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Bulletin

No. 46 April 2010

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Thanks to Michèle Wilson for Translation

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From the Chair

Rob Robertson

A Time in Space



Once upon a time, IDRC went into space. No, I'm not thinking of the Christmas skit that featured a David Hopper character floating above the Centre's first project on the moon. Rather it was when the Centre bought capacity on a low earth-orbiting satellite to link developing country health care professionals to each other and to information sources in the First World. My own role was to work with a satellite lawyer (yes, there are such critters) in making the purchase. After months of waiting through technical hitches, a group of us at the Centre sat at a TV, watching the rocket lift-off successfully from a base in French Guyana.

"But what about the internet?" you ask. It was the early 1990's and the web was far from being an honoured technology. Even at middecade the Executive Director of IDRC's partner in the project, an American organization called SatelLife, wrote: "For health care workers on the front line...the internet, writ large, isn't likely to prove a useful information source. If investments are to be made in communications technology for the health sector, there are simpler, cheaper, far more effective tools than direct, real-time internet



connectivity." As we watched the launch, little did we realize that it was the internet that was really taking off! As we all know now, but didn't know then, outer space would give way to cyber-space.

In Africa, the system of low earth-orbiting satellites and ground stations were eventually replaced by the African market place of internet providers. In its project report, SatelLife said, "Improved

telephone lines and high speed modems proved more efficient than a ground station...technical staff grew restive over the new and more exciting internet technologies emerging in the private sector."

SatelLife itself began to change. Eventually alumni Rich Fuchs and Steve Song forged a new alliance between it and the Centre, especially in Uganda and Mozambique. Rural doctors and nurses came to use cell phones and WiFi in their everyday work. They were proud of their new empowerment that among other things helped to forestall malaria and measles epidemics.





And IDRC moved on to with its signature African project "Acacia", later Connectivity Africa, focussed on the wonders of the internet. But for a time, in its continuing search to link people and ideas, the Centre's gaze had been toward the stars.

Alumni News

News from Elsewhere

John Hardie channeling Jack Rabbit Johansson



The Canadian Ski Marathon celebrated its 50th anniversary in February. This two-day event, now accorded international status, was founded by Jack Rabbit Johansson, a legendary character for local *ski du fond* enthusiasts. While the participation is open to all levels of skill and enthusiasm, top billing goes to the intrepid *Coureurs des Bois*, who depart Lachute before dawn on the first day of the event, carry all they need for the two-day ski from Lachute to Gatineau and spend the night bivouacked on the side of the trail.

One IDRC alumnus had 6 of the gold Coureur des Bois shields tacked to his office wall to prove he had the 'right stuff' in more ways than most of us! John is wearing the 111 gold bib given to Jack Rabbit for the 111 year he lived! John's gold 101 bib was made permanent after his fifth shield. For his 38th year of participating in this adventure, our John Hardie honoured the memory and gifts of Jack Rabbit by bringing him, in spirit as it were, back to the slopes to send off the first wave of skiers and remind all participants who they had to thank for the event they were enjoying.

Gallery



Carole Joling: Cruising!

The three ASRO RDS!

Nihal Kappagoda, Jingjai Hanchanlash, Rosalia Scortino meet up in Bangkok



Where Are They Now?

Larry Gelmon: A CAREER



I came to the IDRC somewhat by accident. I had been working as a general practitioner for a number of years after graduating medical school, interspersed with extended periods of travel in Asia, the Middle East and Latin America, but as a result of my travels I entertained the idea of joining Medecins Sans Frontieres, the Red Cross or other similar organizations as a globe-trotting disaster relief/refugee camps physician. I went back to school (London School of Tropical Medicine) to get some Tropical Medicine and Development credentials, but then spent a couple years not getting relief work (1981-83 were quiet years for natural disasters and wars). I was living in London, playing piano in bars and wondering whether I should have taken the Emergency Dept. job in Saskatoon that I had turned down, when I received a letter from my sister in Toronto, enclosing an ad from the Globe and Mail from some

organization called the IDRC, advertising for a doctor with Tropical Medicine credentials who was willing to travel. I sent in an application, three months later I was being interviewed in Ottawa, and in January 1984 I found myself behind a desk on Queen Street, a Senior Program Officer in the Tropical and Infectious Disease (TID) Section of the Health Sciences Division ... not exactly the result of careful career planning.

My first shock in January 1984 was to discover that my supervisor in the TID section had left the Centre three months before, and I was the entire TID section – definitely a case of being thrown into the deep end of the pool. I remained in Ottawa in the TID section of the Health Sciences Division (joined in the following months by another Senior Program Officer and then by a supervisor) until April 1988, at which point I was transferred to New Delhi as the first (and what was to be the last) Health Sciences Regional Rep for South Asia. A year later, a budget cut led to the Program Staff being relocated from Delhi and I was transferred to Nairobi in October 1989 to be the Health Sciences Rep for Eastern and Southern Africa, while retaining responsibility for South Asia programming. I left the Centre in August 1992, again the victim of downsizing. Fortunately, I had already put in a request for educational leave, so as part of my termination package the Centre supported me to go back to school, and I spent 1992-93 in Boston getting my Masters of Public Health at Harvard before returning to Nairobi in late 1993 to join the University of Manitoba-University of Nairobi HIV/AIDS research group.

The highlights of my time at IDRC are too many to mention. The opportunity to travel all over the world, to meet and interact with researchers – many of whom were very much on the cutting edge of their particular areas of specialization – and to be able to participate on committees and initiatives with recognized top scientists who were setting the global health agenda was all heady stuff and I never tired of that aspect of the work.

Another highlight was the opportunity to work with some of the most capable people that I've ever met in my professional life. Like any large organization, there were some people I worked with at the IDRC whose qualifications still remain suspect in my mind, but there were many others in Ottawa and the regional offices who made the job exciting, educational, fun, and constantly stimulating, a few with whom I continue to work and maintain contact. Not wanting to neglect those whose names I don't

name, but especially fond memories of working with Stephen Moses, Don de Savigny, Jorge Garcia, Silvio Gomez, Dae Woo Han, Pandu Wijeyaratne, the late Suzanne Mowat and Richard Wilson.

There were some funny-weird moments (some funnier than others – my being mugged in Togo became an incident that others found funny, me less so). I guess my major memory was realizing very early on that a significant number of my colleagues were not good travelers and did not particularly enjoy the act of travel, which made me wonder why they chose international development as a career. Travel these days is much less enjoyable than it was 30 years ago (security, restrictions on business travel etc.) but I was lucky enough to travel with the IDRC in the days of business class airline seats and 5-star accommodation. What was not to like?

After completing my MPH in 1993 I returned to Nairobi and joined the University of Manitoba-University of Nairobi faculty. I had been working with the group since 1984, and in 1985 developed the first IDRC-supported research in HIV with the group. From 1995-2003 I was mainly involved in establishing and directing a network of training institutions in Eastern and Southern Africa delivering short-course skills upgrading in various aspects of HIV/AIDS. This project, the Regional AIDS Training Network (RATN) became an established African NGO in 2003 and is still operating today as the African Capacity Alliance. I also did some consulting in the 90s and was involved in the IDRC-supported Tanzania Essential Health Interventions Project (TEHIP). Since 2001 I have been the Director of the Univ. Manitoba Research Program in Kenya. With the support of PEPFAR, we are currently operating eleven clinics around Nairobi for some 35,000 male and female sex workers and their clients, men who have sex with men and injection drug users, as well as conducting ongoing research and sitting on national technical working groups for key populations: so very much at the centre of the response to HIV in Kenya. Two years ago, we established Partners for Health and Development in Africa (PHDA), a University of Manitoba supported Kenya-based NGO. So I've been involved in the development of two African NGOs.

I also continue to consult both in Kenya and in the region on HIV/AIDS and broader public health issues, and have worked for the World Bank, Gates Foundation, bilaterals such as DFID, and assorted UN agencies (UNAIDS, WHO, UNICEF, UNFPA, etc.). I continue to travel, still taking only 3 years to fill up my passport. Currently, Univ. Manitoba is managing a Regional Research Fund in Southern and Eastern Africa supported by DFID. The work involved reviewing a number of research proposals last year, and in February I travelled for a couple of weeks to several locations in Malawi, Zambia and South Africa to meet the recipients of the research awards and talk to them about their projects – it was very much 11 days of déjà vu – doing what I did with the IDRC 30 years ago (but hopefully better!)!!

As for my thoughts on development these days, one of the things that used to drive me nuts in my early days with IDRC was when some old guy in his 50s would stand up in a meeting and begin by saying "In my 25 years in development I blah blah blah....". As an old guy in his 60s I find myself occasionally almost saying that myself these days, before I mentally slap myself upside the head to shut myself up. Back when I started in the IDRC, there was some talk about the era of infectious diseases being over, then AIDS came along to squelch that thought. And in these days of SARS, MERS, resurgent TB, Ebola, Zika, etc. etc. any thoughts of the end of infectious diseases are long gone.

But lessons that were learned in the 80s and 90s continue to be unlearned. I hear people saying the same things over and over again at meetings and conferences: we need to involve the community, there needs to be closer interaction between government and civil society, top-down programming is not sustainable, women need to have their rights respected – hello? Is this 2015 or 1992? And having

lived through several decades of unfulfilled global goals programming (remember Health for all by the Year 2000?) it is hard not to get a bit disillusioned. There have been some remarkable advances over the past decades – decreasing infant mortality, increasing literacy, economic progress in many countries – and I once monitored a project on Guinea Worm that is now almost extinct. But seeing the continuing dire condition of health facilities and services in many parts of Africa, the ongoing widening gap between rich and poor, and the omnipresent corruption and wretched governance in so many countries that should be doing better makes one wonder if "development" really is moving on a forward path. Maybe this is the sound of someone who should be retiring.

I am still happily married to Sarah Jones – we celebrated our 30th anniversary last year. She has also been working as a development consultant, and gets to travel to such tourist destinations as Somalia and the Eastern DRC. Two daughters Leila and Cassie are in their 20s and still in university in the UK and Canada respectively. No grandchildren on the horizon that I know about. Listening to and playing music, watching film and reading remain my major hobbies. Living in Nairobi I've had the opportunity to play keyboards in a number of bands and shows, and currently starting work with a new band, mainly playing blues and funk-based dance tunes. I now go to the gym three times a week in a futile effort to slow down the ageing process. I have four dogs and an ageing cat.

Life in Nairobi remains good, for all of the daily struggles, infrastructural weaknesses and horrifying traffic. As most IDRC alumni will agree, Kenya is one of the world's most beautiful countries, and the weather can't be beat... this for a boy from Saskatchewan is significant.

Where and when I will retire remains an unanswered question. We arrived in Kenya in 1989, thinking that we'd stay 2-3 years. In answer to the question, how much longer are you staying in Kenya, we've been answering "two or three more years" for the past 20 years. Even though they are the ones who

brought us here, I guess it's too late to ask IDRC to cover our moving expenses?

The photo is taken from a <u>video</u> of Larry being interviewed by Richard Dawkins for his television documentary <u>The Genius of Charles</u> Darwin.



Letters to the Editor

As usual, a delight to read the bulletin in both official languages (need to keep up with the French as I don't get much occasion). Sorry also to see the In Memoriam section. One of my favourite recollections of Allan was during his tenure as Director of HR. I had worked four full years without taking a single sick leave day, and was arguing hard to get a cash reimbursement for unused SL days based on my steadfast loyalty. He just said "No", and then looked at my crestfallen face, he said..." you should have just gone skiing like everybody else".

Arun Abraham

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Thanks for the IDRC Alumni newsletter.

I liked your review of Allan Rix's life. Your reference to his remaining "perky" throughout his life, even at the last days, was such an appropriate word. Thank you. He was a terrific asset to the Centre. He is missed.

Tony Lovink

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Thanks so much for these bulletins! I love receiving them and keeping in touch with the IDRC gang that I used to work with.

Cathy Raymond Martin

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Very fine Bulletin. I appreciated Keith Bezanson on Maurice Strong.

Steven Langdon

IN MEMORIAM



Frances Anderson 1942-2016

Frances Anderson (Haines) joined IDRC in May 1975 as secretary, transferred to the library in March 1979 and in October 1984 she was promoted as a Trainer and User Support, EDP services in the office of Controller General and Treasurer where she worked until February 1998.

There is a full obituary here.

I worked with Fran and Jennifer Leckie when I chaired a PROMIS USERS group tasked to get glitches sorted out. As a user, I knew nothing about the important behind the scene stuff and Fran and Jennifer were my guides to where the problems were and what could be done to fix them if I used my role as Chair to get everyone on the same page for those fixes. It was a good time: Fran was a good person and valued colleague.

Christopher Smart

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Maria Jose Gama

1933-2016

Maria joined IDRC in September 1973 as secretary in the Health Sciences Division then transferred to the library in February 1980 where she worked until 1993.

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Duncan Pedersen 1939- 2016

Dr. Duncan Pederson was the Associate Scientific Director, International Programs at the Douglas Institute in Montreal, affiliated with McGill University. He was with the Centre's Health Unit in the early 1990s and was a recipient of an IDRC grant for his work on global mental health. Over the years, IDRC's support led Dr. Pedersen to work in areas such as Nepal, Sri Lanka, and Peru.

"As a researcher and physician trained in public health, social epidemiology and medical anthropology, Dr. Pedersen had an extensive research experience in Latin America, mostly amongst indigenous peoples and the urban poor in countries of the Andean region (Bolivia, Ecuador and Peru), the Amazon basin and Northeast Brazil. More recently, he had extended his global mental health research to Guatemala, Jamaica and Nepal. His interests were in global health research and cross-cultural, ethnographic and epidemiological research on violence and mental health outcomes, where the issues of traumatic memory and trauma-related disorders, resilience, healing and coping strategies were his most prominent concerns."

The full obituary is on the McGill University site



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