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

4 April 2012: World Health Day
To stay young, be active!

Association of Former WHO Staff
Memories, memories...

Photo provided by Jery Kilker, crouching in the centre next to Georges Esatoglou. Standing up on the left, Armando Pares. At the back, in the centre, John Morgan. Who can recognize the others? We welcome other such photos.

On the lighter side (see page 12)

Somewhat bizarre, this wireless technology, isn’t it?

Association of Former WHO Staff
EDITORIAL

The health insurance reform is ongoing. You have been kept regularly informed and, as you know, it has been decided to resort to “at large” elections (by former staff and surviving spouses who participate in SHI) to designate the representatives of the former staff on the Global Oversight Committee and the Global Standing Committee. For more than 20 years, the retiree representatives on the Headquarters Surveillance Committee have been elected within the AFSM Executive Committee, whose members are elected by the AFSM members. In each Region, the representatives have been elected in a similar manner. In order to develop the framework of the elections (especially the rules of procedure for the Polling Officers and the profile of the candidates), the Coordinator of Insurance and Pension Services (Claude Hennetier-Rossier) has convened meetings with the two current representatives (David Cohen and Ann Van Hulle) as well as two of the three retirees who last year launched the petition calling into question the representativeness of our representatives and asking for “at large” elections (Marjory Dam et Ken Langford).

A few important issues remain to be solved. As soon as we have reached a consensus, we will be inviting the representatives of the Regions to let us have their comments. As soon as possible thereafter, the Polling Officers will call for candidatures for the two committees...

Other elections will take place in October to elect our new Executive Committee. You will receive soon the call for candidatures. We already strongly encourage those retirees living in the Geneva area to think about submitting their candidacy: we need new members on the Executive Committee.

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: insurance@who.int
Pensions: +41(0)22 928 88 00;
Email: jspfgva@unog.ch for Geneva
or unjspf@un.org for New York
AFSM office manned on Tuesday and Wednesday
From 9:30 to 12:00
Otherwise, please leave a message; someone will call back.
Our health: Alzheimer’s disease

A conference organized recently in Geneva by the Alzheimer’s Association (see page 10) gave me the idea of writing about this distressing disease which is much talked about often without knowing what it is. It was described by the German physician Alois Alzheimer in 1906 and is sometimes called the four A disease: amnesia (memory problems); aphasia (language impairment); agnosia (loss of feeling); and apraxia (physical clumsiness). A current joke intended as a memory test is to ask: what is the first name of Alzheimer?

Alzheimer’s disease is the most common of multiple senile dementias. Two forms are known: sporadic, which is the most frequent (95% of cases) and hereditary, (less than 5%). It occurs in those over sixty, apart from very rare cases of family or hereditary origin (less than 5%) which can appear very early.

Evolution of the disease

Mild stage

(2 – 4 years): characterized by episodes of short term memory loss (forgetting the last holiday, for example). These memory problems are sufficiently important to disturb the daily life of the patient, e.g. management of a budget, and ability to use public transport. Difficulties with language and attention also indicate the onset of the disease. The person may forget certain words, or have difficulty in expressing him/herself. This stage can sometimes be confused with depression. Aware of these problems, the patient often loses interest in routine activities: gardening, do-it-yourself, shopping or visiting relatives.

Moderate stage

Evolving over a period of 2 – 6 years with significant loss of autonomy and more severe memory and behavioural disorders. Contrary to the previous stage, the patient denies or underestimates these difficulties. He/she loses his spatial and temporal landmarks. The presence of a third person quickly becomes indispensable to manage daily life because the patient no longer recognizes familiar objects, and his/her environment can be a source of accidents. Language deteriorates little by little. The patient is unable to express him/herself spontaneously and speech becomes incoherent. Personality changes can be observed: aggressiveness, loss of interest, eating and sleeping problems. The patient also begins to have difficulty in recognizing those close to him/her.

Severe stage: evolving over two to four years.

Memory is seriously affected: the patient not only forgets recent events but also events that occurred throughout his/her life. Oral and written language has seriously declined, often as far as mutism. Comprehension is permanently impaired.

Physical difficulties are also very significant. The patient has mobility problems and falls frequently. At this stage, remaining at home becomes very complicated for the entourage. Institutionalization is often obligatory.

Terminal stage: lasts on average two years.

The patient loses all autonomy, can no longer communicate nor move about, and is headed irremediably towards a bedridden state. Immense fatigue, weight loss, and bronchial infections result in the death of the patient 8 to 12 years after diagnosis of the disease.

What is the mechanism of the disease?

Alzheimer’s disease is the result of a combination of amyloid plaques which form on the exterior of the neurons and the degeneration of the neurons themselves. These two processes happen with ageing.

They lead to the death of nerve cells and the loss of tissue throughout the brain. As the disease progresses, the brain tissue shrinks and the ventricles (brain chambers containing...
cerebral-spinal fluid) grow, interrupting communication between brain cells, and heavily affecting memory, speech and comprehension.

Risk factors
Among risk factors, first and foremost, are age and sex: women are more frequently affected, perhaps because they live longer. Arterial hypertension, diabetes and excess cholesterol, well known for their cardiovascular risk, can also favour the onset of Alzheimer's disease.

Forgetting the telephone number of one's office, or secret code of a credit card, can happen to anyone. So how to distinguish normal problems from possible disease symptoms?

Here are the 10 warning signs of Alzheimer's

1. Memory loss that disrupts daily life
2. Challenges in planning or solving problems
3. Difficulty completing familiar tasks at home, at work or at leisure
4. Confusion with time or place
5. Trouble understanding visual images and spatial relationships
6. New problems with words in speaking or writing
7. Misplacing things and losing the ability to retrace steps
8. Decreased or poor judgment
9. Withdrawal from work or social activities
10. Changes in mood or personality

Diagnosis: in general, is late when the signs of dementia are already present. New diagnostic tools are being validated, which will enable modifications underway to be detected before the disease manifests itself (perhaps 20 years beforehand).

Treatment: no effective treatment exists at present. Exercise can help maintain physical strength and coordination; it can also stabilize mood and reduce anxiety. Walks, and simple, supervised, household tasks are beneficial. Medicine can help maintain a relatively stable mental state.

Interesting lines of research are being explored: stem cells, neuron transplants, and even a vaccine are under experiment.

The role of the companion is difficult, but primordial and multiple – cook, chauffeur, accountant - while encouraging the patient to try to do some tasks (post-its with tasks listed).

In the beginning, patients understand more or less what is happening; later they can become paranoiac and violent and no longer recognize family members.

While the patient is still aware and master of his/her decisions, it is useful to draw up and have signed "advance directives", and designate a person charged with carrying out the patient’s preferences for treatment and end of life. At the outset, contact the Alzheimer’s Association (see page 10 for the Geneva region).

Prevention: there exist no preventive treatments for Alzheimer's disease at present. However, as for much pathology, a healthy diet based on sufficient fruit and vegetables, as well as regular physical exercise, involvement in social activities, reading, and memory exercises certainly play a role in delaying deterioration.

Home versus an institution? Remaining at home is preferable so long as the person looking after the patient has the physical and mental capacity necessary. Unfortunately, this becomes impossible at a certain stage.

Dr David Cohen

For more information: www.nlm.nih.gov/.../alzheimersdisease.html; www.medicinenet.com/alzheimersdisease.../article...; and many other sites
News from WHO

World Health Day

This year’s World Health Day is focusing on Ageing and Health and the slogan is “Good health adds life to years”. The AFSM Executive Committee is collaborating with the WHO team which is organizing this event, to be celebrated at WHO headquarters on Wednesday 4 April. We look forward to the participation of many of our readers who live in the Geneva area. Information on the outcomes of the event will be shared in QNT 88.

During the past century, life expectancy has increased dramatically and soon the world will be home to more elderly people than children. In all countries, populations are ageing but these changes are occurring more rapidly in developing countries. This social transformation presents both challenges and opportunities, not only concerning health care for older people but also attitudes towards ageing itself. An article in the WHO Bulletin in February focuses on these challenges.

http://www.who.int/bulletin/volumes/90/2/12-020212/en/index.html

Sue Block Tyrrell

Executive Board

As usual, the Board had a heavy agenda.

Resolutions were passed on:

- the nomination of Dr Margaret Chan for the post of Director-General: to be submitted to the 65th World Health Assembly
- the appointment of Dr Ala Din Alwan as Regional Director for the Eastern Mediterranean as from 1 February 2012, and appreciation to Dr Hussein Gezairy on his thirty years of service as Regional Director, EMRO
- monitoring the achievement of the health-related MDGs: implementation of the recommendations of the Commission on Information and Accountability for Women’s and Children’s Health
- strengthening noncommunicable disease policies to promote active ageing
- prevention and control of noncommunicable diseases: follow-up to the High-Level Meeting of the UN General Assembly on this issue
- global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level
- elimination of schistosomiasis
- intensification of the global poliomyelitis eradication initiative
- outcomes of the World Conference on Social Determinants of Health
- World Immunization Week (last week of April) The drugs and knowledge are available, therefore in February WHO urged Member States to make a final push to eliminate leprosy in the Region.
- substandard/spurious/falsely labelled/falsified(counterfeit) medical products
- WHO’s response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies.

Other technical matters discussed include:

- avoidable blindness and visual impairment
- nutrition
- measles
- early marriages, adolescent and young pregnancies
- implementation of the International Health Regulations
- global mass gatherings: implications and opportunities for global health security
- pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits
- draft global vaccine action plan
- research and development financing and coordination
- UN Conference on Sustainable Development (Rio+20).
Progress reports were provided on many other technical matters. The Board continued its discussions on WHO reform, focusing on priority setting; financial and human resources’ distribution; governance, including engagement with other stakeholders, involvement with and oversight of partnerships; and managerial reform – securing more predictable financing, a contingency fund for outbreaks, enhancing organizational effectiveness, and evaluation. As agreed by the Board at its special session on WHO reform in November 2011, programme and priority setting are being discussed in a Member-State-driven process. A meeting was held at WHO headquarters on 27 and 28 February 2012 (the main outcomes are shown below). Nongovernmental organizations in official relations with WHO have been invited to submit their views. Concurrently, the Secretariat was tasked to work on many other aspects of the reform process and to prepare a consolidated report for submission to the 65th World Health Assembly, together with a draft implementation plan, a budget and monitoring framework.

On financial matters, the Board was informed of the reduction in the projected funding gap, from USD 340 million to USD 100 million. With regard to human resources, cuts in 2011 affected about 450 fixed-term and 120 short-term staff and the Director-General informed the Programme, Budget and Administration Committee that further reductions in staff are inevitable in 2012 but they are unlikely to be of the same magnitude as in 2011.

The Board documents can be found on the WHO web site – www.who.int

Highlights of recent public health and other events

- In January, WHO recognized the progress of six Gulf States in adopting a strategy for noncommunicable diseases (NCDs) – Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates. The Gulf Cooperation Council is the first regional entity to respond to, at a head of state level, the UN Declaration to tackle NCDs.

- Also in January, India, once recognized as the world’s epicentre of polio, celebrated one year without any polio cases. Only Afghanistan, Nigeria and Pakistan remain polio-endemic countries which have never stopped indigenous wild poliovirus transmission.

- Over the past two decades, new leprosy cases in the Western Pacific Region have declined by nearly 90%. Political commitment is all that is needed now to finish the job. The drugs and knowledge are available, therefore in February

- The European Regional Office hosted the 65th meeting of the Federation of International Civil Servants’ Associations (FICSA) from 13-17 February. The key issues discussed include the influence of the economic downturn over the management of UN salary and benefits, staff-management relations, safety and security in the field and interagency mobility.

- On 17 February public health and influenza experts reached consensus on two urgent issues related to the newly created H5N1 influenza viruses: extending the temporary moratorium on research with new laboratory-modified H5N1 viruses and recognizing that research on naturally-occurring H5N1 influenza virus must continue in order to protect public health.

- Around the world, health is increasingly a part of foreign policy agendas, and is included in national security, trade and other discussions. This health diplomacy has been used to advocate for the improvement of the health of populations: a recent example is the information and sensitization sessions for diplomats held by the WHO Regional Office for Africa.

- The February meeting on WHO reform brought together 92 Member States which decided on five criteria and five programme areas to help prioritize WHO’s work. As criteria:
  - the current health situation
  - the needs of individual countries
  - internationally agreed instruments which involve or impact health
News from WHO (Cont’d)

- the existence of evidence-based, cost-effective interventions
- the comparative advantage of WHO

As categories for priority setting and programmes:
- communicable diseases
- noncommunicable diseases
- promoting health through the life course
- health systems strengthening
- preparedness, surveillance and response.

The criteria and categories will be applied to develop a draft outline of the Twelfth General Programme of Work and the Programme Budget for review by the Programme, Budget and Administration Committee and the 65th World Health Assembly.

Beginning on 1 March, nominations are accepted for the post of Director of PAHO as the term of Dr Mirta Roses will come to an end on 31 January 2013. Nominees for the position will have the opportunity to outline their vision at a Candidates’ Forum, a closed event which will take place in June, in connection with the PAHO Executive Committee meeting. 2012 commemorates one hundred and ten years of existence of PAHO.

Sue Block Tyrrell

Further information and documentation can be found on the WHO web site – www.who.int

2011 in review: key health issues highlighted by WHO

There was important progress in a number of areas: fewer deaths from AIDS, tuberculosis and malaria, and fewer new infections. However, the year was marked by natural disasters, notably the earthquake, tsunami and nuclear power plant damage in Fukushima, Japan. Conflicts disrupted health services and added to health demands in a number of countries, especially in Libya. In addition, the world financial crisis continued.

The other key issues highlighted by WHO include:

- Tracking resources and results for women’s and children’s health
- Reducing harmful alcohol use
- Safeguarding drug treatments
- Immunization week helps vaccinate millions
- Unlocking the potential of people with disabilities
- Shortage of midwives endangers women’s and newborns' lives
- Celebrating the first World Hepatitis Day
- Combating noncommunicable diseases (NCDs)
- Over two million people die each year from particles found in air pollution
- Social conditions influence health inequities
- Underfunding tuberculosis risks slowing progress.

The full article can be found on the AFSM web site – www.who.int/formerstaff/en/

Sue Block Tyrrell

Association of Former WHO Staff
I belong to a quickly disappearing age group. I joined WHO in Brazzaville in 1966. From my narrow internal medicine background I gradually discovered the health drama of the African continent. I was impressed by the professional competence of my colleagues responsible for ‘big killers’ such as malaria or tuberculosis. It was evident to me that those two diseases did belong to the sphere of competence of the World Health Organization.

I was absent from the WHO scene from 1988 until 2007 (when I was co-opted to the AFSM Executive Committee). Then I discovered a WHO quite different from the one I remembered.

Last January 27 in the International Herald Tribune (IHT) I read a short article about a “USD 750 million pledge on AIDS”, made by the Bill & Melinda Gates Foundation to The Global Fund to Fight AIDS, Tuberculosis and Malaria, in addition to USD 650 million over the past 10 years.

I found on The Global Fund website that it “is a unique, public-private partnership and international financing institution to prevent and treat AIDS, TB and Malaria. This partnership between governments, the private sector and affected communities represents an innovative approach to international health financing. Since its creation in 2002, the Global Fund is a major financier, with approved funding of USD 22.6 billion.”

On 31 January the IHT celebrated the 10th Anniversary of The Fund with a full 2 page supplement of about 4000 words. The history of The Fund, first segment of the article, does not include any mention that WHO had financed activities related to malaria and tuberculosis for over 50 years.

It says that the origin of The Fund came from a “suggestion of former United Nations Secretary General Kofi Annan”. It adds that The Fund is supported by “its global ambassador, the French first Lady Carla Bruni-Sarkozy, the rock star Bono and the Bill & Melinda Gates Foundation”. The financial support of 18 private enterprises is also duly mentioned:

- the Coca-Cola Company, Publicis, American Express, Dell, Dior, Bugaboo, Nike, Starbucks and a few others.
- On the 24th of January the New-York Times reported that “The Fund has had a hard time raising money in the last two years because of the global recession and corruption scandals. (…) Some countries threatened to stop contributing unless reforms were made”. No details were provided about the ‘corruption’ but Bill Gates, in his annual ‘letter to the world’, mentioned the Fund’s troubles: “Given the places where The Global Fund works,” he said “it was not surprising that some of the money was diverted for corrupt purposes.”!
- In the first short IHT article (400 words) of January 27 I had already been quite surprised by the total absence of any reference to the World Health Organization’s role related to the ‘big killers’.
- All this led me to try to figure out to what extent the IHT articles corresponded to reality.

The World Health Organization objective is “the attainment by all peoples of the highest possible level of health”. It is the directing and coordinating authority on international health work, for the United Nations system, responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options. One of its functions is “to advance work to eradicate epidemic diseases”. WHO has separate departments for each of the ‘big killers’.

The Roll Back Malaria Partnership (RBM) was conceived by Gro B. in 1998 in partnership with the World Bank, UNDP and UNICEF. Its goal was halving malaria deaths. Sub-Saharan Africa, where 90% of malaria deaths occur has 300 million acute cases each year, and one million deaths, 70% of whom are children or pregnant women. If donor agencies fail to act in accordance with past promises millions of lives will be lost. The 11 September 2011 UN press report by Ban Ki-moon on RBM does not mention WHO.

The Stop TB Partnership was founded in 2001. Its secretariat is “hosted by WHO in Geneva”. Like UNAIDS both are separate agencies to ‘promote’ health actions devised by WHO (Co-sponsor) concerning treatment and care programs, prevention and strengthening of health systems in response to those diseases.

The Fund is to ‘finance’ the realization of health actions ‘oriented by WHO’ related to Malaria, Tuberculosis and AIDS.

I remember that (before the 2000 period) the financing of the scientific orientation of all health actions, their promotion as well as the provision of technical support to countries and the assessment of health trends were under the one and only control of the Director-General of WHO.

To what extent is it still the case? I am now unclear about: 1. Who is today the overall coordinator of five apparently ‘parallel’ agencies.2. Who is, overall, in charge of the evaluation of the effects of the activity of UNAIDS, Stop TB, RBM, of the health actions oriented by WHO and financed by The Fund? If you know the answers please let me know. Thanks.

J-J Guilbert

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1 Stop reading my article if you have experienced the Gro B. ‘reorganisation’.
2 In a ‘Spotlight’ it is mentioned that Ghana “was one of the first countries (…) to pioneer the use of the World Health Organization’s latest protocol for Prevention of Mother to Child transmission?
3 Basic Documents, page 2.
In and around Geneva

1. **FAAG.** Members in the Geneva area with email addresses were informed in early February of the Thursday conferences organized by the FAAG – Fondation pour la Formation des Aînées et des Aînés de Genève (Foundation for Training of the Elderly in Geneva). The Thursday conferences, in French, are generally held once a month, during school terms, from 14.30 – 17.00 at the Université ouvrière de Genève (Geneva University of Workers), 3 place des Grottes, 1201 Geneva. Conferences planned for later in the year cover the subjects of: exclusion of the elderly – towards empowerment (May); vaccination and screening – until what age? (September); and cross-border Geneva – growing old on the other side of the border (November). If readers would like to be kept informed of the Thursday conferences, please consult the FAAG web site – www.faaq-ge.ch or contact the FAAG to ask to be put on the mailing list – faag@uog.ch, telephone number – 022 919 40 61 and fax 022 733 35 19. Please do not hesitate to inform your friends about these conferences.

2. **VERF Book Sale**

We are pleased to inform readers living in the Geneva area that the 2012 book sale for the Voluntary Emergency Relief Fund will take place in Room C on the 5th floor on Monday and Tuesday 11 and 12 June. Further information will be available and sent to you in May.

3. **Social Welfare Officer:** We are pleased to inform readers that Ms Nicole Yersin has been appointed as the new Social Welfare Officer of the Association of Former International Civil Servants (AFICS) in Geneva. Ms Yersin works one day a week (Fridays) and can be contacted at her office – Room B-438 in the Palais des Nations, email – afics-social@unog.ch, telephone number: +41(0) 22 917 35 19. The services of Ms Yersin are available to all former UN system staff members and their partners, irrespective of the organization for which they worked, where they live, or whether or not they are members of AFICS or any other association of former staff. Ms Yersin provides counselling and support to retired staff and their partners in respect of family, health or other personal or psycho-social matters.

Article courtesy of AAFI/AFICS

4. **Alzheimer’s disease support in Switzerland and neighbouring France**

Through a public conference held in Geneva at the end of February, we have made contact with the Alzheimer Association Switzerland. Their headquarters is based in Yverdon-les-Bains, telephone number: +41 (0)24 426 20 00, email - info@alz.ch and web site www.alz.ch, here are sections in many Swiss cantons, including in Geneva – chemin des Fins 27, 1218 Grand-Saconnex, telephone number: +41 (0)22 788 27 08 and email – association@alz-ge.ch. The Geneva section runs:

- a dementia support group for English-speaking people in the Geneva region; meetings are held on the first Tuesday of each month from 18.30 – 20.30 in the Grand-Saconnex office
- a francophone support group for close to people suffering from Alzheimer’s disease; meetings are held on the second Wednesday of each month from 19.30 – 21.30 at the EMS La Terrassière, 7 rue de la Terrassière, 1207 Geneva
- a francophone support group for those suffering from the early stage of Alzheimer’s disease; meetings are held once a month on Tuesdays from 12.00 – 13.45 at the Local des Aînés, 35, chemin du Ruisseau, 1216 Cointrin – please contact the Association for the monthly dates.

People from neighbouring France are welcome, or may wish to contact the Alzheimer Association in the Haute-Savoie, 7 rue de la Gare, 74000 Annecy, telephone number: +33 (0)450 51 49 14, email – hautesavoiealzheimer@noos.fr, web site www.alzheimerhautesavoie.fr. In addition to the Annecy office, appointments can be made for assistance in Annemasse, Thonon, Scionzier and Rumilly - telephone number: +33 (0) 450 51 49 14.

**Sue Block Tyrrell**

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1. Ms Yersin is available to all former staff, wherever they live, not only in Geneva area.

Association of Former WHO Staff
**The European sky for April – June 2012**

This is one of those times when almost everyone spots the bright star in the western sky after sunset and asks ‘Which one is that?’ It is Venus, and it is well worth watching. On 3 and 4 April it passes close to the Pleiades or Seven Sisters star cluster, making a pretty sight in binoculars. A small telescope shows it looking like a half moon. During May it sinks lower in the west as it gets closer to the Sun, its phase shrinking to a thin crescent by mid May.

Usually we soon lose sight of it in the evening twilight, but this year something happens which will not recur until 2117 - Venus passes right across the face of the Sun, known as a Transit of Venus. These events happen in pairs, eight years apart, but with more than a century between each pair. The date this year is 6 June, but you have to be in the right place to see the whole transit, which takes over six hours. The Pacific regions see it all, while in most of Europe the Sun rises with the transit in progress. Spain and South Africa see nothing of it.

Crucially, you must use special equipment to view the Sun or you risk blindness. Eclipse viewers are fine, or you can project the Sun’s image through a telescope or binoculars. Do not use ordinary sunglasses or non-approved dark plastic which may transmit infrared.

Also in the sky this season are Mars, in Leo, and Saturn, to its southeast in Virgo. For more details go to [http://www.popastro.com/youngstargazers/skyguide/](http://www.popastro.com/youngstargazers/skyguide/).

*Article kindly provided by the British Society for Popular Astronomy*

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**Book reviews**

*In QNT82, January 2011 we informed readers about the autobiography written by Dr Adetokunbo O. Lucas, Adjunct Professor, Department of Global Health, Harvard School of Public Health, former Director of the TDR Programme at WHO from 1976-1986. A book has recently been published in honour of Dr Lucas, entitled The Man Adetokunbo Lucas. Chapters are written by family members, friends and colleagues (including two former WHO staff – Dr Olusola Ayeni (formerly in the HRP Programme) and Dr Ayoade Oduola (just retired from the TDR Programme) to celebrate the life of Dr Lucas as a family man, a public health professional, mentor, role model and friend. It gives the reader a glimpse of the non-public side of the life of Dr Lucas and his strong belief in his fellow Nigerians.*

ISBN 978 978 50423 3 7 hard cover and 978 978 50423 4 4 soft cover, published by BookBuilders, Editions Africa, Ibadan, web site [www.bookbuilderseditionsafrica.org](http://www.bookbuilderseditionsafrica.org), email [bookbuildersafrica@yahoo.com](mailto:bookbuildersafrica@yahoo.com)

*Sue Block Tyrrell*

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A piece of string, found through an incredible combination of circumstances, brings back the memory of Dora and Jules deported in sordid conditions on 19 July 1943. That morning, Dora wakes up very early. She looks at Jules who is still asleep. She thinks back to the good years before the war and regrets that she did not make the most of the good times in the past, surrounded by her family. Eva, their youngest daughter, escapes arrest on three occasions. After the war, she is in a hurry to rebuild her life and forget, but without forgiveness to God or the executioners. It takes years for her to talk about events and to have recognized a righteous family. The author, the grandson of Dora and Jules and the son of Eva, is born four years later. He is part of the reconstruction and the replacement of the dead. The weight of silence rests on his shoulders. It takes him a long time to understand what happened. He finds positive elements in the past. Nearly 60 years later, the traces of the past shed new light on the ill-fated day. It is the key to this sober story which is sometimes even humorous.

Marc Danzon was born in Toulouse just after the end of the war. He obtained a degree in medicine then in psychiatry. His attraction to international public health led him to the World Health Organization where he was twice elected as Director of the Regional Office for Europe. Married, with two children, he is taking advantage of his retirement to find his roots and put them into writing.

*Submitted by JP Menu*

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1. Available in French only
On the lighter side

Health message
1. If walking and cycling were good for your health, the postman would be immortal.
2. A whale swims all day, only eats fish, drinks water and ... is overweight.
3. A rabbit runs and jumps and only lives 15 years.
4. A tortoise doesn’t run, does nothing … but lives 450 years.
AND YOU TELL ME TO EXERCISE!
I AM RETIRED ... LEAVE ME ALONE!
Judgments by the United Nations Appeals Tribunal, 2010-2011

concerning pensions matters: Which lessons do they offer?

The study below was received from Dr Antonio Pio.

Antonio is a very active member of our Association. Last year he was elected President of the Association of Former International Civil Servants in Argentina (AFICS-Argentina). 70 out of the 187 members are former staff from WHO and PAHO. He has translated in Spanish and published several articles from the Quarterly News in his Newsletter AFICS Argentina Noticiero. Congratulations Antonio and good luck.

Overview
The United Nations Appeals Tribunal (UNAT) is a New York based appellate court established by the UN General Assembly to review appeals against judgments by the United Nations Dispute Tribunal and the Dispute Tribunal of the United Nations Relief and Works Agency, as well as appeals against decisions taken by the United Nations Joint Staff Pension Fund (UNJSPF) Board or Standing Committee, and by the heads of agencies or entities that have accepted jurisdiction of the UNAT, for instance the International Civil Aviation Organization and the International Maritime Organization.

UNAT started to function in 2010 in replacement of the previous United Nations Administrative Tribunal. It is composed of seven judges who are appointed by the General Assembly for one non-renewable term of seven years. The Tribunal usually reviews appeals in three-member panels at three sessions a year (March, July, October), that may take place in New York, Geneva or Nairobi.

The judges may hold hearings in person or by electronic means upon request of a party or on their own initiative. In principle all hearings are public. English and French are the working languages. However an appeal may be filed in any of the official languages of the United Nations.

Any employee of the United Nations and the agencies or entities that accepted the UNAT jurisdiction and any former employee or dependent included in the benefits of the UNJSPF can submit an appeal to the UNAT. An appellant can present the case as self represented or with the assistance of a private lawyer or a legal counsel from the UN Office of Staff Legal Assistance (OSLA). Retired UN staff have the right to request the assistance of this office which is located in New York.

The procedures on how to file an appeal are found on the internet site: www.un.org/en/oaj/appeals/appeal.shtml

The UNJSPF cases
In its first two years of existence, the UNAT issued judgments on 188 cases, 100 in 2010 and 88 in 2011. Only 16 cases (11 in 2010 and 5 in 2011), were filed by appellants challenging decisions taken by the UNJSPF Board or Standing Committee.

The main reasons for filing an appeal were claims for recognition of years of service, claims by divorced or second wives and claims for disability benefits. In seven cases the appellants represented themselves and in nine cases the appellants were assisted by lawyers. In only two cases, both assisted by a lawyer, the judgment was favourable to the appellant.

The reading of the judgments provides important lessons about the juridical approach of the UNAT on the appeals against the UNJSPF. These lessons can be useful to those who feel that decisions taken by the authorities of the UNJSPF are not supported by the rules and are considering to challenge such decisions in an appeal to the UNAT.

Lesson 1
Appeal documents should always be respectful
The appeal documents should always refer with respect to the Pension Fund authorities. There should be no place for claims of inconsistency, unequal treatment, arbitrariness, or capricious decisions by the Chief Executive Officer, the Board or the Standing Committee that might suggest a biased disregard for the facts and the applicable law. The appellant has to assume that the Pension Fund, the Board and the Standing Committee officers act with all honesty and dedication to their duties, although they can be mistaken and commit errors.

The claim of inconsistency, unequal treatment and arbitrariness against the Pension Fund is unfounded. Judgment 2011-UNAT-136.
Lesson 2
The statutory criteria relied upon to support the appeal should be clearly stated
Benefits cannot be extended by analogy. They should be interpreted as they are expressed in the Regulations and in the Agreements between the Pension Fund and the participating United Nations agencies and entities. The participants and beneficiaries who are not satisfied with a decision taken by the Pension Fund and supported by the Board or the Standing Committee, have the right to appeal the decision directly to the UNAT but they have to show that the decision was a clear non-observance of the rules. They have to provide legal reasoning to support the appeal. Humanitarian considerations or economic losses are not sufficient. General arguments on basic fundamental rights concerning equity, fairness and justice under the Universal Declaration of Human Rights cannot succeed. The UNAT competence is limited to passing judgment on appeals from decisions that are alleged to be violating specified UNJSPF Regulations. It is only the UN General Assembly that can amend these Regulations. Therefore the appellants cannot seek a statement by the UNAT on the fairness or intrinsic justice of the Regulations.

Granting the appeal would be in violation of the UNJSPF Regulations. Judgment 2010-UNAT-023.
The Appellant has not established that the Standing Committee did not comply with the Regulations of the Pension Board. Judgment 2010-UNAT-034.

Lesson 3
The expiration periods should be strictly respected in the procedures under the UNJSPF Regulations and the UNAT appeal rules
The exercise of a right has to be done within the time limits established by the rules. Examples:

- The recognition of prior contributory service is not possible if the request is not submitted within a one year period by an eligible participant. Any request after the mandatory deadline is time-barred.

Restoration of prior contributory service upon re-entering the Pension Fund is not automatic; the request has to be submitted within the mandatory deadline.

Judgments 2010-UNAT-004 and 2010-UNAT-019.

- If an appellant has failed to make the pension contribution during a period of leave without pay or secondment, he cannot expect his organization to perform its corresponding duty to make contributions on his pension during that period.

The pension contributory service during a period of leave without pay or a secondment to an agency that does not participate in the UNJSPF cannot be done retroactively. Judgment 2010-UNAT-017.

- The Tribunal has been strictly enforcing and will continue to strictly enforce the various time limits established in the deadlines for the Tribunal procedures, unless serious circumstances such as a disease might justify departing from this jurisprudence.

The time deadlines in the appeal to the UNAT have to be observed. Judgment 2011-UNAT-158.

Lesson 4
Regulations cannot be applied retroactively
Example: The General Assembly introduced the benefits for divorced surviving spouses starting 1 April 1999. The Pension Fund cannot pay this benefit for any period before that date. To deny such payment is not against but according to the Regulations.

It would be a violation of the rules to make payments corresponding to a period before 1 April 1999. Judgment 2011-UNAT-156.

Lesson 5
The UNJSPF acts on the basis of its own, self-contained Regulations and Administrative Rules
This principle is particularly important in disputes about issues of marriage and divorce. National legislations are not always applicable in the determination of the marital status of Pension Fund participants and beneficiaries. A marriage certificate is essential to prove that a legal marriage has taken place. A divorce decree is no proof of marriage even though the date of the marriage is mentioned therein if a valid marriage certificate is not available.

The marriage status of a staff member is determined by the law of the staff member’s nationality. However, this principle cannot apply if a staff member enters into a marriage or partnership under a law other than the one of their own nationality. For instance, the dissolution of marriage under French law (non-polygamy system) cannot legally be accomplished in a country under Sharia law (polygamy system) if the divorced wife is not given the right to be notified and the opportunity to respond.

Any decision by a national tribunal is not binding on the UNAT.


Lesson 6
Revision of a final judgment is an exceptional procedure and not an additional opportunity to re-litigate arguments that failed at trial by the Board or the Standing Committee or on appeal to the UNAT. No party may seek revision of the judgment (res judicata) merely because
Judgments by the United Nations Appeals Tribunal, 2010–2011

that party is dissatisfied with the pronouncement of the Tribunal and wants to have a second round of litigation of the same issues which have been settled in the previous litigation. The stability of the judicial process requires that final judgments by an appellate court be set aside only on limited grounds and for exceptional reasons. A judgment can be revised if the appellant can show that: (i) there is a new fact which at the time the judgment was rendered, was unknown to the Appeals Tribunal and the party applying for revision; (ii) that such ignorance was not due to negligence of the re-litigating party; and (iii) that the new fact would have been decisive in reaching the original decision.

Revision of the judgments issued by the UNAT has to be requested on highly justified reasons.


Lessons for the Pension Fund and the Standing Committee

If the Pension Fund does not present to the UNAT a copy of the order detailing its decision and the order issued by the Standing Committee supporting the Fund’s decision, the Tribunal is unable to determine the reasoning for such decision.

The appellant has the right to know the reasons that support an unfavourable decision by the Pension Fund and the Standing Committee. Failure to record or provide a copy of the order to the party concerned is a grave violation of due process rights as it deprives the concerned party of the proper opportunity to file an appeal. The appellant has to be informed of the documents submitted by the Pension Fund to the Standing Committee, be invited to attend the meeting, or at least to submit written evidence, and receive its final report on the case providing valid, legal and reasoned explanations.


Concluding remark

The most important lesson offered by the UNAT judgments on pension issues is the core of the juridical system. It does not matter to feel being right and to be convinced of having reached the most correct logical thinking in support of an appeal. What really matters is whether the claim was prompted by a clear non observance of the Regulations and therefore the appeal is addressed to denounce that the challenged decisions by the Pension Fund and the Standing Committee are flawed and a clear violation of the rules.

Websites Sources:


Antonio Pio MD, Former WHO Geneva staff, Mar del Plata, Argentina, January 9, 2012

Remembering the Past

All AFSM members are invited to participate to our project “Remembering the Past”. The project, started in 2008, aims to collect the reminiscences of the life of former WHO staff members by exchange of e-mails based on a list of questions. The texts of 18 interviews are already on line on the WHO web site (Programmes/AFSM / History matters / RtP List of authors). For information, please contact poms@who.int attention Jean-Jacques Guilbert

New members

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

Annual members:
Nadia SHOIB HAMDY

Conversion from annual member to life member
Laura CIAFFEI; Praxedes FONTANILLA
Teaching in Afghanistan

I retired on 14 April 2010. On the following day, 15 April, two friends from WHO and I took off for a three-week adventure to the "silk route" which included five of the "stans", Kazakhstan, Uzbekistan, Tajikistan, Turkmenistan...

As there was a civil disruption in Kyrgyzstan at the time we decided better leave that fifth "stan" alone for the time being. I remember as we were travelling overland from Uzbekistan over to Turkmenistan, I jokingly suggested that as we were so close to Afghanistan, why not go over there. There was a mountain pass which seemed pretty well travelled and safe in the most northern part. “Maria, don’t even think about it” my traveling companions said in unison. “Oh, I was just kidding, but still, I bet it would be interesting.”

On 9 February 2011, there I was on a flight to Kabul, via Dubai. I had accepted an offer to teach Business English and fundamentals of Human Resources at a private institution of higher education situated in Kabul. I returned for two months in September and October 2011, where I was asked to teach Organizational Behaviour, HR Management, as well as English composition. I returned at the end of February until end April of this year. This time I am teaching short courses on Organization Change.

Obviously people are curious as to why anyone would be crazy enough to go to Afghanistan risking one’s life. They ask you questions or you get that tilt of the head, sad look of sympathy, “Oh it’s so nice of you to go help those poor people.” Believe me, it is not an altruistic act of charity. I get paid for what I do, although not as much as most expats, or foreign security companies. Most importantly, I like teaching, and teaching in this environment is challenging and it’s truly a learning experience for me as a teacher and for me as a human being. The danger part is an issue but I take it philosophically, like everyone else there, “Insha Allah.” Really, what else can you do?

When I was there last time, the chief negotiator with the Taliban and former President of Afghanistan was murdered and the US Embassy was attacked. The bombs and gun shots were not far away and could be heard and felt. Yes, it was scary… So, what draws me to this place? The first time I went, I said that I would never return, the second time, I said no way, I will never, never return. And there I was planning on my next trip. Surely, it is not the money, I say to myself. So, what is it—adventure, making a difference, ego, feeling alive, learning, satisfaction, achievement?

These are frequent questions I am asked: Are your students Afghans? Yes they are all Afghans. Are there women in your class? Yes, but not many. There are more women in the local language programs as perhaps women were not given the same opportunity to learn English.

Do the women wear burkas in the class? No, they don’t, but they do wear scarves, such as in the picture below. What kind of students are they? A large number are working adults, in the various ministries, UN agencies, security forces, USAID, NGOs, private sector. The others are young people, who are unemployed and who are hopeful that with the degree they will be able to secure employment.

But if they have a job, why are they studying? Well, studying to get ahead, to fulfill certain requirements for promotions which include higher education diplomas.

How do they behave? They behave like normal students, although I had expected the younger ones to be more disciplined and respectful.

Do they speak English? The students in the English program do; however, in a class of 60, I may have at least 6 different levels of English, which makes teaching a bit difficult.

Did you have any difficulties? Yes, I had problems particularly in one class were some of the students were disruptive and disrespectful, and where I actually cried…not in class of course. But, it was also a time for self reflection on how I behaved. Perhaps this is what brings me back, the fact that each time I learn more and more, not only about pedagogical methods and approaches in these difficult teaching situations but also about my own development. Guess you’re never too old to learn. And then you get messages such as this one and you are won over:

“….this is our best pleasure to meet and greet you in Kabul and specially to have another class with you. Believe me or not, the OB morning class was one of my best exciting moments in my life, the weather, your best teaching, our discussions in the break while have a cup of tea were all pleasure I had.”

Maria Dweggah

Association of Former WHO Staff
Back in Manila for the first time since 1997 I was overwhelmed by the metamorphosis the city has undergone: skyscrapers and shopping malls mushrooming everywhere, countless new housing subdivisions, a myriad of new highways and overpasses in all directions. In spite of this, traffic jams and air pollution remain a problem. What used to be the beautiful Manila Bay has been reclaimed and built on, housing among others Asia’s largest shopping mall, hotels and apartment blocks. The WHO Regional Office on UN Avenue is now fenced in on all sides and is well protected by numerous security guards.

Having lived in Manila for over 14 years I am very fortunate to still have many Filipino friends whose wonderful hospitality has no equal in the world. On arrival at nearly midnight I was met at the airport by my friend Kathy Fontanille, her brother and sister-in-law. The next day, my former WPRO office mates hosted a lunch at the WPRO cafeteria, the first of a series. I was able to enjoy some of my favourite Filipino dishes such as pinaakit, laing, sinigang, etc... My friends Kathy and Vilma organized a wonderful programme and saw to it that I met many old friends again. Delia and Romy Murillo hosted a gorgeous luncheon at their house in Tagaytay.

I also visited Ed and Carm Uhde who have returned from USA and settled down in Paranaque.

Another day I had lunch with Thelma Ballat and S.T. Han.

Retirees in the Philippines are extremely fortunate: no taxes levied on their pensions, no VAT charged in restaurants, pharmacies, and supermarkets. Depending on the area or barangay, cinema is free for retirees. UN retirees are well organized and maintain regular contact, they have set up an AFICS office in Manila. Former WPRO retirees also have an informal group and meet to discuss common concerns and activities. Bernie Barrientos is currently their President. They are particularly concerned with representation of the regions in the SHI Surveillance Committee, especially representation of the retirees.

I also took advantage of my stay there to travel and spent a few days in Bohol, Boracay and Laoag.

In short, I had a wonderful time and fondly remember my visit and plan to return before too long.

Anne Yamada-Vetsch

At Mr and Mrs Murillo’s house in Tagaytay

Thelma Ballat, Anne Yamada and S.T. Han
An Ecological trip : Discover « La Drôme ». 

In September 2012 I was invited to join a Press trip to La Drôme, the theme of which was Bio Eco Tourism. I took the train to Valence where I joined four journalists and a guide from the regional tourist board.

Our first visit was to the Réserve Naturelle des Ramiers. In the old station house we were introduced to the fauna and flora of the area but the late arrival of my train deprived us of the bicycle ride along the river bank although I feel that I was the only one disappointed! Beavers are protected and otters which have reappeared since 2005 are being studied by both French and Swiss scientists to determine their origins. Here the elimination of ambrosia which grows along the river edge is taken care of by sheep but not before July in order not to trample ground nesting birds. Having escaped the bicycle ride the shady terrace of Mou Pâs provided the opportunity to get to know each other and enjoy a delicious lunch (naturally bio) with products fresh from the local market. But no time for an afternoon snooze as our programme now began to resemble a marathon! Paul Keruel and Gilles Xuereb (originally from Brittany) awaited us at La Frigoulette, their small chocolate factory in the nearby valley of La Gervanne. They import the basic products directly from Sao Tomé where they have now opened a training school and a shop and promote fair trade. The chocolate flavours are astounding, covering a range of spices, wines and essential oils and I could already visualise the necessity to go on a diet after this trip! The surrounding area is basically agricultural with varied crops and vineyards and that was where we were now heading. In Saillans we were awaited in the Domaine Raspail where the vine is cultivated bio and matured in pure keeping with tradition and we were just in time to see the workers cutting the grapes by hand. A tasting of La Clairette and Le Crément de Die ended our visit and our next port of call was in the Vallée du Quint where we were to drop anchor for the night. La Lune en Bouche is as delightful as it sounds. Here the “chambres d’hôte” are in buildings which were part of a 17th century farmhouse. I chose to climb to a room high in the eaves from which the view was exceptional. We enjoyed our evening meal in the company of the owners but you can also choose to do your own cooking in the large well equipped kitchen. Next morning we headed into the Vercors and were accompanied by Kader (a local guide) on the sentier du Cirque d’Archiane. We scrutinized the sheer rock face and ledges in hope of detecting ibex which were reintroduced some years ago. Our wait was in vain but we were able to observe at leisure the vultures circling overhead. The paths are rugged and our time limited so with regret we moved on. Nicolas Vanier, the famous explorer considers the Vercors one of the loveliest places in Europe and has set up a camp in Vassieux where you will find log cabins and wigwams and use of solar energy. There are over 100 huskies in the camp and about 20 horses. I was delighted to be allowed into the enclosure with the dogs where I found myself sniffed and nuzzled and even got a few licks when off guard! But I will certainly go back as I really fell for those blue eyes! And if you want to learn how to handle a sledge drawn by a team of huskies this is the place. Our stop for the night was at the Auberge du Pionnier on the edge of the Lente forest. We enjoyed a family meal with other guests who were on a photo expedition during the day with Remi, mountain guide and photographer, who commented on the day’s photos around the table. Next morning we continued our route through the spectacular scenery offered by Le Col de Rouset and the Combe Laval known as “la route du grand vertige” which certainly deserves its name. Passing through Saint-Jean-de-Royans famous for its walnuts a visit to the Cave Noisel provided a wealth of information on all aspects of production and preparation of the nuts. Jean-Luc Odayer showed us how to open the nuts without breaking the kernel and we left with his recipe for “Vin de Noix”. By now our taste buds had sharpened and we looked forward in anticipation to a cookery session with Alain Bearn at Terre Gourmande in St. Martin d’Hoston. No time was lost in providing us with aprons and instructions and under Alain’s eagle eye and expert guidance we produced an excellent meal for which we then had his company. I would have dawdled but time was running short and reluctantly had to move on. This is but one of the many facets of La Drôme but which make me want to return and I hope I have shared some of my enthusiasm with you.

Mary Kehrli-Smyth
In memoriam

Dr Francisco Martin Samos (13 September 1922- 27 August 2011)

We learned about the death of Francisco only recently from his wife, Mrs Amparo Colome.

A graduate of the Royal Academy of Medicine of Granada (MD) and of the University of Montreal (DPH), Francisco began his career as a military doctor before joining WHO in 1961 for the WHO operations in the Democratic Republic of Congo, then in Gabon and finally he was the WHO Representative for Burkina Faso in Ouagadougou. The author of several publications and the recipient of a number of honours, Francisco retired in 1982 and lived in Las Palmas, Gran Canaria, where he devoted himself to his passion for painting. In 2007 he donated the painting he made especially for the AFSM and which you can admire on the wall of our office 4141 and on the front page of Quarterly News 67 (January – March 2007).

Two of us (Rosemary Villars and Jean-Paul Menu) enjoyed collaborating with him in Burkina Faso. His Sunday paellas were legendary.

AHETO Kpegbadza
AL ALWY Zamil
ANGARA Ariel
ARROYAVE Cornelia B.
ASHKAR Tanios S.
AWADZI Kwablah
BEGUM Khodeza
BIRK Sigrid O.
BLAVO-TSRI DUMOR Akoasiwa
BUSH Joan M.
CARBO Ricardo
CASTRO Alejandro
CHAMELI Shrimati
COELHO Walter
COTTON Nancy
CULLEN Paula
DIALLO Dramane
DURAND Maxime
FALCATO Joao Alves
GENEROSO Isaura
GUITA DE RODRIGUEZ H.
HEDERRA Raimundo

AHETO Kpegbadza 29.06.2011
AL ALWY Zamil 25.05.2011
ANGARA Ariel 09.08.2011
ARROYAVE Cornelia B. 09.07.2011
ASHKAR Tanios S. 02.08.2011
AWADZI Kwablah 16.03.2011
BEGUM Khodeza 03.07.2011
BIRK Sigrid O. 17.06.2011
BLAVO-TSRI DUMOR Akoasiwa 27.05.2011
BUSH Joan M. 13.08.2011
CARBO Ricardo 14.07.2011
CASTRO Alejandro 12.07.2011
CHAMELI Shrimati 29.03.2011
COELHO Walter 17.06.2011
COLLIN Valerie Ann 20.08.2011
COTTON Nancy 29.06.2011
CULLEN Paula 08.07.2011
DIALLO Dramane 17.08.2011
DURAND Maxime 28.03.2011
FALCATO Joao Alves 31.07.2011
GENEROSO Isaura 09.05.2011
GUITA DE RODRIGUEZ H. 05.05.2011
HEDERRA Raimundo 15.11.2010

HENRY Mervyn 22.06.2011
JENSEN Eleanor 07.10.2010
KAPITANE Khantaway 30.07.2011
LU Frank C. 25.05.2011
MILOV Jordan S. 02.07.2011
MULLICK Mohammad Afzal 08.08.2011
MUREFU Peter S. 13.11.2008
NEBRES Salvador L. 02.07.2011
OSTENSEN Harald Magne 16.06.2011
PASQUIER Janine M. 01.05.2011
PERRIN Robert 01.07.2011
QUATTARA Tiemoko 31.08.2009
RANKINE Maria 26.02.2011
SANCHEZ Maria Cristina 03.07.2011
SCHMITT Otto Wolfgang 05.06.2011
SELINUS Ruth S.M. 03.12.2010
SILVEIRA Manoel 26.08.2008
SOLAR Miguel 02.04.2011
STEPHEN Maria 02.05.2011
STERN Draga 30.07.2011
TALLON Brian Ronald 19.03.2011
UZARZABURU Cesar 25.06.2011
WILSON Laura Reyes 24.06.2011

Jutta Gambke, our old colleague and friend, sadly passed away on 16 February 2012 at the age of 76 years. Jutta came to Geneva in 1963, where she was responsible for running the library at the ICRC Federation before joining WHO in August 1968, where she worked in the Leprosy Unit as a Technical Officer for 23 years. The leprosy library which she maintained was very well organized and her knowledge was encyclopaedic. Jutta was a remarkable person, very discreet, cultivated and kind. For those who had the rare chance of being invited to her home in Chambésy, they were guaranteed a very warm welcome and a glimpse of the beautiful garden she tended. She was a wonderful colleague and a lovely lady with whom her colleagues spent many happy times and have fond memories and who are very sad to lose her.

Jeanne Ryan, Joan Bell Davenport

Lillian Taft-Larsen’s many friends and former colleagues will be sad to hear that Lillian died recently after a short illness. Our kindest thoughts and commiserations to Lillian’s husband, Poul Erik.

Jill Conway Fell

Association of Former WHO Staff
Readers’ corner

Dr J-J. Guilbert invites readers to respond to his reflections on the boiling alive of lobsters (QNT86). Here is my reaction:

I don’t quite see why, in order to infer that a lobster might feel pain, you need “hard-core philosophy—metaphysics, epistemology, value theory, ethics.” I remember some 80 years ago, unschooled in any of those disciplines, feeling sorry for the shrimps that I had caught (this was before pollution) and proudly handed over to my mother when she tipped them into a pan of boiling water. My qualms were quickly allayed by her assurance that they couldn’t feel pain and anyway died instantly, so I watched with fascination and a clear conscience as their colour changed from translucent bottle-green to opaque pink.

I have never myself cooked a lobster or seen one cooked, but am reliably informed that if, instead of being plunged into boiling water, it is placed in a pan of cold water which is then brought progressively to the boil, it slips into a coma and dies a quiet and seemingly painless death, with no gruesome writhing or creepy rattling of lids. Easy, you might think, were there not a disputed but tenacious belief that a lobster so killed loses much of its prized gustative properties: no pain for the lobster, no pleasure for the epicure.

An obvious way to settle the question would be a double-blind tasting, with cohorts of diners and waiters kept ignorant of the manner of death of the lobsters served by the latter and appraised by the former. Perhaps someone with enough time and money would care to organize such a trial. Meanwhile I should be very happy to try a lobster cooked in this purportedly painless way. Would Dr Guilbert? And if not, why not?

John Fraser

After reading the article in QNT 86 I once more “considered the lobster”

I felt, and continue to feel, somewhat indignant at the fact that some “humans” treat all kinds of animals as if they were not living creatures. Although I have not renounced my carnivorous habits, this has led me not to consume lobster. I avoid meat dishes which imply suffering for the animals, either during rearing or from the method used to sacrifice them. Widening the debate, I have always done my best to avoid, and even to ease, the pain of animals. I can say that I respect their life as long as it does not threaten mine.

I have several times stopped on the road to assist a wounded dog or cat. I find unacceptable shows that involve putting an animal to death perpetuated by lovers of bullfighting in a region of France that I know well.

In conclusion, I think that altruistic morality (when it exists) should not be limited to our fellow human beings.

Pierre Delon

Many thanks for having taken the time to react to one of the articles.

Please continue writing to your magazine. Articles, reactions, pictures, etc. are always welcome.

Association of Former WHO Staff