

Former WHO nurses remember:

***Stories
from the field***



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Preface

The importance of nursing was recognized from the very earliest days of WHO. "If countries were to expand and improve their health services, greater numbers of nurses were needed; and not only more, but better qualified nurses would be required to carry out the many tasks which would fall to them."¹ Very early on a pattern of WHO support to countries emerged which included in its main objectives ensuring that there would be enough nurses in each country to provide the services required for preventive and curative work, and nurses capable of assuming positions of leadership in teaching and administration and of participating in the planning of health services.

In some ways this may sound very much like the agenda of today. Within a short time WHO was employing many nurses in the field as well as at headquarters and in the regional offices. Reports in the archives and files attest to the breadth and depth of the contribution of these nurses to the improvements in health and living conditions over the past fifty years.

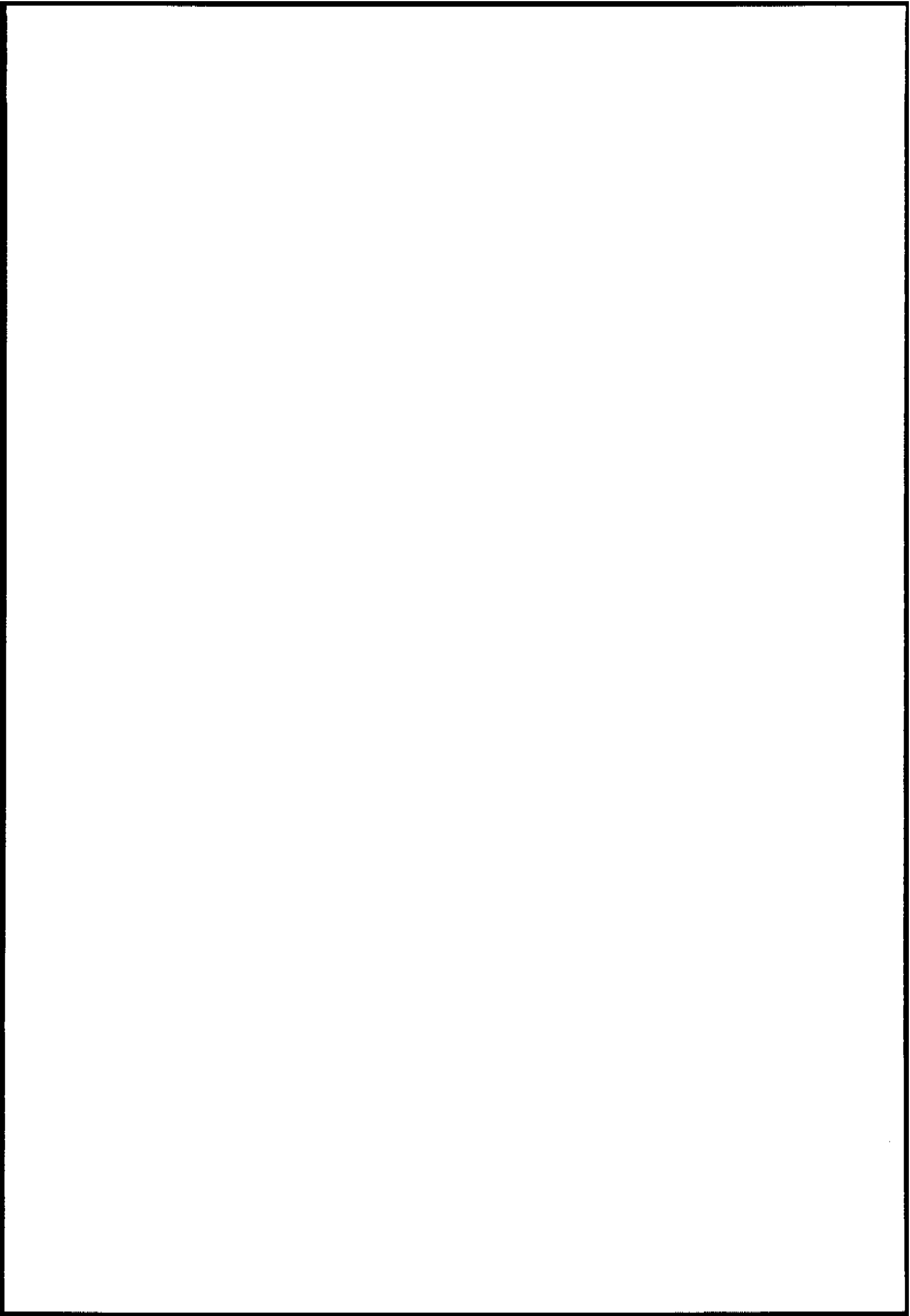
Perhaps even more revealing are the personal accounts of those nurses, for they bring the official reports to life. Statistics become individuals, the situations described become live pictures. Through their stories we are reminded of the basics - a genuine concern for the individuals who make up the populations in the villages, islands and provinces for whom these nurses - and all of us in WHO - are in fact working.

With warm thanks to the many nurses who have shared their memories with us, on the occasion of the 50th Anniversary of the World Health Organization we are pleased to include some of their stories in this booklet for all to read.



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¹ *The First ten years of the World Health Organization*. Geneva, WHO, 1958.



Former WHO nurses remember:

Stories from the field

In the first decades of WHO nurses worked with a range of projects in many countries. In May 1997 a group of retired nurses from WHO met in Geneva and shared their experiences. A larger group met again in Geneva during the Fifty-first World Health Assembly in May 1998. They talked about their practical work, their experiences and thoughts and the countries - the beauty and the difficulties - where they practised. A number of them, as well as others unable to come to Geneva, have responded to a questionnaire about their years with WHO and many of them have sent other material as well. Their official reports, accessible in the WHO archives, are to the point, dry and succinct, and without names. But when they talk or write of their experiences, they become animated, recalling their years working with WHO, good and bad, with humour and sensitivity, and conveying the commitment for the tasks that were before them. Their accounts can give perhaps more insight into the work of WHO in the field, and the real exchange and impact projects might have made than the many reports filed away in headquarters and regional offices.

They were in war zones, in villages where the notion of health, of safe childbirth and infant care were unknown and above all not accepted. Examples are not lacking - the man who refused to send his parturient wife to hospital to deliver twins with the result that she and the babies died leaving five children motherless. The nurse hoped the village learned something (Barton, May 1997). The danger to life of the nurses, lack of backup services, language problems and even the longing for home, and sometimes illness, were part of their lives.

To be honest I don't think I considered the matter at all during the first year. I had a post description which I had to modify according to circumstances sometimes, but there was work to be done and objectives to be met in a given time limit (or so I thought), so I just got on with the job. It was an on the job learning experience. Nothing can prepare one for that first assignment.
(Barton, 1997)

"How did you see your role as a WHO nurse?"

L'OMS m'a donné cette chance d'aller aider dans les pays en voie de développement. J'ai toujours cru en l'importance de développer au maximum mes talents afin de mieux aider ceux qui ont moins reçu et ont droit, à une vie meilleure. Le rôle de l'homologue national fut très important pour me présenter les besoins et les problèmes existants afin d'établir les priorités dans nos plans de travail.

Madeleine Bissonnet (1961-1977)

- to listen
- to show respect to everybody
- to be firm in my opinion, but at the same time flexible
- to be ready to hand over responsibility to my counterpart and facilitate for her to take over
- in the end make myself invisible and push the national nurses forward.

Inga Britta Ohlin (1959-1963)

How did they see themselves - listener? devil's advocate? teacher? caretaker? One of the nurses felt she had a commitment to achieving better health for the world's population, particularly the poor. Others wanted to assist countries in reducing maternal and infant morbidity and mortality rates through education, training of diverse levels of health workers and development and improvement in maternal and child health (MCH), both in hospital and community levels, "to work myself out of a job" (Miller, 1997; Barton, 1997; O'Brien, 1997; Perrin, 1997). Establishing trust, accepting different cultures, learning the language when possible, adapting to the environment and keeping one's sense of humour were seen as *sine qua non* for success.

When asked about successful projects Elizabeth Barton (1997) noted, "No project is ever entirely successful; ... full success must be rare." Objectives such as smallpox eradication could be met but she did not see success in numbers only and of course statistical material was not available in order to evaluate programmes. That health centres had education programmes which are still operating can be seen as a measure of success. In another country where there were excellent midwives, a war brought all the tensions and problems that are part of such a situation, but care had to go on. The "highlight" of Miss Barton's stay was the establishment of a training school for rural midwives.

Evelyn Bennet (1997) felt she had some influence in lowering the birth rate in Kerala, India. Working in Afghanistan, where the government collaborated with WHO in many projects in health and agriculture among others, she had a feeling of belonging.

As a Public Health Nurse [PHN] ones terms of reference were usually very broad as one was faced with many varying situations & peoples & one had to react accordingly. Apart from the 'Advisor' role one saw oneself as a 'co-ordinator - facilitator - teacher - innovator - diplomat - deliverer of service when this was required, in fact 'all things to all people at all times & in all places' in fact God's gift to the World of Health and to WHO.

Good health is a must for the PHN but not to be forgotten is Stamina. A winning way with canoes, small boats, small airplanes, four wheel drives, motorbikes & feet that can tramp endless miles in all terrains & never a blister & above all an ability to get on with people. Having all these attributes - then get on with the job!

Maura Leavy (1961-1984)

"Just as few projects are entirely successful so almost none are ever a total failure" (Barton, 1997). Technical problems, doctors' intervention in nursing care, poor communications among staff as well as lack of funding and time taken for non-nursing functions could lead to partial failures. However, even some of these problems could be solved (Barton, 1997; Bennett, 1997; O'Brien, 1997).

Edna "Ted" Metcalf, who worked in several countries, told of her first appointment in 1950 in what was then Malaya. She worked with Lily Turnbull, "a very clever team leader". How was she greeted by the nurses? "At first they sang at me and I had to eat with them." One had to learn something of the culture and the language and in Malaya there were several. The nurses worked with mothers on baby care, gave advice to hospitals and although Miss Metcalf tried to adapt to the group and didn't give orders, she admitted she thought she knew everything. "Imagine, the women in the antenatal classes sat cross legged on the table. I taught infant care on the floor on my knees. That's how they do it." In midwifery as in other areas, "you did the best you could" and it was difficult. When in an African post, the doctor, sanitarian, health educator and Miss Metcalf set off in a helicopter to visit a mission hospital. "I had no such experience but in my blue so-called uniform with many pockets I carried a bottle of water and chocolates; if I fell out I would have something to chew on." To their great surprise, on landing they were met by a man with a pouch of arrows and others with machetes.

I greeted them with 'bonjour' but they didn't know French. The men followed us around the hospital and after we had completed our visit, leaving supplies and giving advice for the isolated hospital (which later closed), the same people walked back to the helicopter with us and gave me caterpillars, a great delicacy. I handed the container to Peter Jolly and said, 'say thank you and get in'.

In Tonga she met the queen, who instructed her on the social and cultural background of the country, and "we became quite friendly." What were the problems? "I can't think of any offhand. The rules from WHO didn't always fit." The heat and crowds in the outpatient departments were pressing but she continued. "We didn't always have supplies and immunization materials and there were periods of political unrest in Africa". But there were successes, nevertheless. The team taught the mothers how to cope with the effects of climatic extremes on infants; diet teaching was also quite successful. The Chinese in Malaya had fruits and vegetables and used their foods well. Miss Metcalf had to learn the eating habits of the various groups and then teach the nurses how to adapt these to infants' and older children's dietary needs. "Our goals were to have strong healthy families. I was the Jack of all trades and did the best I could with what there was."

What were the satisfactions in your work in WHO (professional and personal)?

There was the great satisfaction in working in areas where one felt there were such profound needs. I was nearly always fortunate in being able to work with the students and the staff of practice areas while at the same time teaching and helping with development. Students were always a challenge. Their questioning was an indication of their grasp or otherwise of what was being taught.

Nancy Mary O'Brien (1959-1976)

"I was already over forty when I came to Uttar Pradesh with a colleague in 1958-1961 to set up a sixteen-week course for graduate nurse-midwives," thus Frances Rutledge began her story. Her first impressions of India were of the heat and the appalling living conditions, but there was work to be done and Hindi to be learned. The students and the two national counterparts were to learn how to work in outlying village clinics. Since the funds had not yet arrived, the two nurses had time to prepare a course of ten weeks of theory and five weeks of practical work. "The Maharani heard of our plight and with her intervention, funds arrived within three days." Participating students were told to come immediately, one even leaving her nursing baby. Studies began, the students were eager but working in outlying clinics worried them; hospitals weren't too eager either to lose their staff.

We stressed what they as public health nurses should be able to do and not what was impossible to continue or implement. Some things the students learned at the nursing college had to be relearned. When I received a list of essentials for the newborn, there was an item - 200 nappies. 'Why', I asked, 'what happened to the use of banana leaves?' This was what they learned in school.

We started home visits on infants and orphans; I was always on the lookout for bottle fed babies, although rare, in order to teach the mother otherwise. Backup service was lacking but the medical officer who had worked in Calcutta always tried to help; another physician, who followed the WHO reports, was a fine public health professional.

Problems? Of course! Doctors wanted the students to help in the clinics; they were not interested in public health nursing. The United Nations Infant and Child Emergency Fund (UNICEF) material for deliveries was kept under lock and key and it took some convincing to have the equipment released. The chief of the medical college took one of the vehicles earmarked for the

Back in 1961 when I joined WHO I was called to be briefed in Geneva HQ. (The last flight for nurses in my pay class to travel first class & possibly the last amongst Nurses to be briefed in HQ). The WHO were modestly established in the Palais des Nations & as the new offices were under construction the Nursing Division was moved to the Hilton Hotel. The new HQ grew in grace & majesty with pleasant spacious offices (with view) for all. Subsequently these premises have so burgeoned & multiplied that the gracious offices in the main building have been divided & subdivided so that all that remains true to its former glory are the central concierge desks & washrooms. The ever increasing size of the administration & duplication of units is a definitive model of the 'inverted pyramid' a model that field staff spent a lifetime rejecting both within & without WHO.

When autonomy was given to the Regional Offices the same development was copied even trickling down to CLO [Country Liaison] offices ... all the Empires large & small all the way down the line. The 'inverted pyramid' is alive & well.

On joining I was impressed by the idealism & calibre of the staff all of whom were leaders in their field and it seemed that everyone's contribution counted & was under constant scrutiny in a constructive manner to ensure that progress was being made in the projects to which one was assigned. A maternal/paternal eye was kept on new recruits to ensure their safety & suitability. Monthly reports were required & were read & commented upon & all field staff on their first assignment had a visit from their Nursing Advisor within the first 6 mths of posting. We were all introduced to the DG This was a great confidence booster & gave great support to field staff particularly if difficulties were encountered at a Government level.

Because I had been recruited through the Geneva Office I always retained links there & visited Nursing & other units en route to home leave. The gradual demise of the 'Nursing Division' down through the years became apparent. A new & unexplained phenomena appeared the 'Scientist', a title that can only have significance within the WHO for no other country is familiar with this terminology. These officers seemed to be swallowed up within senior management & appeared to distance themselves from 'Nursing'. That was the situation as I recall end of 1984 with a final farewell chat with the then DG, Dr Mahler.

Maura Leavy (1961-1984)

course for the medical students; he also wanted the hostel for his students. Fortunately all was returned to the nurses.

Not only did the doctors object to our course, we also had to worry about the Dacoits [armed robber bands]. I always went out very early in the morning while it was still dark (the Dacoits usually attacked at night) but the Indian doctor would not travel at such hours. One day I received a penciled note from the clinic doctor via his driver, "Come straight away. Dacoits are coming." The students had to be evacuated from the clinic. They lay in the bottom of the Landrover and arrived at the center safely. I went to New Delhi the next day to talk to the chief of police; from then on we had to get written permission for each student's visits.

Five such courses were given and later public health nursing was integrated into the basic studies.

Somewhat later the course was expanded and the nurses could obtain a public health nursing certificate. Success, notwithstanding, the course leaders were distressed by the unhappy letters received from the nurse-midwives stationed in distant villages.

Integrating public health nursing into the general studies was for Miss Rutledge a great joy. She succeeded in introducing public health nursing into the local hospital course and worked with district nurses and health visitors.

The hospitals may not have been too happy but our counterparts were, so much so, that they taught health education to educated villagers who in turn would teach others. The reports of later years were good - continuity of our work existed. My contract was renewed after two years for another two but I felt WHO didn't need me anymore. The national counterparts were excellent, so I left to study in Toronto with the feeling we had left behind good will and able people.

Agnes Bentsen, whose career with WHO spanned the years from 1951 to 1972, worked in tuberculosis eradication campaigns and as a public health nurse. She saw her role "as a professional person with duties to assist in the various health projects, with special attention to being a foreigner and respecting the local cultures." Some of the successful projects included the BCG mass campaign in Turkey between 1952-1954, "where the devoted national director of the campaign and the well trained staff were the reasons for success". The tuberculosis control project in Addis Ababa, Ethiopia, 1958-1964, was very comprehensive.

We also trained both nurses and other health workers in clinic work, home visiting, and social work, as well as health centers' staff in rural areas and, of course, students in schools of nursing. A very able WHO team leader facilitated the work which was followed with great interest by the head of state.

Could you share with us what you consider some of your successful projects?

There was some success, in as much as the training of health workers [at the public health college] - health officers, community nurses, midwives, sanitarians and laboratory technicians - was carried out. These were utilized in health centres throughout the country in rural areas.

One could say that there was some improvement in health standards but there was still a long way to go. One day the College LandRover was returning from an outlying training health centre when a shot was fired at it by a villager (no injuries!). When asked the reason for the shot he replied, 'Before you people came some of my children died. Now they all live and I cannot feed them!!' Something was happening - was it success?

Nancy Mary O'Brien (1959-1985)

In later years there were less successful projects, such as in Benghazi, Libya, where the assignment was limited to clinic work in urban areas, but the programme in rural health centers failed because personnel were not yet able to cope with such work.

Her working relationships were good.

I was always working in a WHO team with two to three members and a doctor as team leader. Besides the actual work, contact with local leaders, especially in rural areas during surveys and mass campaigns, was of utmost importance. It was necessary to adjust oneself to the other team members as well as to the local staff.

Adapting to living conditions in rural areas and transportation or lack of it during the rainy season were difficult, but fortunately one tends to forget the obstacles; memories remain of the eagerness of the students, acceptance as a teacher and good work performance. Miss Bentsen is left with good recollections - professional and personal.

Tuberculosis nurse, field worker and consultant was how Eli Andresen described her role in WHO. She began in 1953 in Thailand with testing for tuberculosis and BCG vaccination, mainly in the northeastern area but also in the rest of the country, and acquiring a working knowledge of the language.

My responsibility was to train and supervise local personnel, mainly sanitary inspectors and some doctors. At the time it was not acceptable for women (nurses) to travel up country as it was considered too dangerous. I was offered a revolver which I did not accept.

Miss Andresen also worked in Burma where she assessed previous projects, trained and supervised health personnel in Kuwait, Liberia and Mauritius, and worked in tuberculosis control in Jordan and Syria. Nurses

in Kuwait came from Egypt, Jordan, Lebanon and Syria since there were none in the country. Nursing in Kuwait was a rewarding experience. "Work in Liberia could have been better but political unrest and the lack of advisory support were, I think, partly the reason." In Mauritius the team worked long hours; not infrequently Miss Andresen was the sole worker in the field and felt fortunate not to become ill or to need help because there would have been none. Satisfactions were many: to feel needed, to learn to adjust to new situations, to work with various peoples. It was a privilege to meet and work with nationals and internationals and thanks to the good reputation of WHO she was always well received. "Having seen and experienced so much poverty and misery, I find it frustrating to see all we have and take it as a matter of course, but to be able to get up every day and work is a blessing" (Andresen, 1997).

What were some of your satisfactions and some of your difficulties after leaving WHO?

Difficulties to accept all complaints at home about shortage of staff and poor working conditions, etc.

Inga Britta Ohlin (1959-1963)

Opportunities to develop thoughts, by looking back and analysing life in WHO has been interesting. Opportunities to share these ideas with university students and the community are stimulating. For example, speaking to community groups such as seniors at the Salvation Army is inspiring. Want to be queen for a day and think your life with WHO was created in heaven - just sit with the men and women in wheel chairs, using walkers, and who struggle to hear what you have to say about Cambodia, China, and the South Pacific. There are lots of 'Praise the Lord's.

Theresa Miller (1982-1995)

Others, too, spoke of civil unrest, trying to work under difficult conditions, cultural differences, politicians using the transportation meant for the health team. "So much time was spent with correspondence" for these problems.

Some established midwifery training programmes to improve the existing practices. Better hygiene, use of clean materials during delivery and a clean knife to cut the cord could lower mortality and tetanus rates. Pilot projects for maternal and child health served the local community and were to act as teaching centres for the country. WHO nurses taught and demonstrated infant care to nurses and students - cleanliness, weighing, immunizing, health education, diet instruction, early detection of problems and follow up - all were the order of the day. Lowering the trachoma rates, teaching and practising in tuberculosis programmes when one had to do two visits for testing and giving BCG were also nurses' work. All this with

primitive means of transportation and hours of travelling from one village to another.

Nurses expressed disappointment when projects were discontinued; but many projects were successful and the work continued (Pery, Nymann, Perrin)

When asked about written reports Ted Metcalf said, "Oh, we wrote monthly reports but they are probably lying in the regional offices."

I got on with typing the quarterly reports, always a troublesome task.

...

We visited two centres in the jungle before moving on to a place called Jeekolite Bhimtal to see Midwifery Centres. During our three week stay we experienced many things. Dr Bisht had two villages to visit where smallpox was rampant. He sought out the headman of the village to ask permission to vaccinate all who were living there. After a great deal of pressure from Dr Bisht's side, he finally said he would permit it if the head man in the next village 2 miles away would also allow his people to be vaccinated, so we hurried off to the next village and he agreed. We started on that village and, of course, as soon as they knew what was happening, they disappeared and had to be rounded up. The population of the village was about 100 and six had already died. I had never seen anything so awful, they were in every stage of the illness, some just starting and others dying. It was a pitiful sight. It took a long time and a lot of patience to get most of them done, then we went back to the first village and did them also. A good day's work.

...

So we were walking through the heat of the day. Marjorie thought we should have one horse and ride it alternately, so she had the first turn. It wasn't long before she hailed us from a long distance behind. She got rid of the horse and its small boy attendant and caught us up. After about seven miles Marjorie was losing the sole of one shoe so had to tie it on with a handkerchief. It was not an easy walk. About half way there was a tea stall, so we stopped for a mug of tea, which was served in a stainless steel mug without a handle, and no hope of it getting cool on such a hot day.

*Doris Walker. Here & There with one Nurse.
(written from her dairies), 1955-1956*

In conversations with some of the former nurses they recalled the highlights of their tours of duty. They also remembered the difficulties of work with the hateful primus that flickered out with every gust of wind, the lack of water, the materials and immunizations that didn't arrive, the teaching that seemed to make no mark, the routines of feeding and hygiene that were Western and seemed strange to the population. The question of

evaluation of their work was difficult to answer. In the words of Claude Noizet, "Evaluation consisted of ongoing monitoring, not as today based on objectives. We did have a subjective evaluation; we talked of achievements." Statistical evaluation was not demanded from the nurses; evaluation was built into reports at a later period. In the 1960s and 1970s one sees reports of the number of tetanus cases and infant mortality rates having fallen by about 50% after two years of care in a specific area (Tuohenmaa, 1995). Even if asked to report it would have been nigh impossible at the beginning. Births and deaths, especially in rural areas, were probably not accurately reported and a short tour of duty was insufficient to draw conclusions as to the efficacy of care.

While you were working with WHO, what were the goals of WHO Nursing?
How do you see its goals and its role for the future?

Les objectifs du nursing OMS ne répondaient pas toujours à la simplicité ou le complexité des réalités du terrain.

Collomb (1966-1982)

The goals of WHO Nursing were never quite understood. A lot of what was said and written went over the head. Too many words were used to say too little so that one lost ones way in trying to identify the point. The verbiage was such at times as to be useless - one was wading through a sea of words.

At Field level the goals aimed at were drawn up on the spot. What was required? What facilities were available? What would be the standard of the proposed students? The answers to these questions would form the basis on which the proposed programme would be based. The goal posts were moveable at any time if the need arose. All of this would of course be worked out with all concerned. The main goal, 'to improve services', for the benefit of those served as well as those who would serve would be adhered to.

Nancy Mary O'Brien (1959-1976)

With the advent of PHC the role of Nursing in WHO became blurred & caused much confusion. A plethora of advisors from all disciplines (~~except nursing~~ ... one did appear but as her title was 'Scientist' no one could relate to her) descended on the islands to say their piece on PHC. Then, as now, Nursing recognised that PHC was very much in their domain. Have we not moved forward since those days? Where were the WHO nurses in the development of these projects. Where were the guidelines by nurses (WHO) for nurses (National)? Everyone else had their say as to what the nurse in the villages could & should do. ... When I was posted in the Western Pacific in 1965 there were well over 25 nurses in the Region. When I left end of 1984 there remained but two.

Maura Leavy (1961-1984)

There were, however, visible successes – schools of nursing, maternity programmes, health centres which continue to function. In discussing this review Elizabeth Barton warned us we should be careful when we write of the past. Between 1948 and 1960 the countries were poor and underdeveloped. “Now things have changed and people may not be pleased with our reports. The only way to get around this is to have personnel from various countries tell us how they saw WHO involvement.” Maybe someone should take the subject as a project.

The nurses gave of their best but it is difficult to make progress unless governments take an active role in improving general education and changing the socioeconomic situation; even providing clean water can make a big change in health. The nurse doesn't work alone; there are the team, the counterpart and the government which must have an ideology and commitment for health care. As a paean to the nurses in the field one can quote Miss Barton (1997) who so beautifully summarized her life as a WHO nurse.

Looking back to the years spent in an Asian country, the lush green of the paddy fields and the gold fibre of jute are imprinted on my memory. I see the farmer, knee deep in water planting out the rice seedlings and cutting sugar cane. They were ill nourished, wiry little people, yet seemed to pluck up enormous strength and courage to earn their daily living. Women stayed at home busy with the chores of fetching water, tending their not very productive vegetable gardens and a few scrawny chickens while at the same time caring for their numerous children. Through it all they appeared serene and smiling. Sometimes that serenity vanished and one faced the reality of the status of women in that country. A woman had few rights, was often illiterate and worn out with frequent pregnancies and childbirth.

The Maternal and Child Health Project certainly met a need. It eventually became an ongoing, integrated national programme. Our national colleagues did sterling work and their successors do so now as I discovered during a visit in 1994. The population has increased threefold since the nineteen fifties and the overall infant mortality rate has fallen. Something was set in motion in those far off days.

The Human Being

*How small thou art thou human cell
on the shores of the ocean wide;
Thou art able to fathom an extensive wisdom
as well as mathematical formulas.
But if you do not know your own "smallness",
you will not know greatness either.
The moment of your birth - what a wonder it was!
When the walls around you were removed
and the big wide world opened to you.*

*You were surrounded by water and darkness;
but your body was cleaned and darkness removed.
Now there are no bounds to your endeavours,
unless you deny yourself the truth.
Only truth can make you great and noble
and then you can also be a light to others.*

*Life here is only lent to you for a moment,
thus impress this firmly on your mind
when nature calls and the cells beat,
and you know its clean colours and its complex paths,
then you have found a new key, happiness and the future.*

*You cannot change the great nature, nor the origin of
yours or your children.
Only truth and love will give peace and thus it will
also provide the cleanest harvest.*

*Our globe is a beautiful and roomy house
and the sun its bright light,
its waters shine and colours sparkle,
its beauty removes sadness from our minds.*

*The occupants of this house of ours are of many colours,
our Lord once thought this best,
our brothers here are blond and dark, well and sick, strong and weak.
If you are strong, thank the Lord for it, and humbly cross
your fingers.*

*On the sea shore of the Indian Ocean, Zanzibar
August 1965
Anna-Liisa Tuohenmaa*

Translated from the Finnish by Tyyne Forster-Wright (free style)

[Written shortly after arrival on her first assignment, expressing
the philosophy of her nursing duty.]

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It is our sincere hope that someday a full history of nursing in WHO will be written. It is a story well worth telling.

