2004: The year that was for Riemke and Maarten

Re-integrating is hard

We have now been back in the Netherlands for a year and found that getting one's feet back on the ground is not so easy. Having been away for six years has changed our views on society and politics and of course the Netherlands have changed as well. In addition, relations with friends have changed by our being away.

When we were living abroad, our visits "home" were characterised by a flurry of visits that we set up beforehand and for which everybody would adapt her or his agenda. Now that we are here again permanently, the urgency to meet or have contact has naturally lessened. We still have to get used to that.

Riemke has been elected president of the The Hague branch of the Netherlands Association of University Women. Together with art classes at the Museon, the educational museum here, this occupies her time. She was asked if she was interested to become the co-ordinator of the University of Leiden's campus in The Hague. Since this would mean having to work in the evenings, Riemke decided that she was not really interested in being away from home, when Maarten would be back from his work.

Being closer to our family, with the exception of our son Jurjen and his wife Carolyn in Washington State (but objectively we are also closer to them) is definitely an advantage of being back. Although it is sometimes hard to get to see them because of the impossible traffic in the Netherlands.

It is certainly nice to be back in our own house. We had the roof terrace, which had always looked a bit grotty, redone. However, because of the wet summer we have not been out there often. Also, the Persian carpet (3 by 4 metres !) that we bought in Tehran, now takes pride of place in our living room. It is a great improvement on the previous Persian carpet that we had taken with us from Abu Dhabi.

We continue to follow developments in Iran closely and regret to see the country slide back from reform. With a newly "elected" parliament dominated by conservatives and the certainty that next year's presidential election will be arranged to result in a conservative president, things will continue to get worse both politically and economically in the years to come. The authorities are forbidding classical concerts, which the western embassies tend to organise, for fear of corrupting Iranian moral values. And of course, there is still the entire issue of Iran's nuclear programme. The failure of the United States in Iraq has boosted Iran's political confidence enormously. Indeed, it appears unlikely that the International Atomic Energy will refer Iran to the United Nations Security Council for breaching its obligations under the Non-Proliferation Treaty.

Working in a demoralised company

In our years of absence from Shell in Abu Dhabi, Maarten looked at the developments within Shell with regard to sustainable development and corporate social responsibility with some scepticism. He specifically felt that the high moral stance that Shell was taking was among other things another exponent of the arrogance that caused Shell to adopt these ideas in the first place.

When we were in Iran we were also shielded from developments within Shell as a result of the enforced isolation to comply with the United States' trade sanctions against Iran.

Therefore, coming back to mainstream Shell after virtually six years of absence was quite a shock. Although this was nothing to the reserves scandal that broke earlier in the year. To discover that the top brass was flouting Shell's general business principles was an unwelcome surprise, to put it mildly.

It is not surprising that social and shareholder confidence plummeted as did staff morale. We are painfully trying to climb out of that hole. Fortunately, staff with other oil majors with whom Maarten worked in a couple of task forces of the International Association of Oil and Gas Producers, have been understanding and sympathetic to the plight of Shell staff.

In addition, Maarten's job does not really satisfy him. He has been working below his level of competence and was also passed over for the senior environmental position in the department. This was probably due to his continuing critical stance and his position that environmental policy and practice should be as close to the practicalities of operational life at the coalface as possible.

In retrospect, it has been a mistake for Maarten to return to The Hague and we would probably have been better off staying in Tehran a bit longer and then take the redundancy package.

Fascinating Istanbul

In June we went to Istanbul on a culturally orientated visit. The journey was organised by a small travel agency in the Netherlands that specialises in cultural tours. We were fortunate to be there with a small group of only eight people.

The tour focussed on less well known objects, although there was sufficient slack in the programme to enable us to catch up on such major items as the Aya Sophia and the Blue Mosque. We had a view of both from our bedroom in the hotel and from the dining room, which was on the roof of the hotel.

Besides the Aya Sophia and the Blue Mosque, we also made time to visit the Topkapi Palace and the Chora Church. Our visit to the latter proved a re-education on early Christianity. We were fortunate to visit the Chora Church with one of the members of our tour group, who happened to be a professor of theological history at the Dutch University of Theology and who was therefore well versed to guide us.

At the end of the tour we made a boat trip on the Bosphorus and were in awe of the fortifications that Mechmet the Conquerer built along its banks. To see Istanbul from the Bosphorus gave us a different but equally entrancing perspective.

We found Istanbul a fascinating city with a rich history and very much worth the visit. And we certainly would like to go back there again.

Confrontation with mortality

This year we have been thoroughly shaken up by a confrontation with mortality. In October Maarten took part in a periodical occupational health examination. This seemed to be a good idea, as our last medical took place in April 2002 before our transfer to Tehran.

The day after the examination, the company physician asked Maarten to come and see him. It turned out that Maarten had a seven-fold increased white blood cell count. We chose to pursue this through our family doctor, whom we had never met as she had taken over the patients from our previous family doctor. She sent Maarten to a local hospital for a recount, with the same outcome.

Within three days we were talking to the haematologist at the hospital, who told us that Maarten was very likely to be suffering from chronic myeloid leukaemia. The following days Maarten went through a number of diagnostic procedures, including a bone marrow punction. By the time the results of the tests on the bone marrow came back, we knew already that it was very unlikely that it would be something different. However, we are very early in the chronic phase of the disease.

Chronic myeloid leukaemia is caused by an acquired (i.e. not hereditary) chromosome transformation in the bone marrow stemcells. In this transformation, part of a chromosome

has broken off and has combined with another chromosome. As a result a tyrosine kinase enzyme is formed that signals to the stemcell to continue producing white bloodcells.

There is no known cause of chronic myeloid leukaemia, except perhaps for prolonged exposure to ionising radiation. A friend of ours suggested that Maarten might have been exposed to strong radiation on his visits to Russia and Kazakstan in the 1990s. However, that appears rather unlikely. Maarten used to travel with a radiation dose counter at the time and he never measured more than background radiation, even in places such as Murmansk, the Russian navy's nuclear submarine port, and Aktau in Kazakstan, which has a nuclear facility.

Maarten went to find information on chronic myeloid leukaemia on the World Wide Web and we were not disappointed. There is a host of relevant stuff out there. Our haematologist had warned us against believing everything we would find there, but that was not really a problem. By going to websites of reputable organisations, it was easy to get reliable information. Maarten being a biologist also helped us the separate the chaff from the wheat. Although the Dutch Cancer Society provided instructive brochures, we were specifically impressed by what The (US) Leukemia and Lymphoma Society had to offer, absolutely first-class.

Our haematologist had pointed us to the site of the Foundation for Haematology-Oncology Research in Adults in the Netherlands, which featured the protocol of a running clinical research trial for the treatment of chronic myeloid leukaemia. In this trial a combination of imatinib (Glivec, or Gleevec in the USA) and cytarabine is administered. Imatinib is a spin-off of the human genome project, developed by Novartis. This novel drug works specifically against chronic myeloid leukaemia by binding with the active site of the tyrosine kinase enzyme and so blocking the signal to produce white bloodcells. Cytarabine is a more classic cytostatic drug. This clinical research trial is a logical sequel to earlier trials with interferon (the currently preferred chemotherapy) and cytarabine, which showed a better remission than by each of the drugs administered separately. Laboratory trials and the early results of the current clinical research trial showed that this also applied to the combination of imatinib and cytarabine. On the website of the (US) National Cancer Institute Maarten found a list of clinical research trials for the treatment of chronic myeloid leukaemia worldwide, which gave a useful overview of the present status of chemotherapy.

The treatment proposal of our haematologist is to enter the clinical trial with imatinib and cytarabine in conjunction with the haematology department at Leiden University Medical Centre. We have been there too, during which visit about 100 ml of Maarten's bone marrow was removed. This will be stored for possible future use for immunological purposes in case the chemotherapy does not work, in which case a bone marrow transplant will be carried out as a fall-back treatment.

Maarten has just started taking the imatinib. After three weeks of pre-treatment (or a bit longer) the cytarabine will be administered in hospital, which will occur during two periods one week in a four-week treatment cycle. We reckon that Maarten will be out of action for at least three months. By this time next year, we shall know how well we are doing.

While we have been much shocked by this bolt of the blue (Maarten has not really been ill for about thirty years), we are coping quite well (we think). And we certainly have appreciated the support by our family, friends and colleagues.

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Riemke Riemersma and Maarten Smies