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

Trip in Norway: the world’s most beautiful voyage (see article page 13)

Photos taken by Sue Block Tyrrell during her trip in Norway

The ship in Tromsø at 2 a.m.

Crossing the Arctic circle

the Trollfjord

the North Cape

A few photos from our annual reception: below, Jean-Paul Menu during his speech

Photos Samy Kossovsky

Miss England 2014

We have pleasure in informing you that Carina Tyrrell, age 24 years, who is the daughter of our friend and Vice-President Sue Block Tyrrell, has been elected Miss England 2014. The British press compliments Carina on beauty with brains: she will finish her medical studies in 2016 at Cambridge University in the United Kingdom and is working hard to promote and help with humanitarian causes. She has recently completed an internship at WHO. She will soon compete for Miss World and we wish her every success and happiness.
EDITORIAL

Our Association of Former WHO Staff Members is growing around the world. After AFSM Manila, it is the turn of AFRO, with the very recent creation of a network of former staff (see page 15).

Our reception, enjoyed by all, has just taken place, for the first time in October. We will discuss whether to maintain this date or to revert to the month of December.

In accordance with the Statutes, elections for the Executive Committee took place this year. We received only 12 candidatures for the 12 seats on the Committee: therefore, in line with the decision of the General Assembly in October 2013, there was no need to proceed to a vote. The candidatures were reviewed and considered satisfactory by the AFSM Polling Officers and the candidates were declared elected (see page 10). The Committee would welcome the help of other AFSM members who can be co-opted in accordance with the Statutes (para. 5).

The International Day of Older Persons was celebrated as usual on 1 October: this year the event took place at the United Nations in Geneva (see next issue).

A seminar on isolation, organized by AFICS in collaboration with AFSM and the ILO association of former staff, was held at the ILO on 2 October. Experts from both Geneva and neighbouring France addressed this important topic and discussions focused on material, physical and psychological problems and how to solve them.  

DC
Our health: Shingles

My girlfriend

It’s now 3 months since I met my girlfriend. At 74 years of age, this is flattering and quite frankly unexpected. She arrived one night, without any warning, but it took me 3 days to learn her name, rather exotic but charming. She has taken more and more space in my life. By day and by night she never leaves my right arm. Sometimes it’s exhausting. Fortunately my legitimate wife understands us and even does everything possible so that I can look after her.

I’ve done everything I can to make her leave me but nothing works. She clings to me as no one ever did before her. Perhaps one day, in a month or in a year, she’ll get fed up. I almost forgot to tell you her name: Shingles

(J-P Menu)

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Statistics:

More than 100,000 cases annually in France, 500,000 in the USA, around 13,000 in Switzerland; 90% of the population have had chickenpox during childhood and it is generally necessary to have had that infection in order to develop shingles later. In rare cases a child may develop shingles without previous varicella infection. In this case, he will be protected against varicella.

Persons at risk: Mainly those aged over 60 years, stress, excessive exposure to sun (beach, mountain...), serious health problems, deficiencies of the immune system (HIV/AIDS, chemotherapy for cancer, treatment with corticosteroids or other immunosuppressive drugs...)

Symptoms: There are 3 clinical phases: Before, during, after, the skin rash.

Patients are not contagious except by direct contact during one week following the appearance of the skin lesions (acute phase): they will not transmit shingles, but may transmit chickenpox.

Therefore direct contact should be avoided between a pregnant woman who has never had chickenpox and a person with acute phase shingles.

Typical symptoms:

1. Before the appearance of skin rash
   - Pain, prickling, burning sensation along the pathway of a nerve (for example on the chest). The symptoms are restricted to one side of the body or to a very limited zone
   - Sometimes slight fever, gastro-intestinal symptoms

2. During the skin rash (acute phase)
   - small vesicles on a red base, which dry after a few days to form scabs which later fall off, the process taking 2 to 4 weeks to complete.
   - localization to the thoracic region (53% of cases), cervical (20%), the face (15%), the lumbo-sacral region (11%), an upper limb, an ear, or around an eye. In severely immunocompromised patients, such as those with HIV/AIDS, the lesions may be diffuse.
   - very severe pain, sometimes almost unbearable, in the area of the skin rash.

3. After the skin rash (post-herpetic phase)

Complications:

- post-herpetic neuralgia, i.e. persistant pain after disappearance of the rash; it may last for several months in elderly patients.
- intense pain resembling sciatica in the level of pain sensation (like an ‘electric shock’), burning sensation in the zone where the skin rash had been present
- feeling of continuous pain
- extreme sensitivity to touch
Our health (Cont*)

- loss of sight in cases of shingles affecting an eye (ocular shingles), in which case a doctor should be consulted without delay
- neurological disorders: the infection can affect the brain and cause complications including encephalitis, meningitis, facial paralysis, impaired hearing.
- cutaneous infections: risk of developing skin infections causing cellulitis, impetigo, abscess.

In severest cases, there may be secondary bacterial infection of the bloodstream causing septicemia, endocarditis, glomerulonephritis or pneumonia.

**Differential diagnosis**

Shingles can be mistaken for other herpes virus infection (herpes simplex), heart attack, or appendicitis (according to the localization and intensity of the pain)

**Diagnosis:** This depends essentially on observation of the vesicular rash (limited generally to one side of the body.) In case of doubt, the doctor can request examination of a sample of vesicular fluid (or other specimens) for presence of the virus.

**When should the doctor be consulted in a case of shingles?**

As quickly as possible in order to avoid complications

**Treatment: Acute phase**

- analgesics of various types, in some cases even morphine derivatives
- antidepressive drugs
- antivirals
- topical anaesthetic (lidocaine patch)
- medicines used to treat epilepsy
- antibiotics for cutaneous application to treat secondary bacterial infection of the rash

**Preventive treatments, vaccination**

Preventive treatments based on aciclovir or immunotherapies.

A vaccine against shingles exists (Zostavax®), but the attitude of medical authorities varies in different countries (as does current availability of the vaccine).

In the USA vaccination against shingles is recommended by the health authorities for persons over 60 years of age.

In France and Switzerland, vaccination is not specially advised or recommended.

In the UK, a national programme has been set up for large-scale vaccination against shingles for persons over 70 years of age.

A large-scale study, *Shingles Prevention Study*, involving 957 shingles patients found that vaccination reduced the typical shingles pains by 62% and reduced post-herpetic neuralgia by 67%.

**Phytotherapy**

Cayenne pepper used in the form of a cream or patch

Aloe vera, as a gel to relieve the pain

‘Grandmothers’ remedies’ Clay poultice, cabbage poultice, essential oils – lemon, cypress, basil, geranium, lavender, rosemary, sage, thyme

Remedy based on brambles and white wine

The vast range of these treatments shows that the pain associated with shingles is very difficult to deal with. In any case, your own doctor will give you advice.

*Dr David Cohen*
The Electronic Cigarette (2)

Since the release of electronic cigarettes on the market, many things have changed and research on e-cigarettes has progressed at its own pace in different countries.

University professors claimed the use of e-cigarettes as the “new system” to quit smoking and suggested it to their patients, pending evidence of its harmfulness. One advantage recognized by smokers was that, unlike conventional cigarette consumption which has been regulated for a long time by local and international laws, the e-cigarettes were exempt due to a legislative vacuum. Consequently, consumption of e-cigarettes was freely available everywhere. Hence their success. As always, countries expected WHO advice before adopting measures to prohibit or authorize them on their territory. There was a real expectation and finally on 26 August 2014, in a press release, WHO announced that a report on electronic nicotine delivery systems (ENDS) had been published for consideration at the Conference of Parties (COP) \(^1\) in Moscow in October this year. This report had been prepared at the request of the COP at its fifth session in 2012. It takes into account the discussions and scientific recommendations of the WHO Study Group on tobacco product regulation -TobReg- which met in December 2013 to study the issue of ENDS, as well as to analyze the results of a recent survey conducted by WHO on tobacco products. A questionnaire on smokeless tobacco products, ENDS, cigarettes with reduced ignition power and new tobacco products, had been sent to all member countries. Only 90 countries had responded by 9 April 2014.

The new report confirms that the use of e-cigarettes requires global regulation in the interests of public health. These regulations are needed to:

- prevent promotion of ENDS to non-smokers, pregnant women and young people and prevent them from using these products;
- minimize the potential risks of ENDS for users and non-users;
- prohibit unfounded health allegations about ENDS;
- ensure that existing tobacco control measures are not influenced by commercial and other vested interests of the tobacco industry.

The report states that while it is necessary to conduct additional research in several areas on the use of the e-cigarettes, regulations are required now to deal with health problems especially with regard to:

- advertising
  - All forms of advertising of ENDS must be regulated by a governmental body. If this is not possible, the complete prohibition of advertising is preferable to the application of voluntary codes of marketing of these products, given the considerable amount of evidence that such codes for tobacco and alcohol products have failed to protect young people from advertising.
- use of ENDS in public places
  - Users of ENDS should be legally required not to smoke (vapour) indoors in public and private places, especially in places where it is forbidden to smoke, until it is proven that the exhaled e-cigarette aerosol is not harmful to others and until enough data are available to prove that the application of non-smoking policies is not compromised.

The WHO document concludes that at the moment there is insufficient evidence to show that e-cigarettes help to quit smoking. Smokers should be advised to use traditional methods to stop smoking.

Laura Ciaffei

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1 The COP is the central body of the Framework Convention on Tobacco -CCCT.

Source: WHO Report on regulation of e-cigarettes and similar products
News from WHO

Highlights of events over the past few months

The Ebola outbreak in West Africa is of course at the top of the WHO agenda. Events change daily and it is impossible to give you up-to-date news: readers hear and see this every day from the media.

- For the first time in history, the UN General Assembly and the Security Council have approved resolutions creating a UN Mission for Ebola emergency response: the Mission will bring together the vast resources of the UN agencies, funds and programmes, to reinforce WHO’s technical expertise and experience in disease outbreaks. In her address to the Security Council, Dr Margaret Chan, Director-General, commented that the Ebola outbreak “is likely the greatest peacetime challenge that the United Nations and its agencies have ever faced”. The DG has set up a new HQ structure for the Ebola response and many staff have been deployed to help in Geneva and in the field. A series of important activities has taken place including: meetings of Health Ministers from West African countries; the opening of a Sub-regional Outbreak Coordination Centre in Conakry, Guinea; the launch of a USD 100 million outbreak response plan; a meeting of the Emergency Committee under the International Health Regulations; a meeting of a panel of medical ethicists to explore the use of experimental treatment and who should receive it; and a consultation of experts from the groups developing Ebola interventions, together with policy-makers from affected countries, ethicists, clinicians, researchers, regulators and patient representatives.

- WHO expressed its grave concern about the attacks on health care facilities in Gaza and reminded all parties to the conflict of their ethical and legal obligations to protect medical services under international humanitarian law.

- In July, new WHO “Noncommunicable diseases country profiles 2014” were issued in support of the UN General Assembly’s assessment of efforts made since 2011 in controlling such diseases as heart disease, cancer, diabetes and chronic lung disease.

- Also in July, WHO released a progress report on HIV treatment and other health sector interventions at the biennial International AIDS Conference in Melbourne, Australia. WHO has also recently highlighted ways to improve provision of HIV services for key groups.

- End August, WHO organized a global conference on climate change and health.

- WHO and partners are providing support to displaced people across Iraq by controlling disease outbreaks, supplying medicines and strengthening hospitals, clinics and the health workforce.

- On the occasion of World Heart Day, on 29 September, WHO called upon countries to decrease the overuse of salt by implementing WHO’s sodium reduction recommendations to cut the number of people experiencing heart disease and stroke, and, in turn, save lives.

WHO is responding to an unprecedented scale of humanitarian emergencies. For the first time ever, WHO is leading the health response to 5 major humanitarian crises at the same time. More than 60 million people, from West Africa to Iraq, urgently require a wide range of health-care services. WHO is simultaneously working in Central African Republic, Iraq, South Sudan, Syria and West Africa.

To keep track of WHO’s actions, readers are advised to consult regularly the WHO web site.

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

Sue Block Tyrrell
I attended the 43rd annual session of the Council meeting of the Federation of Associations of Former International Civil Servants, as part of the AAFI-FAICS (Geneva) delegation. The meeting was hosted by the FFOA (Former FAO and Other UN Staff Members Association) in FAO Headquarters. Out of 57 associations of retired UN staff, 33 attended or were represented.

As usual, the main part was devoted to pension issues. Mr Sergio Arvizu, the Chief Executive Officer of the UN Joint Staff Pension Fund (the Fund), assured the participants that the Fund was in a very good operational and financial situation but needed to modernize to adapt to the changing environment. The actuarial situation has significantly improved, essentially due to the increased age of retirement (from 62 to 65) but it still shows an actuarial deficit of 0.72%. The FAFICS Council decided on the recommendations that its representatives would have to defend during the session of the UN Joint Staff Pension Board (the Board) that would immediately follow the Council meeting. The first one was to defend the two track system which, while not specifically targeted, was mentioned as being costly to the Fund. Other priorities considered by FAFICS included: eliminating the reduction in the first pension adjustment due after retirement, improving the Pension adjustment system, absorbing bank charges, revision of small pensions and reviewing procedures for appeals by retirees to the Board. It was made clear however that no improvements in benefits to retirees could be considered by the Board for the time being.

The second major item on the agenda of the Council dealt with health insurance schemes for UN retirees. Contrary to the single joint Pension Fund for all retirees, most UN agencies, including of course WHO, have their own. Consequently, the role of FAFICS is mostly limited to comparative studies of the various schemes and the collection and sharing of information on changes in the provisions. The meeting was reminded that the UN General Assembly had asked for a survey of health care plans for active and retired staff within the UN system with a view to exploring options for increased efficiency and to contain costs. FAFICS is participating in these activities.

Among other subjects, the Council considered how to manage communications between member associations, how to better use the UNJSPF Emergency Fund and whether it should support the creation of a UN Ageing Agency. With regard to this last item, the Council considered it was premature.

The presidency of FAFICS has passed from our friend and AFSM colleague Roger Eggleston to Ms Linda Saputelli, President of AFICS-New York.

Having the possibility to attend the FAFICS Council meetings allows the AFSM to be kept immediately informed of the main concerns of the world community of UN retirees and to participate in the dialogue with the Pension Fund staff. I was happy to meet again with several presidents of associations of former UN staff who are also friends and members of our AFSM.

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**Readers’ Corner**

Dear David,

I was interested to read the article about the buildings of WHO/EURO¹. When I joined EURO, in December 1956, they were housed with HQ in the Palais des Nations. The move to 8 Scherfigsvej in Copenhagen was in June 1957.

At that time, the TRO (Tuberculosis Research Office) was in the white villa which the Danish Government had seized from a merchant who had allowed the invaders to use his ships during the war. The square yellow building was constructed for the Regional Office and later extended - the addition of Russian and then German as working languages requiring a larger staff.

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Rosemary Bell
UN and the Security Checks

Since a decade ago, the UN organizations have become very security conscious and have built elaborate means of security checks for people visiting them. Although the UN Charter mentions that the system was set up for the “peoples of the world”, it now appears more and more that “peoples” are the most excluded ones while the system is geared to admitting government representatives apart from staff. Some of the security checks are needed in view of the threats that exist from “terrorists” and the disaffected. The lesson of Baghdad is still fresh in mind. However, the question arises whether the elaborate checks are really necessary.

In Geneva, the UN has the most stringent security check. However, the often-encountered lack of courtesy and the apparent nonchalance are remarkable. Of course, the number of visitors is the highest to the UN while the threats are also probably highest. And, there are always differences in comportment of security personnel. In the UN, sometimes one encounters rude refusal to admit “old” people and their badges are invalidated since they have the temerity to object. But one also encounters extremely pleasant behaviour including wishes for a “happy day”. Although it is difficult to generalise, my personal experience indicates that women security guards are more pleasant than their male counterparts.

On the other extreme, ILO – among the big Organizations – has the most humane security check. All you have to do is to submit a personal ID like a passport or ID card and they pleasantly give you a badge. In spite of the apparent “laxness” of checks, one has not heard of more “terrorist” attacks at ILO compared to – say – WHO where you have to specify who you are visiting.

Apart from the differences in procedures, I have often thought why are the security guards not more pleasant? The only explanation I can come up with is that human beings love to exercise power and this is the only way they can exercise it at the gate. They seldom get appreciation for being “nice” to people and some of the guards are also vestiges of bureaucratic procedures of a neighbouring country.

My question is what it will take to make the process more humane and pleasant—some training perhaps. Also what are the experiences of others in various organizations?

Dev Ray

The skies in October–December

Right now, there are no bright planets high in the evening sky, though Mars is over in the south-west in the early evening and Jupiter rises later on in the east. So it is a season for good old stargazing. In the northern hemisphere, one of the best-known constellations is virtually overhead – Cassiopeia. Its W-shape is very obvious. Scan it with binoculars to see lots of stars and clusters of stars, because it is in the Milky Way – that band of light that is our own galaxy seen from the inside, though you need a dark sky to see it well.

Next look for a very bright star, slightly orange in colour, farther to the east from Cassiopeia, though still high up. This is Capella, which is overhead later in the evening or in a month or two, the lead star in the constellation of Auriga, which is a large pentagon of stars. Between Auriga and Cassiopeia is another constellation, Perseus, with a bright star, Mirfak, and fainter stars on either side of it. Perseus is also a good place for stargazing with binoculars. In particular, look at Mirfak itself with binoculars and you will see a glittering group which includes an obvious S-shape like a switchback bend.

In the southern hemisphere these stars are either below the horizon or very low in the north. Instead, the bright star high up is Achernar, in a rather barren area of sky.

For more on what’s happening in the sky, visit the Society for Popular Astronomy’s website, www.popastro.com.

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

I can’t be that old!
I was in the waiting room for my first appointment with a new dentist when I noticed his diploma hanging on the wall. I read the name and suddenly remembered a tall, dark-haired youth I went to school with. He was in secondary school with me some 40 years ago and I wondered if perhaps he was the one I had a secret crush on. When I walked into his surgery, I realized that it could not possibly be him. This man, standing before me, with thinning grey hair, wrinkles, and with a big belly was obviously too old to be my secret love. Although, there were some similarities, and I began to wonder. After he had examined my tooth, I asked him if he had been to Henry IV’s College.
"Yes", he replied
"When did you take you A levels?" I asked.
"In 1972. Why do you ask?"
"Well, you were in my class!" I exclaimed
And to my horror he replied: "What did you teach?"

Sent by Edith Bernard

Elections to the Executive Committee 2014–2016

In May this year the outgoing Committee of the Association made a call for candidates to stand for election to the Executive Committee for the period November 2014–October 2016. The Committee consists of 12 elected members.
The last General Assembly of the Association held on 8 October 2013 decided that if the list of candidates contains only 12 names or fewer, those candidates will be declared elected without proceeding to a vote. Candidatures should, however, be reviewed beforehand by AFSM Polling Officers to ensure they meet the set criteria.
As at the deadline fixed for the submission of candidatures (31 July 2014), we received 12 names and subsequently confirmed that all 12 candidates meet the required conditions. Consequently, we informed the President of the outgoing Committee that we agree that those 12 candidates will form the Executive Committee 2014–2016. They are, by alphabetical order:

Yves Beigbeder, Sue Block Tyrrell, Laura Ciaffi, David Cohen, Maria Dweggah, Pascale Gilbert-Miguet, Roberto Masironi, Jean-Paul Menu, Dev Ray, François Trambelland, Ann Van Hulle-Colbert, Anne Yamada.

11 of the 12 candidates are already members of the outgoing Committee and we are pleased to accept the candidature of a new member, Mr François Trambelland.

Janet Clevenstine (Coordinator), Sandra Edgar Wright, Helena Mbele-Mbong, Andrée Prodham

AFSM Polling Officers, elected by the General Assembly

All members of the Association have already been notified of the composition of the new Committee which also includes Roger Fontana and Alain Vessereau (Honorary Presidents) and Samy Kossovsky (Honorary Member). We thank most warmly our Polling Officers for their invaluable assistance. In the January 2015 issue of the Quarterly News we will inform you of the composition of the Bureau and of the list of responsibilities.

The outgoing Committee
Our unique retiree in the UN Olympic Games 2014

The 41st annual edition of the UN ‘Olympic’ Games was held in Hempstead, Long Island, New York State, on 23-27 April.

This was the first visit of the Games to North America and considerable expectations and misgivings were attached to the event. Expectations in terms of greater participation by staff from our sister agencies UNNY, UNDP, UNFPA, ICAO, etc., which were happily fulfilled, and misgivings in terms of travel and visa constraints, which were equally happily mostly un-fulfilled.

The Games followed the traditional pattern of the 900+ participants being scattered over a range of ‘disciplines’ from the more active Athletics, Volleyball, Tennis and Swimming, to the more sedate Golf, Pétanque, Darts and Chess. Newcomers this year included cricket and softball.

A major attraction of the Games continues to be the discovery of the global UN family, with a riot of acronyms – UNAMA, MONUSCO, CTBTO, CBO, UNMFS, UNMISS, UNMIL – fielding players from as far as Afghanistan, Mozambique, Nigeria, Philippines and Sudan. As captain of the one-man WHO chess team, I was pleasantly surprised to be joined by two WHO colleagues from Nigeria working with the polio programme. Picking up 2 “mercenaries” from UNCTAD and ICC (The Hague), we were able to form a competitive team.

Given that WHO has the largest staff force of any UN agency, its overall participation can only again be described as disappointing. Of the 31 participants, 5 (1 retiree) came from Geneva, 3 from Copenhagen, 20 from Africa (Congo, Mozambique, Nigeria, Zimbabwe), and 3 from Afghanistan. They nevertheless successfully contributed to gold medals in men’s and women’s swimming, and to bronze medals in tennis and the men’s 10 kms “marathon”.

The chess competition benefited from the largest turnout we have seen for several years, with 35 players forming seven 5-man teams, so we played constantly over the 3 days. The New York 1 team won handsomely, edging out the recurring champion IAEA and a solid Afghan team. Despite a top-score on Board 1, the ‘WHO’ team finished 5th, but only 1½ points out of 3rd place. The cheerfully chaotic Blitz event, which traditionally closes the tournament, rewarded Wais Hikmati of Afghanistan for some fine play.

Unfortunately, there were several negatives in the organization of these Games. The location was a huge mistake. Hempstead is quite isolated in the middle of Long Island, with no local attractions and a long distance from New York City, whereas the Games normally take place in tourist spots such as Biarritz, Seefeld or Pesaro, with various festivities and outings provided by the local community for players and supporters. The Hofstra University facilities lacked atmosphere, while players were scattered between 4 different hotels, at considerable distance from each other and from the University, making us totally dependent on shuttle buses which never turned up. It was bonanza time for the local taxi trade, whose taxi meters had unfortunately suffered a collective breakdown.

The good news is that the friendships and cheerful competition generated by the Games continued to be enjoyed by all and that the Games will be held elsewhere for the next five years.

Derrick Deane
Happiness: what causes it?


Arthur Brooks narrates the story of Abd Al-Rahman who was an emir and caliph of Cordoba in 10th century Spain. Abd al-Rahman wrote “I have now reigned above 50 years in victory and peace; beloved by my subjects and dreaded by my enemies. Riches and honour, power and pleasure have waited on my call. But I have diligently numbered the days of pure and genuine happiness; they amount to 14”. Was he unhappy?

We tend to associate unhappiness as the opposite of happiness. Although they are related, they are not opposites. The left cerebral cortex is more active when experiencing happiness while the right becomes more active when unhappy. One can feel a lot of happiness but also a lot of unhappiness. Achieving fame or wealth does not necessarily lead to happiness since like drugs or alcohol, once one gets used to it, one cannot live without them but also cannot live with them.

Current obsession with social media like Facebook, Twitter and the like enable people to broadcast details of their lives to friends and strangers in an efficient way but they portray the best parts of their lives like the nice house or the good meal which they are prepared to share. Since everyone is doing the same, one also watches only the best other people portray. Thus, one feels a degree of emptiness when compared to others’ achievements.

In one experiment in Rochester (USA) in 2009, researchers tracked the success of 147 recent graduates in reaching their stated goals. Those who had intrinsic goals like enduring relationships were happier than those who had extrinsic goals like fame or money. Of course, unhappiness is also caused by poverty or external circumstances – whether material or loneliness. But those who have achieved great wealth or material well-being are not more happy either.

In another survey, in 2004, 16,000 adult Americans were asked about their happiness and their sexual and material achievements. Although sexual activities were strongly correlated with happiness, it was in a monogamous situation rather than with multiple partners. Why are we unhappy when we have achieved what we set out to achieve?

The philosophical explanation may lie in the dissatisfaction one feels when we have achieved it – and we want more. This is where Buddhism, and some of the leaders in other religions, have put their mark by propagating the concept that money is the root of all evil but, more importantly, ultimate happiness consists of getting rid of all material desires.

Thus, if you want to be happier, channel your energy to caring for people rather than material wealth. Easier said than done

Dev Ray

Important contacts
AFSM: see on page 1
Health Insurance (SHI): +41(0)22 791 18 18; in case of absence, please leave a message: someone will call back,
Or email to: shihq@who.int
Pensions: +41(0)22 928 88 00;
Email: unjspf.gva@unjspf.org for Geneva
Or+1 212 963 6931 and unjspf@un.org for New York AFSM office
covered on Tuesday and Wednesday from 9:30 to 12:00.
Otherwise, please leave a message: someone will call back
Celebrating TDR’s 40th anniversary

In May 1974, the World Health Assembly requested the Director-General to intensify WHO activities in the field of research on the major tropical parasitic diseases. In response to this resolution, the Special Programme for Research and Training in Tropical Diseases (TDR) was established. The anniversary was celebrated at the meeting of TDR’s governing body held in Geneva on 24-25 June, the Joint Coordinating Board (JCB). Two former Directors of the Programme attended – Dr Adetokunbo Lucas (Director from 1976-1986) and Dr Tore Godal (Director from 1986-1998).

In his statement to the JCB, Dr Lucas referred to 5 pillars of strength to enable TDR to achieve its success: strong leadership in WHO and the other co-sponsoring agencies; eminent scientists and managers on the staff of TDR and other relevant WHO programmes; networks of scientists who serve as advisers and researchers; fruitful partnerships with the pharmaceutical industry; and sustainable generous contributions from the donors, enabling TDR to achieve its goals. He also referred to five essential features that constitute the current concept of global health: ethical standards based on equity and social justice; health research – multidisciplinary – biomedical and social sciences; strategic design and management of disease control programmes with effective monitoring and evaluation; collaboration – national, regional and global; and setting global priorities for disease control, elimination and, if feasible, eradication.

Dr Godal, in his statement, also referred to both TDR and global health issues, including: an important sentence for the start of TDR given by the late Professor Sune Bergström that TDR should be a network programme with a substantial budget; the decision by Roy Vagelos, former CEO of Merck to give ivermectin free of charge for however much is needed and for as long as it takes; the important work of the Global Alliance for Vaccines and Immunization and the Global Fund to Fight AIDS, Tuberculosis and Malaria; initiatives for results-based financing mechanisms; and the potential of m-health services using mobile telephones.

On the evening of the first day of the JCB, many former TDR staff joined the JCB participants and TDR staff to enjoy refreshments, including birthday cake!

Readers interested in TDR’s achievements and news can find information and a video on the TDR website – www.who.int/tdr/

Sue Block Tyrrell

Readers ‘Corner (Cont’d)

About our reception in October

Just a word of thanks for having organised this annual event at a much more sensible time of the year! As Jean-Paul mentioned during his “speech”, early October is still within “summer time”, and we can expect better weather than in December. What he didn’t mention specifically is that, the older we get, the less happy some of us are about driving in the dark purely from an eyesight point of view - I try to avoid it wherever possible. I find car lights can be temporarily blinding, especially on wet road surfaces. Driving on snow and ice is also to be avoided unless absolutely necessary, so all in all I hope this earlier timing will be maintained in future.

It was good to catch up with so many former colleagues after so long - I have only ever attended one of these occasions in the past, mainly for the reasons mentioned above.

Thank you once again.

Patricia Downes
News from our Regions: AFRO

Our readers will remember the article by Tanja Sleeuwenhoek (see footnote: A call for action, page 24) in the January 2014 edition (QNT94).

She was astonished by the lack of an association of former WHO staff in Africa and proposed, in the absence of a formal association, an informal network using the email addresses of former staff who have taken their retirement in Africa, as a means of staying in contact and circulating information.

Dr Kalula Kalambay has contacted us and explained the efforts being made to set up a platform for information exchange among the former WHO staff in the African Region. Retired from AFRO since August 2013, and presently resident in Canada, he had begun, starting from a few available email addresses, to set up a network for exchange of addresses and news of former colleagues. A very favourable response was noted among the correspondents who also strongly expressed a wish for the establishment of an association of former WHO staff of the African Region.

To speed up the process, Dr Kalula has just created a website, still under development: «AFRO Retired but Not Tired» (http://retirednottired.wix.com/retiredbutnottired). The first page contains three menus, home, photo gallery and video gallery. To access the menu of the forum, simply enter your email address to log in, then put in your message, possibly also with your photo. For the photo and video galleries, any contribution needs to be sent to Dr Kalula so that he can have it posted in the gallery.

He takes the opportunity to thank the colleagues in the Staff Association of AFRO for contributing email addresses and photos of former staff members (see the photo gallery).

We are therefore sending out a call to all former staff from the African Region, asking them to contact Dr Kalula and help to enrich this website. His email address is: kkalula@gmail.com

We hope that in the near future it will be possible to establish links between the website AFRO Retired but Not Tired and that of our association.

We wish the website a long life.

Kalula Kalambay and Jean-Paul Menu

Two trips: Rally in the Var and trip in the Périgord (not organized by AFSM)

1. From Friday 28 November at 17.00 h. to Sunday 30 November: rally in the Var with Sébastien and Séverine Loëb
   Cost - on double room basis: CHF 1650 per person.
   --------------------------------------------------------------

2. From 10 – 15 December: 5 days/4 nights discovering the Périgord
   Gastronomy, history and Christmas market in Sarlat
   Cost: € 990 per person in a double room – single supplement €120
   ---------------------------------------------------------------------

For details and signing up, please contact Valérie Vieille - +41 788359418 or by email info@cb-events.com
Hurtigruten: the world’s most beautiful voyage

The above statement appears on the advertisements and on my T-shirt, and how true it is! I spent 10 wonderful days at the end of May/early June admiring the spectacular coast of Norway from Bergen in the South to Kirkenes in the far North, next to the Russian border, and back to Trondheim. This is not a standard luxury cruise but rather a working ship which stops in almost every port, taking goods, post, local people and their cars, and of course tourists along this amazing coast line. Dress is smart casual. Perhaps the first night, you may be woken up as the ship docks for a short while in a couple of ports during the night, but you soon get used to the movements and noise and sleep right through them.

Every day, a Hurtigruten (which means fast route) ship leaves Bergen on its journey to the North, and similarly from Kirkenes to the South. The first such ship started from Trondheim to Hammerfest in 1893, some 120 years ago. Their ships hold between 340-1000 passengers, with space for about 35-45 cars, depending on the ship.

We were lucky with the weather and of course enjoyed the midnight sun. As the ship sails mostly between the thousands of islands off the coast, it does not matter whether your cabin is on the port or starboard side (assuming you spend time in your cabin!) as the scenery on both sides is spectacular. On a few days there is a stretch of “open sea” but the ship is never very far from land. How busy you are each day is optional. You can book excursions, just hop off for the time that the ship docks in different ports and explore the sights of the town, or just relax on board. We took the cruise to Kirkenes and back as the ship docks in each port at different times of the day or night on its way North or South. In any case, just 5 days would have been far too short a journey!

It is hard to find highlights for this article as the entire journey was magical, but needs must:

- crossing the Arctic Circle was special and celebrated in both directions
- entering the spooky “trollfjord” late at night under the drizzling rain and drinking a special hot brew whilst admiring the towering cliffs just above us
- watching the sperm whales off the coast of Andenes
- visiting the North Cape at Honningsvåg, seeing the reindeer and meeting local Sami people
- joining the Royal and Ancient Polar Bear Society in Hammerfest
- visiting the small but amazing Lofoten war memorial museum in Svolvaer – time did not permit us to do it justice
- the main highlight for me, however, was a midnight concert in Tromsø Arctic Cathedral – with the setting sun as we went in and a rising sun higher in the sky as we came out. The food was delicious – self-service buffet breakfast and lunch, and reserved tables with service each evening. Every day food from the local area is served, with a special seafood buffet on leaving Kirkenes, famous for its giant king crabs.

On our way to start the cruise, we took the train from Oslo to Bergen – a 7 hour comfortable journey with spectacular views, especially of the snow and ice at Finse. Bergen is a beautiful town to visit and taking the Flåm railway is a must. There is also an interesting leprosy museum. We disembarked from the boat at Trondheim and enjoyed visiting the sights, especially Nidaros cathedral and the Ringve music museum. Then we took the train back to Oslo, admiring the beautiful scenery en route. In Oslo, we were lucky to find Dr Tore Godal, former Director TDR, at home and enjoyed dinner with him and his wife Ann Kern Godal, former Executive Director for Sustainable Development and Healthy Environments.

For the Hurtigruten cruise, each season of the year has its own beauty and the brochures describe how the excursions vary: I am tempted by a winter cruise or, having experienced the Arctic, to try their Antarctic cruise! What a wonderful voyage!

(See photos on page 2)

Sue Block Tyrrell
WHO Interns and retirees

WHO has a large intern programme. Every year about 200 interns are employed in the summer and the same number in the winter. They apply for internship either just after graduation from university or in the last year of their studies. These young people are often motivated to learn about public health by working in WHO.

Unfortunately they are not paid – living in Geneva is not cheap. The intern alumni have formed an alumni association to try to improve the programme. In response to a survey they undertook, it appears that out of pocket expenses of interns are between 1500 and 2000 CHF per month. Thus over a period of ten weeks, the expenses are considerable – in addition they have to bear the costs of their transportation to and from Geneva.

Interns are also employed in regional offices and, sometimes, in country offices. The transportation costs become larger for, say, Manila. After they apply, the Human Resources department sends their CV’s to relevant departments to elicit interest – a programme can then accept an intern for a specified period of time. The programme has to arrange for the office space, computer and their insurance. A supervisor with whom the intern is going to work is designated. Although interns meet among themselves frequently and have social get-togethers, their primary attachment is to the programme.

Due to the costs incurred by interns, they are usually from fairly well-off families – principally from richer countries like the USA or from those resident in or around Geneva. There are very few interns from poorer developing countries. The situation is not the same in other international organizations. For instance ILO pays about 1850 CHF per month to interns both to help interns but also to induce supervisors to take the internships more seriously since they have to bear the costs. WHO has not agreed to such a scheme.

The interns, on the whole, consist of idealistic and motivated young people and they contribute a lot to their programmes. It is a special group who not only takes back good memories and skills but also often act as “ambassadors of goodwill” in the outside world in addition to their possible future role as health leaders or possibly WHO staff.

At the request of the intern alumni group (see www.internalumni.org), the retiree association – AFSM – had some discussions with them and agreed to collaborate on selected issues. We see a mutual benefit in that we, the retirees, can interact with young motivated people and they can learn from our past experiences. One major source of expenses for interns is the cost of lodging which is quite high in Geneva. I was wondering if some of us are willing to host interns during their stay – of course after selecting them with due care – since hosting someone has its drawbacks as well. Before considering the criteria of selection, we are interested to know if any of you are interested in hosting interns possibly for some rental.

Can any of you interested in hosting future interns send us an e-mail indicating your willingness? We can then convene a meeting to decide how to go about it.

Dev Ray devray@gmail.com

Events in the Geneva area

We are often advised of events in the Geneva area which may be of interest to local members. As before, important ones will be shared with you by post or by email. However, in the interests of economy, others will only be posted on the AFSM web site – www.who.int/formerstaff/en

We would therefore like to encourage readers living in the Geneva area to check our web site regularly.
In memoriam

Monica Tschappat
This lady, fondly known as Moni, passed away in Geneva on 23 June. Her funeral took place on 30 June.

Elisabeth (Yola) Horneffer, passed away on Saturday 12 July 2014 – she was almost 96 years old. Mrs Horneffer was an interpreter at WHO.

Isabelle Alexander passed away on 23 June 2014.

Jean-Paul Jardel passed away on 18 October 2014. An obituary will be published in the next issue.

Dr Mohammed Sharif was born on 7 January 1912 in Nabha, India. He had a passion to learn and teach which permeated his whole life right from his early years. His notable qualifications included M.B.B.S.; F.R.C.S. (England); Diploma in genito-Urinary Surgery (London); and Diploma in Aviation Medicine (USA). He merited Reid's Scholarship for proficiency at Grant Medical College in Bombay, India, in 1933 and was awarded Sir Currimbhoy Ebrahim Scholarship for three years postgraduate study in surgery in the United Kingdom. He pursued his "learn and teach" goal both in theory and in practice. From the theory perspective, he notably published on subjects such as surgery, medical history and ethics, family planning, medical education and public health administration amongst others. He was a role model in all his professional assignments.

Prior to joining WHO in 1962, Dr Sharif was a commissioned officer of the former Indian Medical Service where he provided distinguished surgical services from 1938 to 1947, including during World War 2 in the Middle East and Africa. From 1947 to 1961 he served with great achievements in Pakistan at ever increasing levels of responsibility first as Commanding Officer and Surgical Specialist at the Combined Military Hospital in Quetta and Baluchistan (1951 - 1954), second as Assistant Director Medical Services in Lahore and Punjab (1954 - 1956), third as Director of Medical Services of the Pakistan Air Force (1956 - 1959) and then as Director General of Health and Joint Secretary, Ministry of Health, Labour and Social Welfare of the Government of Pakistan, until 1961.

Dr Sharif was relentless in pursuing his "learn and teach" dream which he initiated by joining WHO in 1962. In his first assignment he established WHO's office in Tanganyika and Zanzibar (now Tanzania) as well as the first Medical School in its capital Dar-es-Salaam. He also assisted with the establishment of health centres in selected towns and in rural areas. He was subsequently seconded by WHO to UNRWA as "Director of Health and WHO Representative"(1964 - 1975) during which time he planned and implemented a fundamental and comprehensive primary health programme for UNRWA's Health Services in the Near East. He was subsequently entrusted the position of Director of UNRWA operations in West Bank and Gaza (1975 - 1977) carrying the responsibility for UNRWA's entire Relief, Health and Education services for some 200,000 Palestinians living in the sensitive territory of the West Bank (including East Jerusalem) and Gaza. His devoted services resulted in him being presented a poem by the famous Palestine poet-Dr Kamal Al-Ramawy. In its final verse, he was elevated to the venerable position of the "Father of all the West bankers, young and old". Following retirement, Dr Sharif acted as WHO Consultant to WHO's Regional Office for Europe at Copenhagen and for the Government of Turkey during 1977 and 1978. During the same period he taught the subject of public health administration and management at the American University of Beirut's School of Public Health.

Dr Sharif was honoured for active military service in the Middle East with the 1938-45 Star, the Africa Star, the Defence Medal and the War Medal. He was also bestowed the Queen Elizabeth II Coronation Medal, the Pakistan Independence Medal (1947), the Republic of Pakistan Medal (1956), and the Sitara-i-Quaid-i-Azam (SQA) Pakistan's Civil Honour(1961). He passed away soon after his 102nd birthday on 18 January 2014. He received a photograph from Her Majesty Queen Elizabeth II in commemoration of his 100th birthday on 07 January 2012. He will always be remembered as a generous, caring and compassionate person.

Gulseren Naqi (Daughter)
In memoriam

My father, Marsden Grigg Wagner, died peacefully on 27 April 2014 in hospital in West Virginia. He had an amazing life and did more and helped more people than most of us could ever dream of. I will remember him as warm and caring and loving and charming and brilliant and musical. He loved me very much and we had lots of great times together. I am lucky to have so many good memories of him.

For 15 years, Marsden Wagner served as Director of Women’s and Children’s Health for the World Health Organization. He was a perinatologist and perinatal epidemiologist, as well as a sought-after speaker for birth conferences, including Midwifery Today conferences. He was an outspoken advocate for normal childbirth and for midwifery, and was sometimes called upon to speak to legislators and policymakers about the benefits of midwives.

Marsden Wagner has published a number of influential books, including Pursuing the Birth Machine, Creating Your Birth Plan: The Definitive Guide to a Safe and Empowering Birth, and Born in the USA. He has written numerous articles that impact normal birth advocates all over the world.

His counsel has long been sought by film makers documenting childbirth issues. Interviews with Marsden Wagner appear in Rikki Lake’s The Business of Being Born, Barbara Harper’s Gentle Birth Choices, and in Pregnant in America. Marsden Wagner was one of the early whistleblowers on the dangers of the ulcer drug Cytotec that is being used for induction of labor, sometimes with deadly results. He has been adamant: “DO NOT USE Cytotec for induction of labor.”

Midwife and educator Gloria Lemay honors Marsden Wagner in her blog: “He wasn’t passionate about birth in a suffering way... he loved babies and he wanted to move obstetrics in an intelligent direction that would serve all of humanity, and he had fun with the journey.” She tells of how she once told him how much she admired him and how important his work was. He responded, “Gloria, you and all the women who actually go to the births, are the ones that I admire. You keep me going and I stand in awe of you.

Many years of his life have been invested in advocating for safer childbirth practices, and one of the primary things that Wagner has worked for is more midwives, and for a halt to the persecution of midwives. "We have for 50 years been brainwashing American women about childbirth, about how dangerous it is, how all the terrible things that can go wrong, and how you need to be in the hospital where all the doctors are and the machines are and all the operating tables so they we can take care of all the horrendous emergencies when they occur.... It's absolutely not true."

The single father of four worked tirelessly to bring about change, and often wrote or spoke scathing indictments of the medical birth machine. The Inquisitor has quoted Marsden Wagner previously when he nailed the bottom line about opposition to midwives, water birth, and homebirth: "It's all about territory. It's all about power. It's all about control. And at the end of the day, it's about money." Marsden Wagner never stopped encouraging women that the power of birth was theirs. His impact was immeasurable.

Karen Joan Wagner

Alec Smith

Alec died on 15 August 2014 of a heart attack. He was a dear friend and a genial colleague. Alec and Irene were among the earliest members of BAFUNCS and Alec was a past Chairman and Regional Representative of our Sussex Region.

Nilikanta Rishikesh and Helen Robertson

Glenn Thomas

WHO lost this competent colleague on the Malaysian Airlines crash on 17 July. Glenn worked in the Department of Communications (DCO) at HQ and was travelling to the International AIDS Conference in Australia. His twin sister says he died doing what he loved. Glenn was with WHO for more than a decade. He came from the BBC and spent many years providing communications support to the TB Department. Since 2012 he worked on the media team in DCO, regularly hosting press conferences and working with journalists to promote the work of WHO. Glenn will be remembered for his ready laugh and his passion for public health. He will be greatly missed.
Remembering Viviana Micucci

The “disappeared” in Argentina

After 36 years, a grandmother has just been united with her grandson who was born in a camp, taken away from his mother and raised in a family “in line with western and Christian values”. His mother, who was pregnant at the time of her abduction by the military junta, had been assassinated (The Guardian Weekly 15.8.14). Let’s hope it was the case for Viviana who was pregnant at the time of her abduction.

Amongst those who disappeared during the «dirty war» in Argentina was a PAHO staff member – Viviana Micucci. The Staff Committee set up a Viviana Micucci Committee to press for information on her fate.

Viviana and her parents were picked up from home by uniformed, armed men on 11 November 1976. Her brother was taken on the same day. The parents were held under harsh conditions at what was, judged by sounds, an air base for a few days, then released – Viviana and her brother were never heard of again. There was a delay of several days before her absence from work was reported and it was not until 1 December that the Regional Office in Washington was informed.

All representations to the Government by the UN were fruitless, it being maintained that she had never been held. The Viviana Micucci Committee had no success with the Argentine Mission to the UN in Geneva, although we were once politely received. Finally, after the change of régime, the Mission provided a report dated 4 September 1991. From it we learn that Viviana, born on 15 May 1951, had been pregnant when taken but there is no record of a birth.

If she had a child, he/she is amongst the unknown, maybe adopted. We have not been able to learn whether her mother is still alive.

One thing is sure: if anything happens to a staff member, protest must be immediate. Once someone has been harmed, the aggressor has no reason to admit the crime.

Rosemary Bell

New AFSM members

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

New Life Members:
Teresa HARMAND, Robert SPINA HELMHOLZ,
Salah Hussein Adam MANDIL, Rouhollah YOUNOSSI

New Annual Members:
Hooman MOMEN, Alison PORRI
Poetry Session

Readers may recall an article in QNT93 in October 2013 on the poetry talents of two former WHO staff – Galliano Perut and Jason Jesuthesan. In 1997, Mr Perut, together with a former staff member of the ILO – Jean-Martin Tchaptchet, founded a literary association in Geneva – Les Poètes de la Cité (the Poets of the City). Through collaboration with Mr Perut and the Staff Association, we were delighted to host a group from Les Poètes de la Cité who agreed to come and recite some of their poems at WHO headquarters during the lunch break on 3 October 2014. Another AFSM member – Jean-Paul Darmsteter – is also a poet and he was able to join us for the session and share some of his poetry. AFSM members living in the Geneva area, and all staff at headquarters were invited to attend, and also to read any of their own poems. Two people took up the offer. We spent a most enjoyable hour or so, listening to the poetry, interspersed with tunes on the harmonica played by Denis Pierre Meyer, a member of the Poètes de la Cité.

Below are some of the poems recited:

Afternoon in the woods by Valeria Barouch

Serene is this late autumn day.
I see afar the larches sway.
They tease and beckon me outside:
“Don’t listen to what forecasts say.”

A snow white blanket far and wide
Conceals the nature and my guide,
A winding trail through woods to go
To secret haunts with time to bide.

Around the trees the ground’s aglow
From copper needles sown on snow.
With humming bliss I breathe the air
When far off malice starts to grow.

A sudden howling fills my lair,
Amidst the whizzing twigs, I swear,
I hear the larches hiss: “Beware!
Get out; there is no time to spare.”

A tout vent by Jean-Paul Darmsteter

C’est un grand moment
Quand le vent arrose:
Je sème à tout vent.

Je rêve longtemps,
Vient l’instant où j’ose:
C’est un grand moment.

J’ai la clef des champs:
Que le grain dispose !
Je sème à tout vent.

L’ombre du cadran
Marque enfin la pause,
C’est un grand moment.

Mon cœur est vibrant
De l’âme des choses:
Je sème à tout vent.

Mûrisse le temps,
Fleursse la rose !
C’est un grand moment.

L’âme du soir by Galliano Perut

J’aime les soirs irisés par la brise
qui peint les ciels d’un air de nostalgie.
Soirs semblables à ces matins d’automne
où les oiseaux, d’un vol sûr et serein,
s’en vont explorer des pays lointains.

Rares instants qui poussent la mémoire
à l’écoute des signes de la nuit,
quand, dans un élan épris d’Absolu,
l’âme revêt son habit de clarté
Et s’en va libre, avide d’Infini.