to the “Jardin Botanique” in Geneva

In the context of our social and cultural activities, we are planning a guided visit to the Jardin Botanique, next May. It will take place on a weekday. If you are interested, please let us know, telling us which day of the week would not be convenient for you, either by writing to the Association, mentioning “Jardin botanique”, or through our e-mail address: « afsm_aoms@who.int »

(A participation of CHF 5.00 per person is requested).

Samy Kossovsky
Public health

Office printers could be dangerous to health

By ABC News Online's Cassie White / Posted February 17, 2009 10:21:00

A new study has found the humble office laser printer could be damaging to your health. Queensland University of Technology Professor Lydia Morawska found that melted printer toner turns into tiny liquid particles that can be breathed in. She says these vapours are similar to those emitted from cars and could have an adverse effect on your lungs and cardiovascular system.

"We've identified that the particles coming from the printer are liquid and they originate from vapours," she said.

"The printer operates at a higher temperature, melted toner evaporates, and those vapours form liquid particles."

Professor Morawska told ABC Radio National's Fran Kelly her study found that about one-third of laser printers were dangerous, but it is possible to design printers that do not emit the particles.

"The health effects of these specific toner particles have not been studied, but they are ultra-fine particles, which mean that they cause health effects."

One of the largest printer manufacturers, Hewlett Packard, says several research groups have not found a direct link between health concerns and laser printers. But Professor Morawska says this is not the case.

"I don't think there have been any epidemiological studies done trying to link health effects between printers and printer emitted particles, so I don't think it's correct," she said.

Tags: health, epidemiology, medical-research, australia, qld

Source: Agence France Presse
February 11, 2009 Wednesday 3:53 PM GMT

New members

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

Life members:
Susan BLOCK-TYRRELL; Brunhilde OUDIN; Philip RUSLING; Khalid SHIBIB

Annual members:
Ali Jalil AWAD; Jean-François BLONDIAUX; Anne Jaggi POULSEN; Philippe STROOT; Wolfgang TREBELJAHR.

Conversions from Annual Member to Life Member:
Valentine M. EYAKUZE; D. A. MUIR

The 2009 issue of the AFSM directory is about to be completed. Please check your address in the 2007 issue and let us know whether you would like to add your e-mail or to make any other changes."....
A tale from the field, by David McFayden, formerly of EURO

In 1991, observers from the Council of Europe oversaw elections in Albania, the first after the death of dictator Enver Hoxha.

The poverty of the people shocked the parliamentarians. One result was the despatch of a UN inter-agency mission, in which I participated. Proposals for assistance met with a swift response, not because of our report, but because of unforgettable TV pictures of Albanians fleeing on overloaded ships. Operation Pelican was launched, to transport oil, sugar and flour to all Albanian districts -- the main recommendation of the inter-agency report. More persuasive than the report was a short film that depicted everything in the country as broken down. My Director, moved by the suffering of patients being cared for in an empty hospital, showed an excerpt to European Health Ministers and assigned me to Albania, while he appealed for funds for long-term support.

A 4x4 vehicle, bearing a WHO decal, was loaded with medical supplies for the journey. The route to Tirana, the nation's capital, passed through the length of Italy to Bari, then by boat to Greece and across the Albanian border at Ioannina.

Arriving in the capital, we checked into the Tirana Hotel. It is difficult to believe the extent to which the fabric of the country had broken down. The Hotel had run out of food and it was the Albanians we had come to help who came to our aid with bread and cheese. The generosity of Albanians never ceased to astonish us. Villagers, who had nothing for themselves, would grind a few precious coffee grains to offer us a hospitable welcome. Life in the capital was a misery, especially for the women, who had to rise early in the morning to queue for milk for their children, carry water to their apartments and search for fuel to cook.

My role was to assess the health needs of the people in all corners of the country and help ensure that they received appropriate aid. When staff of agencies and non-governmental organizations began to appear, I invited them to our home. My wife Patricia, in a letter to a friend at the time, wrote 'the other night, David told me he was inviting a visiting colleague to dinner. I had one tin of sauerkraut and a loaf of bread. When I opened the door to welcome him back from work, no less than eight people walked in!' The nation's physicians had been cut off from the world. Re-establishing contact with neighbouring countries was an immediate measure taken by WHO. The first two physicians to be offered a visit outside the country were issued with tickets to travel, with a promise that they would receive a daily allowance, in cash, on arrival. When they went to the bank in Tirana to obtain foreign currency for the trip, they were told that there was none. They travelled nonetheless and, on arriving, walked from the airport to the venue of the meeting carrying their suitcases.

The WHO Office was established within that of the UNDP Resident Representative -- an arrangement that brought health staff into broader contact with the government and its officials. This was how I became friendly with an official of the Foreign Ministry. When invited to his home, I learned that he had written primary school texts, longhand, to educate his children. Later, I accompanied an Albanian colleague to a donors' meeting in Geneva and brought him to lunch at WHO. My companion was overawed. At that time, there was tension within the Organization's staff and I remarked that some people were unhappy. "How can they be unhappy?" he said. "They have everything!"

David MacFadyen
NEWS FROM WHO

Primary Health Care—now more than ever

is the title of the World Health Report 2008. It was launched in October 2008 at the International Conference Dedicated to the 30e Anniversary of the Declaration of Alma-Ata in Almaty, Kazakhstan (former Alma-Ata).

As nations seek to strengthen their health systems, they are increasingly looking to primary health care (PHC) to provide a clear and comprehensive sense of direction. The World Health Report 2008 analyses how primary health care reforms, that embody the principles of universal access, equity and social justice, are an essential response to the health challenges of a rapidly changing world and the growing expectations of countries and their citizens for health and health care.

This Report comes 30 years after the Alma-Ata Conference of 1978 on primary health care, which agreed to tackle the "politically, socially and economically unacceptable" health inequalities in all countries. Much has been accomplished in this regard: if children were still dying at 1978 rates, there would have been 16.2 million child deaths globally in 2006 instead of the actual 9.5 million. Yet, progress in health has been deeply and unacceptably unequal, with many disadvantaged populations increasingly lagging behind or even losing ground.

The current international environment is favourable to a renewal of PHC. Global health is receiving unprecedented attention. There is growing interest in united action, with greater calls for comprehensive, universal care and health in all policies. Expectations have never been so high.

The Report identifies four interlocking sets of PHC reforms that aim to: achieve universal access and social protection, so as to improve health equity; re-organize service delivery around people's needs and expectations; secure healthier communities through better public policies; and remodel leadership for health around more effective government and the active participation of key stakeholders.

By capitalizing on this momentum, investment in primary health care reforms can transform health systems and improve the health of individuals, families and communities everywhere. For everyone interested in how progress in health can be made in the 21st century, the World Health Report 2008 is indispensable reading.

You can order a copy of the Report in English or French or download a the full text in English, French, Spanish, Chinese, Russian or Arabic on the web site at: [http://www.who.int/whr/2008/en](http://www.who.int/whr/2008/en)

Or orders can by placed by email at: bookorders@who.int

For enquiries by mail, World Health Organization, WHO Press, CH-1211 Geneva 27 Switzerland
**Publications**


Coinciding with WHO's 60th anniversary, a new study has been published, whose rich documentation on the Organization's early years and the extensive analysis of its "premier retiree" will be of great interest to readers of QNT75 as there are still several "survivors" who will remember the person and the events.

Based on a mound of documents, the book is an attempt by medical historian Farley, to clarify the often entangled relationships between an idealistic leader, a nascent organization for a new world order, and a merciless Cold War confrontation within an already little-united United Nations. Though by design limited in time and scope, the book is an insightful account of the first decade, without pretending to be a full biography of Brock Chisholm nor the full history of WHO, but an analysis of both. Much emerges regarding the personality of the leader, the politics of the organization, and the postwar competition of ideologies which soon turned into bitter animosity, very considerably detracting from the objectives, performance and efficacy of the Organization. Solidly researched, with a plethora of bibliography, it is, however, felt that the author could have consulted more old-timers who would still remember their DG and that period.

The book traces Chisholm's life, from a young, decorated Canadian soldier, to physician, psychiatrist, major-general, deputy minister of health, representative to the United Nations and thence to WHO. Despite this exceptional professional climb, Farley wonders with others whether "Chisholm had been a surprising choice", yet I have found no document or statement alluding to any "surprise". Indeed being sent from Health Canada to the UN might initially seem surprising, but once in the international milieu he persistently climbed by the votes of his peers, all respected experts - and potential competitors. Obviously he must have shown superior human, mental and organizational qualities to have been repeatedly chosen for higher posts, right up to the supreme position of first Director-General of the UN's first specialized agency for health. Norman Howard-Jones, the historian of WHO and no soft-spoken judge, is categorical about this: "he was the natural choice".

Farley also lets some doubts persist by using such terms as visionary, nationalism or citizenship, that tend to vague interpretations and sometimes give the impression of a dreamy, impractical man with wooly ideas on such issues as poverty, family planning, peace, social services, health, or medical coverage. That opponents during the heat of the Cold War might have felt so and used it against him may be understandable, but these are not substantiated by documents. Yes, like most people, Chisholm had his weaknesses, hobby horses and idiosyncrasies, and he did not hold an MPH, but he knew how to surround himself with the best experts of the time, like Stampar, Evang, Parran, Sand et al, chose his team well and had confidence in youth. His directors of finance (Siegel) and publications (Howard-Jones) were both aged 38 when appointed, and I recall when he officiated at my medical class graduation, his passionate message to us new doctors was: "safeguard your youthful vision and work health into social justice". And as his objective was the public's health rather than conventional public health, his being from outside the club should be seen as an advantage, as indeed it proved to be.

A postscript to the book would also have shown how much Chisholmian visionary ideas have turned out to be not that illusory after all; to take just two examples, the relationships between poverty and disease, and between family planning and health, for which he was, at the time, "crucified" by the American Medical Association and the Vatican. Untarnished, his worthy legacy continues in many ways, and the International Association for Humanitarian Medicine Brock Chisholm that this reviewer is honoured to have founded with Mrs. Chisholm, feels privileged to carry the message.

This important work will be of interest to medical historians, health planners, social scientists and, of course, to WHO staff, active or retired. It is a vast depository of facts and documentation for political analysts, students of health policy and UN administrators. For those interested, a more extensive review will be found in the *Bulletin of WHO*, January 2009, and the book can be accessed at the WHO Library.

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S. William A. Gunn
Publications (Cont’d)

Eve C. Landau and Yves Beigbeder (member of the Committee) have just published “From ILO Standards to EU Law: The Case for Equality between Men and Women at Work” (Martinus Nijhoff Publishers 2008). The Foreword has been written by Emeritus Professor and Judge Lucius Caflisch, at present Member of the UN International Law Commission.

The book portrays the achievements and progress of equality at work between men and women. The relevant UN Conventions and the numerous ILO Conventions and Recommendations are recalled. The European Union has applied and developed the universal ILO standards, empowering rights of equality with effective remedies through EU legislation and enforcement by its Court of Justice. The issues covered include equal remuneration and treatment, positive or affirmative action, dignity of the worker, maternity protection, part-time work and indirect discrimination, workers with family responsibilities and child care, with detailed references to judgments of the EU Court of Justice. New perspectives and the ILO Decent Work Agenda are addressed in the conclusion.

Eve Landau is a former Professor of Law at several Universities and a former external collaborator of the ILO. She has written numerous books and articles on International Law, European Law as well as on Labour law. Y. Beigbeder, a member of the AFSM Committee, has written many books on international organizations and administrations as well as on International Criminal Tribunals.

A poem from Dalai-Lama

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Today, we have bigger houses and small families
More conveniences but less time
More degrees but less sense
More knowledge but less judgment
More experts but more problems
More medicine but less healthiness
We have reached the moon but have trouble in crossing the street to meet our neighbour
We build more computers but have lesser communication
We have become long on quantity but short on quality
We have fast foods but slow digestion
We have tall men but short of character.

Sent by Shiv Kumar Varma

Doctors on strike, on Tuesday 24 March: retirees living in Switzerland concerned

This strike is the reply from the medical profession in Switzerland to the lowering, from 1 July, of tariffs of laboratory tests done in the Doctor’s personal lab. “It may condemn the mere existence of the GP’s lab, the Association des Médecins de Genève” (AMG) says.

Article 32 of the Swiss Medical Law (LAMal) says that doctors’ acts should be “effective, appropriate and economical”. According to the GP, the present revision by lowering the tariffs may put some practitioners in the incapacity to cover the cost of their office laboratory. On a short term basis such labs may disappear, and as a consequence, lead to delayed diagnosis, costs for additional consultations and time wasted in reaching a central lab.

The AMG asked its members to ensure an “emergency service”, to remain available in case of urgent problems, and to ensure the continuity of treatments that are vital for a patient.

According to a poll concerning the strike, published by 24 Heures on 18 February, 65 % of patients expressed a favorable opinion which continues and is increasing.

On the occasion of the demonstration held at 5:30 p.m. on March 24 Place des Bastions in Geneva, the Swiss as well as foreigners were invited to sign a petition.
Travels

After Portugal, a trip to Croatia, with visits to Slovenia and Montenegro, 6-15 September.

DAY 1 GENEVA-ZAGREB

DAY 2 ZAGREB-PLITVICE NATIONAL PARK-ZADAR (270 kms)
Plitvice National Park (UNESCO), its mountains, forests and numerous lakes connected by cascades and waterfalls rising in the forest. During the afternoon, cross the Velebit mountains, natural barrier between mainland and coast.

DAY 3 ZADAR-KORNATI NATIONAL PARK-SIBENIK (80 kms)
Guided visit of Zadar, archaeological treasures, Antiquité, Mediaeval and Renaissance periods. Zadar is the source of Croatian history and scientific heritage. We then set sail to the National Park of the Kornati Archipel, a labyrinth of about 140 islands, islets rarely inhabited and headlands, bays and gulls. Sibenik, marked by the imprint of western Christianity (churches, palaces, etc.). Visit the old urban centre as well as the famous St. James Cathedral, the most beautiful and celebrated architectural monument of the Renaissance period in Croatia (UNESCO).

DAY 4 SIBENIK-TROGIR-SPLIT-DUBROVNIK (300 kms)
Depart for Trogir, a typical Mediterranean town, built on an islet (UNESCO). Guided visit (many historical monuments). Continuation to Split, centre of Dalmatia, whose old town is situated in and around the Diocletian Palace (UNESCO). Walk through the Old Town to St. Domninus cathedral, remains of the ancient Roman culture. Leave for Dubrovnik by one of the most beautiful coastal roads of the Mediterranean. Arrive Dubrovnik, dinner and accommodation.

DAY 5 DUBROVNIK-KOTOR-CETINJE-BUDVA-DUBROVNIK (300 kms)
A day sightseeing traditional Montenegro and the bay of Kotor. Cross into Montenegro through Perast to Kotor, Mediaeval fortified town. Climb the road to Cetinje, old capital of Montenegro, altitude 672m, by the panoramic road of Lovcen with spectacular views. Stop in the village of Njegusi to enjoy homemade ham and cheese in a traditional inn. Visit the King Nicholas Museum in Cetinje and return to the coast towards the town of Budva, the tourist capital of Montenegro. Walk through the Old Town before visiting panoramic Sveti Stefan, today transformed into a most exclusive resort for world celebrities, linked to the mainland by a narrow causeway. Return to Dubrovnik.

DAY 6 DUBROVNIK-KORCULA ISLAND (130 kms)
Guided visit of Dubrovnik (UNESCO) renowned for the beauty of its monuments and magnificent ramparts. The historic centre of the city is encircled by fortress walls dating from the tenth century. Guided visit of the Old Town. Afternoon drive to Ston, the town known for its famous ramparts, salt works and oyster-breeding. Our journey continues to the Peljesac peninsula (Dingac and Postup wines), its scrub, magnificent vines and orange trees. Board the car ferry at Orebić for the crossing to Korcula. Dinner and accommodation.

DAY 7 KORCULA ISLAND-RIJeka (BY BOAT)
Guided visit of Korcula, birthplace (or Marco Polo. The city is heart-shaped and all its lateral, narrow streets meet at the principal artery. At mid-day, board the car ferry, lunch. Afternoon cruise, dinner and accommodation.

DAY 8 RIJEKA-POSTOJNA CAVE-LIPICA STUD FARM (200 kms)
Early morning arrival at Rijeka, Croatia’s most important port. Panoramic visit followed by drive to neighbouring Slovenia and the Postojna Caves. The most beautiful and largest caves of Slovenia are to be found in this calcare region. Visit the famous cave by electric train and on foot to see its marvellous stalagmites and stalactites. Lunch. Drive to Lipica to visit the stud farm which has bred for more than 400 years the celebrated Lipizzan white, proud and elegant horses, beloved of the Habsborgs, for a demonstration of their skill.

DAY 9 BLED-RADOVLJICA-LJUBLJANA
Visit Bled, including crossing by typical boat « pletna » to the island in the middle of the lake plus a visit to the castle. On to Radovljica, 5 kms from Bled, to see a typical house and lunch in a local restaurant on the way to Ljubljana, capital of Slovenia.

DAY 10 LJUBLJANA-ZAGREB-GENEVA
Guided visit of Slovenia’s capital. Lunch in a local restaurant. Departure Zagreb to Geneva.

Approximate cost: Hotels****, full board, drinks included, double room – per person: 1660 € (basis 20 pax)
Single supplement 250 € per person
Flight not included – not yet negotiated

REGISTRATION FORM

I am interested in the trip to Croatia.
Name
Forename
N° of persons
Tel
e-mail
Date, signature

(Reply by e-mail or letter – no phone calls, please.)
In memoriam

Errol Williams had three goals in life: to become a high jump champion, to live in Africa and to work for the United Nations.

He obtained the first goal in 1959, when he became the national high jump champion. He was also named All American champion for high jump in 1959 and 1960. In addition, he won a number of AAU international meets while representing the USA and his University, San Jose State. He reached his second goal in 1992 when he joined the USAID funded Teachers for East Africa program through the Teachers College at Columbia University. His dream was to work with the United Nations which came true in 1968, when he was hired by WHO. He was posted to the Sub-Sahara Region where he worked for 26 years. He began his work as a public health educator in Ibadan, Nigeria. His job description was to teach the people in certain areas of Ibadan to use and maintain public toilets. After trying to do this in the traditional teaching method and failing, he became very creative. He observed their cultural love for story-telling, and established neighborhood theater groups to teach through drama. With the help of people in the communities, he wrote a script, directed a three act play in the local language using local persons interested in acting out his message. Impact studies showed that this was a very successful and effective teaching methodology. His second posting was a very long post that enabled our family to develop some wonderful friendships that we still enjoy. He was assigned to the WHO International training center, Lomé, where medical staff from many African countries received in service-training. His method of teaching was seen as an unusual one of student-centered learning with the teacher as a classroom facilitator. He, especially, enjoyed going to the villages for field training with his students. Lastly, he was very enthusiastic about working with other organizations in developing programs to train village health workers.

Between his postings in Lomé, he was assigned to the international center in Cotonou, Benin. For the next six years, he was a Regional consultant, representing WHO in a joint project with UN’s International Family Planning. It was during this time that he became so knowledgeable about the continent of Africa, because he travelled to most of its countries. He enjoyed meeting many people from these countries, as well as people from around the world. Before his retirement in 1994, he was assigned to Malawi where he served as a WHO representative to the Ministry of Health. After his retirement, he continued to work for Africa, serving as a consultant to a number of American universities. Everyone who knew Errol knew how much he loved working for WHO in Africa and how much he loved telling stories about his experiences there. Not as many know of his generosity in helping students he befriended in his various postings complete their education and by helping others get started in small businesses.

Janice Williams (his wife)

Errol passed away on March 20, 2008. He will be missed by his family, friends, colleagues, and students around the world. A memorial service is being planned for him in Lome, Togo on June 7, 2009, for those who wish to attend. His family can be contacted at eawjcw@gmail.com

Editor’s note: In March 2007, Errol and his wife participated in the trip to Morocco organized by AFSM. Delighted with this experience he decided to join the trip being organized the following year with a group of American friends. His death prevented this.
In memoriam (Cont*)

It is with deep regret we inform you of the passing away of Mr Parasuraman Narayanan at the age 81, on January 2, 2009 in Bangalore, India. He worked in the Personnel section of WHO. We send our condolences to his daughters and grand children.

I recently learnt of the death of a former member of the Translation Service, Spartaco Mauri, a colleague of mine for many years. My first meeting with him goes back to April 1964 (a prehistoric age for actual members of the Service!) at the time when both of us were sweating over the competitive recruitment examination for a translator organized by the International Maritime Organization. We had taken a liking to each other during the breaks and then I heard no more of him until December when he telephoned me to say that he had been recruited by the WHO African Regional Office in Brazzaville.

We met up again in Geneva in February 1972 where he was already a long-standing member of the Service. I shall remember him as a discreet colleague, appreciated by all for his kindness and tales of his sporting exploits. Adept of the « petite reine », he covered impressive distances on his bicycle during his holidays.

Upon retirement, he first of all went to live in Menton where he purchased a vintner’s house on an almost inaccessible hill-top. When I went there to see him, he told me that his neighbour had waited for him to finish the access road to his property and then nicely informed him that the road went over his land! So the track had to be redesigned but it was so steep and narrow that only a Fiat Panda could use it! Moreover, one was obliged to park some fifty metres from the house and climb the rest on foot. He dreamed of building a small chair lift when he took the wise decision to sell and to go to live in Cannes and then Paris.

He leaves his wife Françoise, two daughters Evelyne and Florence and Tristan and Daniel his two grandsons. I send them my sincere sympathy.

Charles Rae Stevenson (7.10.1936-16.01.2009) who retired from the Organization twelve years ago, has died in the UK, where he was spending the holiday season with his family. Rae studied at Downing College, Cambridge, and worked as a translator at Unilever in the Netherlands for five years before coming to WHO, where he worked for thirty years as editor, translator and chief of English translation.

A man of few words, Rae knew many languages. His awareness of the major issues in public health focused his work and that of his team, while his quiet wit lightened the load. Our condolences go to his widow, his two children and his four grandchildren.

Other deaths recently notified

M. Laudi Ferdinand (Freddy) Biegel: 27.02.2009
Ms Mary Burtoft: 09.01.2009; Mr Michael H. Kanaris 13.06.2008;
Mrs. Khudsieh Metwalli, 8.12.2008; Ms Florence Palmer;
Readers’ Corner

Dear David
I can’t let QTN 74 go to rest without a few words to you personally for letting us old timer retirees have photos of the 7DGs who have served WHO …. Especially for me though an old retiree since 1983 it was wonderful to read the recollections of Dr Pierre Dorolle and Dr Jo Asvall, Dr Mahler’s address to the 61st WHA, and Frank Gutteridge’s Memories, which gave us a hitherto unknown insight to the problems faced by the legal division in the early days and later. I feel very proud that I served with each of them in my eleven years in HQ between 1972-83. Thanks.

Dr Bill Barton 2009/1/25 Willam Barton <billibo7@gmail.com>

Dear David,

I enjoy reading the AOMS newsletter online and offer the attached short article for a forthcoming issue.
Best regards, David Macfadyen
A tale from the field by David Macfadyen  (Cf. page 8).

RED: We are happy to see that our QNT is also read online.

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A visit by Mr RAI, President of AFSM, SEARO

Dear Dr Cohen,
I apologise for the delay in getting in touch with you on my return to New Delhi after visiting Geneva in early February this year. Allow me to thank you and other members of AFSM for courtesy and assistance extended to me during my brief visit to Geneva. Attending a meeting of AFSM Executive Committee on 10 February was an enriching experience. I noticed that most of the issues presently being considered by your Committee are common to ours as well.

We recently had elections for the Executive Committee of our Association for two-year term of 2009-2010. The Committee is now composed as follows:

President - R.L. Rai; Vice-Presidents - Ranjit Roy Chowdhur; J. Tuli
Secretary - A.N. Sachdeva; Joint Secretary - K.P. Battish
Treasurer - M.L. Khera; Joint Treasurer - J.S. Battr
Members - H.S. Dhillon; C.N. Kaul; Kishan Dev; R.K. Sinha

Please convey our Committee’s best wishes to all members of your Committee. Best regards.

R.L. Rai

Dear Dr Cohen,
Thanks for your kind words. In addition to the information given in my earlier e-mail, our input for the forthcoming issue of your newsletter is as follows:

AFSM-SEAR was established on 15 December 1995. Its area of operation is the WHO South-East Asia Region. All WHO retirees settled in eleven countries of the Region are automatically its members and receive copies of all communications emanating from the Association irrespective whether they are paid members or not.

The Association is grateful to Dr. Samlee Plianbangchang, RD SEARO, and SEARO Administration for providing office space and other facilities to it. This has greatly facilitated the Association to communicate with its constituents more actively and provide better service to them. This has also enabled it to interact with active colleagues on matters of common interest i.e. staff health insurance, pensions, etc.

AFSM-SEAR appreciates the support of AFSM/HQs, in particular Dr Rajinder Pal, in the former’s efforts for obtaining office space and other facilities in SEARO.

The Association is represented on the SHI SEA Regional Surveillance Committee.

AFSM-SEAR issues a quarterly newsletter AESCULAPIAN to keep its members informed of its activities and the developments taking place locally and globally on matters of their interest.

We are sure that our two Associations will continue to maintain fruitful cooperation on issues of common interest.

Best regards,

R.L. RAI
On the lighter side

‘s or s ? That is the question

And it is indeed the important question being debated today in the United Kingdom.

In Birmingham, the for “s” have already lost the battle. The commercial centre “King’s Heath” will become “Kings Heath” and “St. Paul’s Square” will henceforth be known as “Saint Pauls Square”.

“Kings Heath belonged to the king, but only until 1803”, explained Martin Mullaney, town councillor, but this is no longer the case. “There is no longer any reason to continue to use the possessive “‘s”.

There are precedents: the large London store Harrod’s, which opened in 1849, became Harrods in 1928.

“The possessive apostrophe (that Bernard Shaw, 1925 winner of the Nobel prize for literature, qualified as “vulgar bacteria”) was imported from the continent in the 16th century, but it was only in the 1800s that it became standard practice”, explained David Crystal, linguist.

There was never a clear rule, as in fact there is no equivalent of the French Academy in the United Kingdom.

If, until the mid 1960s the teaching of English was extremely rigorous, it then went excessively in the opposite direction and English children were “liberated” from English grammar lessons.

In the 1990s, realizing that things had gone too far, somewhat stricter teaching was introduced. Result: there are as many examples of “Kings Cross” as of “King’s Cross”.

The Plain Language Commission, consulted by Birmingham, judged that no rule applied.

For a long time there was no apostrophe. “And that did not stop us from speaking English. The context makes the meaning clear”, said Mr. Crystal. “In the 1950s,” he added, “punctuation was lightened, a question of fashion and aesthetics”. Thus Mr. Smith and the B.B.C. became Mr Smith and the BBC.

Nevertheless, certain Brits have decided to fight to the end. John Richards, retired journalist set up the Apostrophe Protection Society in 2001. “Teachers are trying to teach children grammar. Birmingham’s decision will confuse them”, he said.

The Association for the Annihilation of the Aberrant Apostrophe (AAAA), for its part, is trying to fight the incorrect use of the apostrophe (for example, the Pakistani grocers who sell “banana’s”). But its members reacted violently against Birmingham’s defeatist approach. The AAAA envisages a demonstration in front of the municipal offices with the throwing of tomatoes, bananas and oranges...

DC, after Virginie Malingre, Le Monde, 19/02/09

The financial crisis...

 transmitted by S. Kossovsky
Joining AFSM – Updating membership

**THIS FORM IS NOT FOR THOSE WHO ARE ALREADY LIFE MEMBERS**

*It is intended only for those who are not yet members, or are annual members.*

Are you still not a member of AFSM? Is it because you don’t like it or what it stands for? Let us know. Or, do you keep forgetting to join?

Hope you will become a life member – it costs 250 CHF – and you will never again have to remember to pay your dues. Or, you want to give it a try? Then join for a year at 25 CHF – and decide after a year. Fill in the form below and send us your payment.

- I am not yet a member and I want to join
  - as a life member [ ]
  - as an annual member [ ]

*(Please fill in the application form below)*

- I am already an annual member and I want
  - to convert into a life member [ ]
  - to pay my dues for the current year [ ]

Dues can be paid either in cash at the office or through a postal form (add 2 CHF for charges) for persons who live in Switzerland, or by bank transfer to the AFSM account number (+ bank charge, if any):

IBAN: CH 4100279279-D310-2973-1

SWIFT: UBSWCHZH80A

APPLICATION to JOIN

Name ………………………….. First Name…………………………………………….

Address:

Postal Code ………………… City…………… Country………………………………………………………………

Phone ………. Fax ………………… e-mail ……….

Date of Birth …………………… Nationality ……………………………………………………………..

Date of separation from WHO …………………………. Length of service with WHO ……………………………..

I should like to receive documentation in  □ English □ French

Date ………………………………………………………………………………………………….. Signature