



Quarterly News

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In response to the last issue of the AFSM Quarterly News, we received many messages by telephone and by mail—an indication that our newsletter was read attentively and thoughtfully. Some of the comments we received were complimentary, and others were critical. Readers pointed out errors in grammar, spelling and facts. While recognizing some of these errors, we want to point out that contributions come from writers with different linguistic and cultural backgrounds, and indeed the English speaking members of the Editorial Board also come from different continents!

Being voluntary contributors, it is not always possible for the text to receive the scrutiny it may deserve and meet the deadline for publication. Although we shall try our best to improve the editing, we beg the indulgence of our readers as regards the inadvertent errors which we fear will continue to occur!

The article we published on “How to survive a heart attack when alone” brought critical messages from readers (see Readers' Corner on page 10). This controversial procedure was wrongly attributed to the Rochester General Hospital. Please read our full explanation on page three. Rest assured that we will redouble our vigilance in checking the sources for the information which

we publish.

Our article on “Advance directives” and “living wills” in QNT 59 provoked much interest and we revisit the subject on page five, describing the ethical basis for such directives which, of course, may not be accepted in all countries. On page five, we mention a book entitled “Stratégies pour une vieillesse réussie” (available in French only) edited with the collaboration of our colleague J.-J Guilbert and published by the Swiss medical review “Medecine & Hygiène” in October 2004. This book may interest those who wish further information on this and other subjects related to ageing.

We welcome your frank opinions: this is your newsletter and we count on you to help us to continually improve its contents. Most of all, we would like to receive your contributions. We send you all our very best regards.

Pensions

What is new on the pension front?

The investments of the Fund are doing well-- amounting to assets worth about \$ 29.4 billion at the end of 2004 which is an increase of 13.3% in a year. The actuarial surplus, estimated at the end of 2003, was 1.14% i.e. the excess of income over all future liabilities with a 4% annual inflation assumption. It has led to the unfreezing of 0.5% of the 1.5% deductions in the first Cost of Living (COL) adjustments due to pensioners. Thus all pensioners will see a small increase in pensions but no retroactive payment of the deductions already made to redress actuarial deficit estimated in the nineties. In addition, many countries have seen a COL increase which has led to variable increases in pensions.

What is more interesting, is a directive approved by the Danish tax authorities. As one suspects, taxation is very high in Scandinavian countries, but the Danish authorities are changing the system of taxation of pensions which originate from outside. The directive divides the money providing the pensions into two parts – the capital and the interest derived from the capital. The income from the former will be tax free while the income from the latter will be taxable. Since the interest proportion of the accumulated capital is relatively low, it is estimated that a very high proportion of UN pensions will be tax-free. Further details will be provided once the documents, currently only in Danish, are translated.

Germany follows a similar process although their estimated proportion of interests in accumulated capital depends on various factors, such as age of retirement; the taxable proportion of pension is higher.

It is interesting to note that France did not tax pensions of UNESCO pensioners for a number of years, but around the second half of the eighties, various tax centres started to levy income taxes on UN pensions. In response to requests from UNESCO, an Arbitration Tribunal was established by France in 1999 to look into the issue of the tax situation of pensions paid to retired UNESCO staff members. While the Tribunal upheld the contention of the French authorities that pension paid to retired staff is taxable, it refused to go into subsidiary arguments that the funds held by the Pension Fund represent a capital and produce an interest amounting to perhaps 30% of the amount of pension. Only this part of the pension should be taxable. Thus the Tribunal's verdict has left the current situation of taxation of pensions in France unchanged.

The above observations are made in a personal capacity and the Danish directive has not been properly studied. The question is whether the Danish directive provides new justifications for launching appeals against the taxation of pensions?

Dev Ray

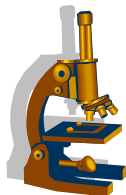
News from VERF

1. Tsunami- Sri Lanka: " Sarvodaya National Disaster Management Fund " , a charity fund in Sri Lanka, has sent to VERF (Voluntary Emergency Relief Fund) its "most appreciative thanks" for the donation of USD 2,531.64 "towards the relief campaign which has been set up to help persons displaced in this most terrible disaster".

Yourr contribution and the heartfelt thoughts behind it give our organization the strength we need to carry on with our Programme of relief".

2. Book sale: The 2005 VERF book sale of 25 and 26 April raised the extraordinary sum of CHF10,952. Many thanks to everyone and do not forget the VERF account

UBS D3587161.0 Bankcode:0279



Our health

More about "How to survive a heart attack when alone"

This article gives the impression that the techniques described have the endorsement of Rochester General Hospital. Rochester General Hospital played no part in the creation or dissemination of the message, nor does it endorse its contents.

Cough cardiopulmonary resuscitation or "cough CPR" sometimes called "self-CPR" is a procedure sometimes used in emergency situations and discussed in the medical literature. At the 2003 annual meeting of the European Society of Cardiology in Vienna, cardiologist T. Petelenz¹ presented a positive study of "cough CPR"; however it is not currently recommended by all medical professionals as a "life-saving" measure for people who experience the most common types of heart attack while alone.

The American Heart Association does not recognize "cough CPR". Information on the As-

- **Chest discomfort.** Most heart attacks involve discomfort in the centre of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- **Discomfort in other areas of the upper body.** Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- **Shortness of breath.** May occur with or without chest discomfort.
- **Other signs:** These may include breaking out in a cold sweat, nausea or light-headedness.

sociation's website (<http://www.americanheart.org>) states that: "During a sudden arrhythmia (abnormal heart rhythm), it **may** be possible for a conscious, responsive person to cough forcefully and maintain enough blood flow to the brain to remain conscious **for a few seconds** until the arrhythmia disappears or is treated. Blood flow is maintained by increased pressure in the chest that occurs during forceful coughs. This has been mislabeled "cough CPR," although it is not a form of traditional resuscitation....The usefulness of "cough CPR" is generally limited to monitored patients with a witnessed arrest in the hospital setting."

The best strategy is to be aware of the early warning signs for heart attack and cardiac arrest listed below and to respond to them by calling your local emergency number.

¹ Petelenz, T. *Cough cardiopulmonary resuscitation*. *Kardiol. Pol.* 2004 Feb. 60 (2) 158-60.

Coping with pain

Younger people may be assumed to be more resilient physically than older people, but when it comes to chronic pain, researchers have found the opposite appears to be the case.

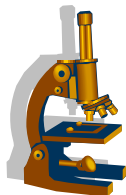
A study that looked at the experiences of more than 5,800 patients seeking treatment at a pain centre over an eight-year period found that those over 50 tended to bear up better. The study, which appears in the journal *Pain Medicine*, was written by Tamara Baker of the University of South Florida and Carmen Renee Green of the University of Michigan.

To gauge the effects of a variety of painful conditions on the lives of the patients, the researchers asked them a series of questions.

The patients were asked to describe the intensity of their pain and just how disabled they felt. The study also looked at the psychological effects, asking patients how well they slept, for example, and assessing them for symptoms of depression. ...

There could be several explanations, Green said. In part, it may be that younger people, juggling demands like children and jobs, already have more stress than their elders. But it could also be attitudinal. "The expectations may be different", Green said. "I often hear when I talk to patients: 'Oh, it's just my arthritis. Oh, it's just aches'".

YB (Excerpted from the *International Herald Tribune*, 3 February 2005).



Our health *(continued)*

"Drugs that kill"

This sensational title, which appeared on the cover of "L'Hebdo"¹, a magazine published weekly in the French part of Switzerland, was referring to "Vioxx"[®], a new generation anti-inflammatory drug that had just been withdrawn from the market by the manufacturer, the American pharmaceutical laboratory MSD. Shortly afterwards, Pfizer published a warning about the use of Celebrex[®] a substance from the same family: the coxibs. Bextra, the third of these new non-steroid anti-inflammatory drugs (NSAIDs) presents the same problems. Compared to the "old" or "traditional" drugs such as diclofenac, ibuprofen, naproxen, indometacin, and aspirin, these new products have the advantage of being less aggressive for the digestive system, one of the major side effects of the former (a side effect that is also present with anti-inflammatory steroids – cortisone and its derivatives). The coxibs are also free of anti-coagulant effect on blood platelets which occurs with the traditional NSAIDs.

MSD withdrew Vioxx[®] from the market following studies which showed that patients treated with rofecoxib (Vioxx) had a level of cardiovascular accidents (coronary thrombosis, unstable angor, cardiac thrombosis, sudden or unexplained death, ischaemic cerebral vascular accident, transient ischaemic accident) much greater than patients treated with naproxen (a traditional anti-inflammatory drug).

It would seem that MSD was aware of these results before the product was put on the market. The fact that sales of Vioxx[®] and Celebrex[®] reached the level of USD 4 billion in the USA in October 2003, may explain why the dissemination of this information to the general public was delayed for so long. Or was it the threat inherent in complaints filed by certain patients which finally led MSD to withdraw the drugs?

Actually the facts are not so simple and need to be strongly nuanced: the results of other studies seem to differ or even be contradictory. While some of them show that rofecoxib (Vi-

ox[®]) does not lead to more cardiovascular incidents, compared with a placebo or with other NSAIDs – with the exception of naproxen, another study shows the contrary: an increase in cardiovascular incidents associated with heavy doses of rofecoxib – 25 mg. Other studies lead us to believe that the coxibs may enhance the risk of hypertension and other cardiovascular pathologies

As rheumatic complaints are more frequent in older persons, who also suffer from more cardiovascular problems, it would seem reasonable to use the new generation of drugs with care.

Patients with contra-indications of, for example, a digestive nature in relation to the use of NSAIDs, should not be denied access to coxibs if their health requires anti-inflammatory treatment.

Each patient is unique: the advice of the treating physician remains the best approach.

*Samy Kossovsky,
(from Revue médicale suisse:
Concours médical).*

¹ L'Hebdo, 3 February 2005

Stimulated rats and human creativity

Age has costs. Some neurons (nerve cells) die with age; however, other parts of the brain keep developing as we get older, according to an article in Newsweek (7 February 2005), particularly if we give them plenty of exercise. A growing body of research suggest that creative activity can help keep you healthy.

For the last three years, Dr Gene Cohen, author of "The Creative Age" and Director of the Center on Aging, Health and Humanities at George Washington University (USA), has been conducting a study of 300 senior citizens. Half are participating in community-based art programmes, while the others

serve as a control group. The members of the art group make fewer visits to the doctor, fall less often, use less medication and are less likely to be depressed than the controls. Why? Cohen says: "You have a personal sense of mastery".

Marian Diamond, a 78-year old professor of integrative biology at the University of California, Berkeley, lists five essentials: diet, exercise, challenge, novelty and love. Experiments have shown that laboratory rats grow larger and sharper when they get new mazes to solve and a variety of toys to play with. And they live longer – as long as 900 days instead of 600 days – if the scientist keeps them stimulated. *YB (excerpted from Newsweek, 7.02.2005)*

Advance Directives

... a tool for humanising health care

J.-J. Guilbert (until 1988 responsible for Health personnel, planning and evaluation at Headquarters) collaborated in the publication of "Stratégies pour une vieillesse réussie" Charles-Henri Rapin et al (French only - see also cover page). He thought that although the book deals with and proposes solutions regarding a dozen themes, including ageism, inadequate pain control, nutritional deficiencies, the taboo of sexuality, and conflicts within the health care team, that of Advance directives might be of particular interest being directly under our control.

The European Charter of Patients' Rights (1984)¹ mentions explicitly the right of self-determination in relation to any medical intervention, and the need for the patient to be fully informed in order that he/she may exercise this right.

As described in QNT 59, the patient's will can be expressed in instructions that may come under different titles in different countries, e.g. Advance directives, "Living will". Such Directives, or instructions, are a useful tool in the patient-doctor relationship.

They concern the human aspect of health care (respect of the right to life, access to care, respect of body and soul, the right to the relief of pain and other suffering, the right to privacy) the principle of transparency (open, frank and honest communication, access to full and comprehensible information and personal medical files) the right to be assisted in the defence of one's rights, respect of the patient's will (choice), respect of the values and personality of the patient, respect of the confidentiality of medical records and in particular respect of the directives themselves.

Directives enable a patient to take part in medical decisions taken concerning his/her health up until death, and concerning his/her body following death. The Directives favour death with dignity, which should not be confused with the right to die. They may include the refusal of certain aggressive diagnostic procedures, surgical interventions, treatments (e.g. chemotherapy) or measures such as resuscitation, and the request for others such as pain relief.

The Directives can apply not only to end of life situations but also to situations of a transitory or short term nature where the patient is unable to express himself/herself (e.g. coma) or mental illness.

Such directives originated as a way to avoid the excesses of life-prolonging measures, and a means of enabling a patient to express his/her preferences in the realm of medical interventions as well as his/her beliefs and spiritual needs. Above all they aim at facilitating a natural, gentle and dignified death.

¹ http://www.europarl.eu.int/charter/default_en.htm

² see also Convention of human rights and biomedicine, Council of Europe

For further information on this subject, please refer to QNT 59

History matters

Operation Cat Drop

Stories have a life of their own, especially if they have picturesque characters and a memorable ending. The Internet can give impetus to a dramatic story from the print media, causing it to reach almost mythical proportions.

This story began in the late 1950s when WHO carried out extensive programs to eradicate mosquitoes in Borneo by spraying the village areas with DDT. Not long after, the palm-thatched roofs of the village houses began to collapse: a moth larva which fed on the palm fronds had increased because a predatory fly, which ordinarily kept the larva at low levels, had been annihilated by the DDT. The contaminated flies were eaten by lizards which were eaten by housecats which also died. As a result, rats began to invade the dwellings, posing a serious threat of diseases. To solve the problem, WHO and Singapore's Royal Air Force packed cats into perforated containers and dropped them into the villages by parachute.

Thus the story of Operation Cat Drop was born. It attracted attention and controversy because a well-meaning action had resulted in the unbalancing of a delicate ecological equilibrium, but it lived on because of the intriguing image of cats plummeting into the Borneo jungle by parachute. A search on "Operation Cat Drop" on the Internet, at last count, yielded more than one hundred hits. An illustrated children's book appeared: "The Day they parachuted cats on Borneo"¹. A Yale professor delivered a speech entitled: "When it

rained cats in Borneo"². Scores of newspaper and magazine articles have appeared over the years about the incident with titles like "The fur is flying" (New York Times, May 22, 1955). The author T. Coraghessan Boyle described the cats' descent in his short story "Top of the Food Chain"³.

"...you should have seen them,...the little parachutes and harnesses we'd tricked up, 14,000 of them, cats in every colour of the rainbow, cats with one ear, no ears, half a tail, three-legged cats,...all of them twirling down out of the sky like great big oversized snowflakes."

The WHO Library receives many queries about Operation Cat Drop. Library staff wondered whether cats had been really parachuted over Borneo, until they received a page from the R.A.F. Changi Operations Record book for March

1960 with the comment "Many thanks to R.A.F. and all responsible for air drop arrangements; also to cat donors and cat basket makers. All cats safe and much appreciated.

Very accurate dropping...."



Sally Little

We would be pleased to hear from any readers who might have had direct experience with Operation Cat Drop, or let us know if you have found any other manifestations of the story. For more information, contact Tomas Allen at the WHO Library: allent@who.int

Carole Modis

¹ Pomerantz, Charlotte. *The Day they parachuted cats on Borneo : a drama of ecology*. Reading, Mass., Young Scott Books, 48p.

² Mergen, Francois. When it rained cats in Borneo. *American Forests*. 1968, 75(1): 29, 60-62

³ Boyle, T. Coraghessan. Top of the Food Chain. In: *Without a hero : stories*. New York, Viking, 238p.

News from our retirees



EAST TIMOR EXPERIENCE - LIFE ON A SHIP FOR 100 DAYS!

In my professional career of over four decades, I had plenty of opportunities for travel within India and abroad, but my assignment to East Timor (now Timor-leste), an island between Indonesia and Australia, in 2000, though a short one, stands out for the sheer challenge and excitement it afforded me. During my entire life, not to talk of a sea voyage, I had never even set foot on a ship. But in East Timor, as events turned out, I had to stay on a ship for nearly 100 days!

I arrived in the capital city of Dili, on 5 July 2000, to take up a short assignment to help establish WHO's country office in East Timor. To my surprise, instead of being taken to a hotel, I was escorted to a place where living accommodation was in a cargo container with common toilets in another nearby container. It was an entirely different experience going into a container that had just a window for sunlight along with a bed in one corner and a small table on the other side. Arrangements for serving breakfast and dinner were in the open.

Shifting to a better place was not easy, as, I was told, accommodation was not available immediately in the few hotels in the city. However, fortunately, when I shifted to Hotel Olympia a couple of days later, I heaved a sigh of relief.

Olympia turned out to be a big ship anchored opposite the UNTAET office with nearly 200 rooms spread over five floors with a large dining hall. Though the new arrangement was comparatively an expensive proposition, keeping in mind considerations of security and availability of vegetarian food there, I felt it to be a better option.

It was a novel experience indeed staying on a floating surface and I had my doubts whether I would get good sleep with a moving bed, especially since my room was situated on the top floor of the ship. However, there were some positive factors also. I had a free glimpse of the sea on two sides during daytime and at night moonlight would fall right on my bed through the large glass windows when the curtains were drawn aside. Being on the top floor of the ship, I had easy access to the deck where I could have a stroll both in the morning and evening. This helped me in keeping myself fit.

The assignment at WHO office turned out to be much more complex than I had envisaged. The Head of office left two days after my arrival on six weeks' leave and I was asked to act for him during his absence. For security reasons, I could not stay late at the office in the evening and so I had to take a laptop computer to the ship to complete the day's tasks. Due to the heavy workload, it was not possible to take any holiday and I attended office on all the seven days of the week throughout my stay. The only break I had was three-day's travel to Darwin (Australia) on an official visit!

The vegetarian food served in the dining hall of the ship made my life easier though, at times, there would not be much choice and I would manage to devour a small loaf of bread with mashed potatoes on which sauce could be sprinkled accompanied by some yogurt. Fortunately, there was always an option of helping myself to fruits of various types if some dishes were not to my liking. Once I approached the Head Chef and made a special request for soup without any chicken or meat. His readiness to oblige me surprised me a little but later when the bearer placed a bowl of soup before me, when stirring the spoon, I could notice small pieces of chicken in it. When confronted, the Head Chef shouted at the bearer: "Oh, you rascal, I had asked you to take out all the chicken pieces from the soup"! That was the last time I tasted soup on the ship.

I have thus vivid memories of my stay in East Timor and to this day miss my cabin where the moonlight, along with the music of ocean waves would lull me to sleep.

(Contributed by Mr S.K. Varma, former AORD/SEARO)

On the light side

Watch out for women drivers...

A lady gets pulled over for speeding...

Woman: Is there a problem, Officer?

Officer: Ma'am, you were speeding.

Woman: Oh, I see.

Officer: Can I see your license please?

Woman: I'd give it to you but I don't have one.

Officer: Don't have one?

Woman: Lost it 4 years ago for drunk driving.

Officer: I see...Can I see your vehicle registration papers please?

Woman: I can't do that.

Officer: Why not?

Woman: I stole this car.

Officer: Stole it?

Woman: Yes, and I killed and hacked up the owner.

Officer: You what?

Woman: His body parts are in plastic bags in the trunk, if you want to see.

The Officer looks at the woman and slowly retreats to his car and calls for support. Within minutes 5 police cars circle the car. A senior officer slowly approaches the car, clasping his half drawn gun.

Officer 2: Ma'am, could you step out of your vehicle please?

The woman steps out of her vehicle.

Woman: Is there a problem, sir?

Officer 2: One of my officers told me that you have stolen this car and murdered the owner.

Woman: Murdered the owner?

Officer 2: Yes, could you please open the trunk of your car, please?

The woman opens the trunk, revealing nothing but an empty trunk.

Officer 2: Is this your car, ma'am?

Woman: Yes, here are the registration papers.

The officer is quite stunned.

Officer 2: One of my officers claims that you do not have a driving license.

The woman digs into her handbag and pulls out a clutch purse and hands it to the officer.

The officer examines the license. He looks quite puzzled.

Officer 2: Thank you ma'am, one of my officers told me you didn't have a license, that you stole this car, and that you murdered and hacked up the owner.

Woman: Bet the liar told you I was speeding, too.

« Dabbawallahs » on royal call : Is Camilla going to prepare lunchboxes for Prince Charles?

The ubiquitous Mumbai dabbawallahs, whose *modus operandi* have been studied by global management gurus, have been promoted by Prince Charles. He visited their headquarters in 2003, invited their representatives to attend a food seminar in Toronto in October 2004, and apparently invited two of them to attend his recent wedding. The dabbawallah system runs like this: a dabbawallah picks up a lunch box from a house near Mumbai early morning, transports it by cycle or handcart to the nearest railway station and hands it to a colleague for sorting according to the destination. Another dabbawallah then transports it in the suburban

train luggage compartment to the railway station nearest to its destination where another picks it up and delivers it to the ultimate recipient by cycle or other appropriate means of transport. After lunch, the "dabbas" or lunchboxes are picked up and returned to the owner's house in a reverse operation. Although several groups are involved with almost zero technology input, their coordination is flawless and delivery is almost perfect. A few years ago, *Forbes* gave the system a Six sigma performance rating or an error rate of one in six million transactions.

Now the question arises whether Prince Charles wants to promote appropriate technology or is preparing for his lunch boxes to be delivered to him during his travels!

Dev Ray (Excerpted from The Statesman Weekly, Kolkata or Calcutta, 16 April 2005 with personal observations)

World Health Day



The theme of this year's World Health Day was on healthy mothers and children. Hosted by the Government of India, the commemoration took place in New Delhi. The World Health Report 2005 - Make Every Mother and Child Count, launched on this occasion, calls for a new approach to save the lives of mothers and children.

Chairing the event were WHO Director-General Dr. LEE Jong-wook and the Minister of Health and Family Welfare of India, Dr. Anbumani Ramadoss. "More than six million children worldwide can be saved if they have simple healthcare and thousands of women could be saved if they had access to skilled care," said Dr Lee, emphasizing the fact that

the health of mothers was the foundation of any society. Unfortunately such healthcare is not easily available to many women and children in developing countries.

Also in attendance was Executive Director of UNICEF, Ms. Carol Bellamy, who said, "We all look to the World Health Organization to provide the latest technical information and advice, which is essential to our cooperative efforts to improve the survival rates and well-being of women and children. Following the World Health Day ceremony, health officials, medical professionals, and advocates from around the world attended "Lives in the Balance: The Partnership Meeting on Maternal, Newborn and Child Health", a three-day forum hosted by the Government of India and three international partnerships: the Partnership for Safe Motherhood and Newborn Health, the Healthy Newborn Partnership and the Child Survival Partnership. At the close of the meeting, participants presented a statement of commitment to maternal, newborn, and child health, called the Delhi Declaration, to Mrs. Sonia Gandhi, Chairperson of India's National Advisory Council. Calling health "a vital dimension of social justice", Mrs. Gandhi said, "The Delhi Declaration sets the stage for decisive action."

In WHO/HQ the celebration started with official addresses by WHO and Geneva authorities. As the Director-General was attending the Day in New Delhi, the welcome speech was delivered by Mr. Denis Aitken, Assistant Director-General who among other things, announced the nomination of Ethiopian top model miss Liya Kebede as WHO Goodwill Ambassador for Maternal, Newborn and Child Health. The ceremony ended with a panel discussion among WHO mothers and fathers and a performance of Indian dance.

R. Masironi

World Health Assembly

Key resolutions affecting global public health

Highlights of the fifty-eighth session of the World Health Assembly (May 16-25 May) included the adoption of the revised International Health Regulations, approval of the Proposed Programme Budget for 2006-2007, which includes a 4% increase in the Regular Budget and the establishment of World Blood Donor Day as an official annual event to be celebrated every 14 June.

The Assembly reviewed progress made so far in polio eradication and HIV/AIDS, and discussed smallpox vaccine reserves and research on the smallpox virus. Resolutions were adopted on health action in crises and disasters, the importance of influenza pandemic preparedness and response, and laboratory safety. Other resolutions concerned malaria and tuberculosis prevention and control, and the ambitious new Global Immunization Vision and Strategy, as well as cancer prevention and control.

The Assembly reviewed the progress made regarding implementation of WHO's policy framework

on ageing and also adopted a resolution on strengthening and promoting active and healthy ageing. The Resolution calls on the newly formed Commission on Social Determinants of Health to consider issues related to active and healthy ageing among its policy recommendations.

Noting the potential impact of advances in information and communication technologies, the World Health Assembly adopted a resolution encouraging more work on eHealth. E-Health is the cost-effective and secure use of information and communication technologies in support of health and health-related fields, including health-care services, health surveillance, health literature, and health education.

The Assembly also discussed the United Nations reform process and WHO's role in harmonization of operational development activities at country level, and agreed on a resolution calling on the WHO Director-General to ensure that WHO continues to implement country-level activities. For further information: <http://www.who.int/mediacentre/news>

People in the news

New members :

Congratulations to all former colleagues who have decided to join AFSM, or to convert from annual to life members.

Life members: ANDERSON, Mr Merlowe; CASTELLA, Mrs J.; HUANG, Mr M; MANI, Mr Neel; PILLET, Dr J.-V.; SQUADRANI, Mrs M.; SZCZENIOWSKI, Mr.M.; Dr Yun-se.

Conversion from Annual to Life-membership : AFARRE, Mrs P.; BUSCA, Mme B.; COHEN, Mrs G.; HUMPHRIES, Miss J.; PRICE, Mrs A.

New annual members: BRUNET, CHRIS, Mrs S.; LEVIN Mr M.; ROMAGNAN, Mrs S.F.; TOPPING, Mr T. S. R.

Those of you who are not yet members will find an application form on page 14.

Distinction

On the first of December 2004, William Gunn of Bogis-Bossey was awarded Doctor *honoris causa* from Charles University of Prague for his career in humanitarian medicine. A surgeon by training, Dr Gunn was the founder and President of the International Association for Humanitarian Medicine (IAHM). This Association works to support and promote people's health as a human right. IAHM has created a network, "World Open Hospitals", to support and complement the work of organizations such as the Red Cross or Médecins sans Frontières.

In 2000, Dr Gunn was awarded Doctor *honoris causa*, recognizing his work in emergency



medicine. The award from Charles University was conferred in Prague in a medieval academic ceremony in all its splendour—an unforgettable experience. The University, one of the oldest in Central Europe (founded in 1340), continues old traditions; the ceremony began with the sound of an organ and was conducted in Latin...

Marie-Laure Bianconcini, La Côte, web newsletter).

Dr Gunn, well known at WHO as Chief, Disaster and Emergency Operations, founded the WHO Medical Society, which regrettably has disappeared.

In memoriam

Alexandre Nunes **CORREIA** 26 May 2005

Mr Correia was the former Director, WHO Office at the African Union and Economic Commission for Africa, in Addis Ababa. He was from Guinea-Bissau, and had retired from the Organization at the end of August 2004.

François **ESQUERDO GOMEZ** 13 April 2005

Dr Esquerdo served as Medical Officer and valued member of staff in several WHO field offices as well as in the WHO Regional Office for Africa in Brazzaville from 1975 until his retirement.

Marcelle Marie **PREVOSTO** 25 January 2005

Marcelle Prévosto served in the Library and Reference Services from the beginning of the World Health Organization in 1948. She worked as administrative assistant in Education and Training and Health Manpower Development until her retirement in 1973.

In memoriam *(cont^d)*

Dr Prince Mohan Kaul, former Assistant Director-General of WHO passed away in Montreal Canada, on the 6th of April 2005 at the age of 99. He was born at Hindon, Rajasthan, India, on April 7, a date which many decades later became World Health Day.

Dr Kaul joined WHO at its inception and was one of the key architects of framing and initiating several global health programmes in the formative stages of the Organization. Author of several books such as "International Cooperation in Public Health", "Global Epidemiology and the Concept of Eradication of Diseases" and "India in the International Health Picture".

Dr Kaul won many global awards in his distinguished career, including the Dmytry Ivanovsky Centenary Medal from the Academy of Medical Sciences, USSR, and the Fellowship of the Egypt



tian Public Health Association. He continued to serve on several committees after retirement.

Educated at King Edward Medical College in Punjab, the Royal Institute of Public Health, and Guys Hospital and Medical School, London, Dr Kaul was also a member of the Royal College of Physicians and a Fellow of the Academy of Medical Sciences, India. I have had the privilege of working closely with Dr Kaul, and accompanied him on several memorable official trips.

Mrs Kaul passed away a few years back. They are survived by a son and four daughters. We will remember Dr Kaul with affection and admiration for his outstanding contribution to world health. *Rajindar Pal*

Kenneth **SINCLAIR-LOUTIT** October 2004

In Dr Sinclair-Loutit's own words from the preface of his unpublished memoirs *Very Little Luggage*: "I came into an easy Edwardian world, lived through two world wars, floated through the thirties, served in Spain with the International Brigades. Then, when Britain declared war, I worked with the Poles who had retreated via Romania into France after the Nazi invasion. I went through the Blitz in Lon-

don before going to Cairo and then to Yugoslavia where, once peace came in 1945, I began my twenty-five years stint with the United Nations. This led me to South-East Asia, the Middle East, Africa and back to eastern Europe once again." Dr Sinclair-Loutit was the WHO Representative in Rabat, Morocco when he retired in 1973. He made his home in Morocco for the rest of his life.

Geoffrey Malcolm Hasting **WAITES**

2 May 2005

Dr Waites served at WHO from 1983 to 1994 when he was manager of the Task Force on Methods for Regulation of Male Fertility, WHO Special Programme of Research, Development and Research Training in Human Reproduction. Dr Waites was a pioneer of the science of andrology; he published many articles,

books and research papers on the subject of male reproductive physiology, and he was an active member of many professional societies worldwide. At the end of his career, he was a highly respected Emeritus Professor and Honorary Associate of the ANZAC Research Institute, Andrology Laboratory in Australia and the editorial coordinator of the *WHO Semen Manual*.

Mr Imanchul **UJODHA** 10 April 2005 Mr Ujoodha served as Technical Officer and as Personnel Officer at the WHO Regional Office of Africa in Brazzaville from 1979 to 1996.

First notice

Next AFSM General Assembly will be held
on 20 October! You will be kept informed





Readers' Corner

About Max Planck

...“For the record, Max Planck died in 1947, and cannot have made this statement in 1949”.

Dr André Briend (brienda@who.int)

ED: Thank-you Dr Briend for this clarification! We took the quote from a book entitled *A Scientific Autobiography and Other Papers*, Philosophical Library, New York, 1949 which was published after the death of Max Planck

Congratulations, but...

Dear Dr Cohen.

A short message to congratulate you on the new format of the Quarterly News. I found it most informative and well worth reading. However, I thought that a little more of «On the light side » would add to the flavor of the publication. Best wishes

Charles Ross-Smith, Sydney, Australia

ED: Thank you Dr Ross-Smith, we shall try to add more of “On the light side”. In this respect, any element or joke would be welcome from the part of the readers.

“Coquilles” (Typographical errors)

From Ms G. Martinod,
A humoristic way to point out a date mistake: September 11,2001 and not 2002.

Please refer to her message in the French version.

Apologies: it was obviously 2001 and not 2002.

About 'How to Survive a Heart Attack When Alone'

Disclaimer...

“Hundreds of people around the country have been receiving an e-mail message entitled “How to Survive a Heart Attack When Alone.” This article recommends a procedure to survive a heart attack in which the victim is advised to repeatedly cough at regular intervals until help arrives.

The source of information for this article was attributed to Via Health Rochester General Hospital...“We can find no record that an article even resembling this was produced by Rochester General Hospital within the last 20 years. Furthermore, the medical information listed in the article cannot be verified by current medical literature and is in no way condoned by this hospital’s medical staff. Also, both The Mended Hearts, Inc., a support organization for heart patients, and the American Heart Association have said that this information should not be forwarded or used by anyone...”

The Web Development Coordinator Rochester General Hospital.

ED: This disclaimer has been sent to us by: Dorothy Hoffmann, Ferney-Voltaire, and Vincent Bambinelli (WHO). E-mails from Ron.Anderson, Bainbridge Island,Washington, Edward Webster, John Bland and Nedd Willard also pointed out our error in publishing this article. Be assured that we will be more careful in future regarding our sources.

Dorothy Hoffmann also observes in her message:

... I found the quality of the English translations...to be appalling! Is there no-one on the editorial board of English mother tongue or is the content and quality of the journal no longer reviewed by the editorial board?... The above comments only apply to the Quarterly News and not to the general work being carried out by the Executive Group on behalf of the Association, which is much appreciated and is praiseworthy.

Sincerely,

Dorothy Hoffmann

ED: The Editorial Board comprises three English speaking members and three who are French speaking. Unfortunately errors do occur, and sometimes those of us concerned are not available at the crucial moment. However, from letters and phone calls we receive it appears that many people appreciate QNT despite these imperfections. We will renew editing and proofreading efforts, and we realize, as the French say, that “On ne peut pas plaire à tout le monde”.

We would be happy to receive suggestions from you and other readers concerning any topics they would like us to cover and contributions for inclusion in QNT would be more than welcome.

We wish to thank all those who collaborated on this issue with articles and/or translations (Editorial committee: Yves Beigbeder, Samy Kossovsky, Jean-Paul Menu, Carole Modis, Dev Ray, Rosemary Villars. Editorial coordination and layout: David Cohen. Special thanks go to the WHO Print and Mailing services).

*The opinions expressed in this newsletter are not necessarily those of the editor.
We encourage our readers to send us opinions and feedback and well as articles for publication.*

In and around Geneva

Reduced rates for the public transport systems

From the beginning of 2004, the International Civil Servants' Mutual Association ("La Mutuelle") offers reduced prices for using the Swiss public transport systems (Unireso* and CFF**) to its members who are actively working as well as to its retired members. We have also been able to obtain reduced prices for the spouses of our retired members. Therefore, an annual Unireso senior pass is offered at CHF 355 instead of CHF 450: a saving of CHF 95. An overall annual senior pass for the CFF comes to CHF 2'138 instead of CHF 2'250. Other passes, such as the half-price, for one trip, for couples or for a day, are also on offer.

In order to qualify for one of the passes offered to "seniors", your age must be 63 if you are a woman or 65 if you are a man (the Swiss "AVS" age for retirement). Our younger retired members will have to be patient and wait a few years before they are eligible for the senior rates. In the meantime, younger members can benefit from substantial reductions; for example, they can receive the annual Unireso pass for CHF549 instead of CHF 650.

To be eligible for these reduced rates, you must simply be an active or retired international civil servant, and you must be a member of La Mutuelle. If you are buying your Unireso pass for the first time, the waiting period can be up to three weeks because a new master identity card has to be issued. So it is a good idea to think about taking up this offer ahead of time. When you have your identity card and your first pass, the waiting time for renewal is very short once you have filled out the required form and sent it to La Mutuelle. When ordering passes from La Mutuelle, you must also have sufficient funds to cover the cost in your La Mutuelle current or deposit account. For CFF passes, the waiting period is about 10 days.

If you would like to have more information about the different offers, or to receive our information brochure on the public transport systems, or if you would like to join La Mutuelle, do not hesitate to contact us by email at mec.amfi@uniog.ch or by telephone at +4122 917 35 10 every weekday between 9:00 and 12:00 or between 13:00 and 16:00, by fax at +41 22 917 0071, or by mail at La Mutuelle, bureau B-214, Palais des Nations, 1211 Genève 10.

Marie-Pierre Fleury Executive secretary

Let yourself go!

*The Annual Unireso senior pass is for use on buses, trams, trains and mouettes genevoises in the canton of Geneva only

**For use on trains in Switzerland

➡ Each first Friday of the month, former staff are invited to meet at the *Café de la Gare*, at Cornavin, at 11:00 to have coffee and/or lunch. Everyone is very welcome. ←

FLU VACCINATION

Please note that free flu vaccination for retirees and spouses will be organized at WHO /HQ in the autumn.

To enable us to organize this and order sufficient vaccines, please let us know if you are interested:

Name, address

spouse if applicable

Date, signature

Joining AFSM

Former staff who are not yet members and who would like to continue to receive our newsletter and circulars, vote to elect our representatives, etc., should become members by filling in this form and sending it to office 4141 (see address at top of first page).

Annual membership is 20 CHF, and life membership 250 CHF (unchanged since the beginning of the association).

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

IBAN : CH 4100279279-D310-2973-1

SWIFT : UBSWCHZH80A

APPLICATION FORM

Name First Name.....

Address:

Street

.....

Postal Code Country.....

Phone Fax e-mail

Date of Birth

Nationality.....

Date of separation from WHO Length of service with WHO

Function occupied on separation

.....

I should like to receive documentation in English French

Date..... Signature