Health Insurance

The Association is readying its plea for a revision of health premiums for pensioners to be put forward at the joint meeting of the surveillance committee and the Staff Committee in June. At the same time, it has reiterated its request to hear from colleagues “who are having real difficulty in keeping up with their health contributions.” The two issues are related but different.

—The first concerns all pensioners (but has implications as well for serving staff when they separate from service, a fact that is often overlooked). This centers on equality of all participants in the health insurance scheme. For former staff, premiums are calculated on gross income, while for serving staff, they are based on net income. Thus, former staff pay proportionally more.

“The difference of treatment offends the equality principle, a general principle of law that international organizations must observe,” former Association chairman, Stanislas Flache said in a letter dated 22 October 1993 to the Director-General when making a request for “new” and “fair” contributions.

—The second issue affects only those pensioners who have been hard hit by the increases that went into effect five years ago. Says the Association’s chairman, R. Pal in a letter last December addressed to WHO regional offices: “We are anxious to collect factual data to demonstrate the extent of the hardship in the increased level of contribution.”

Beginning from January 1990, premiums for pensioners were calculated on what the Association terms a “highly unrealistic” basis — on a “notional,” and hence fictitious, 30 years of service irrespective of the actual length of employment. The decision to do so was taken at a joint meeting comprising only the Administration and serving staff. As a result, premiums skyrocketed for many pensioners, particularly those with less than 20 years of service; while for those drawing modest pensions, income was drastically cut.

The responses to an earlier call for hard-hit cases to write in, carried in News (No. 17, Spring 1994, along with the letter from South Africa, “Anger at 85”), showed uniform unhappiness.

One colleague (with 14 years and 6 months of service) advised his premiums had risen from 0.65 per cent of pension to 4.02; another (13 years), from 3 to 7 per cent; still others, from 9 to 20.5 per cent (12 years, 9 months), and from 2.2 to 8.5 per cent.

Yet another put it differently; his pension had increased by 20 per cent from 1988 to 1994; his premiums by 392 per cent. And one colleague simply dropped out.

—Peter Ozorio,
(formerly INF; and Editor)
When I was a kid during preparation for Chinese New Year my father used to tell us what animal would govern that year, and the old traditional story of the origins of the lunar calendar. It went like this: just before Lord Buddha left this planet for a better world, he summoned all animals. Only twelve turned up and in the following order:

1) Rat, 2) Ox, 3) Tiger, 4) Rabbit 5) Dragon, 6) Snake, 7) Horse, 8) Sheep, 9) Monkey, 10) Rooster, 11) Dog and 12) Pig.

Lord Buddha awarded each animal the right to rule for 12 lunar months. From that day on, each year bears the name of the animal, and, the Chinese believe, humans born during the year are governed by it.

As from 31 January to 18 February next year, it is the Year of the Pig. After the Year of the Dog, symbolized by equality and righteousness, this lunar year will see recovery and prosperity as the Pig generates abundance and well-being. Humans born in 1911, 1923, 1935, 1947, 1959, 1971, 1983 and 1995 are Pig people.

Pig people are sensuous, passionate, simple and so good-hearted they are often targets of dishonest ones. They are not vindictive even to those who cheated them. They are good for charitable work and as fund-raisers. Being thick-skinned, they also make good diplomats and arbitrators as they shrug off insults.

The Pig man and woman adhere to the oriental maxim “What’s yours is mine and what’s mine is yours.” The man likes to live it up, tolerating much nonsense from others. The Pig woman is modest, makes a good wife and is the perfect hostess. She parts with her money with ease. Among famous Pig people: (1) Woody Allen, film star and producer (2) Maria Callas, the opera star (3) Al Capone, the Chicago gangster (4) Henry Kissinger, former U.S. Secretary of State.

As the last sign of the Chinese Zodiac, the Pig closes the 12-year cycle in beauty. A new cycle will start with the first animal, the Rat in 1996.

—Joe Chang-Wailing
(formerly Ombudsman and Treasurer)

### What Animal Are You?

<table>
<thead>
<tr>
<th>Year of Birth</th>
<th>Year of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rat (1900)</td>
<td>Rat (1912)</td>
</tr>
<tr>
<td>Ox (1901)</td>
<td>Ox (1913)</td>
</tr>
<tr>
<td>Tiger (1902)</td>
<td>Tiger (1914)</td>
</tr>
<tr>
<td>Rabbit (1903)</td>
<td>Rabbit (1915)</td>
</tr>
<tr>
<td>Dragon (1904)</td>
<td>Dragon (1916)</td>
</tr>
<tr>
<td>Snake (1905)</td>
<td>Snake (1917)</td>
</tr>
<tr>
<td>Horse (1906)</td>
<td>Horse (1918)</td>
</tr>
<tr>
<td>Sheep (1907)</td>
<td>Sheep (1919)</td>
</tr>
<tr>
<td>Monkey (1908)</td>
<td>Monkey (1920)</td>
</tr>
<tr>
<td>Cock (1909)</td>
<td>Cock (1921)</td>
</tr>
<tr>
<td>Dog (1910)</td>
<td>Dog (1922)</td>
</tr>
<tr>
<td>Pig (1911)</td>
<td>Pig (1923)</td>
</tr>
</tbody>
</table>

The following are recent staff appointments:

**Leprosy** • Dr S.K. Noordeen has been appointed as Director of the newly-established Action Programme for the Elimination of Leprosy.

**Promotion, Education, Communication**

- Mr Richard Leclair, formerly Chief, Information and Public Affairs, AMRO, has been appointed as Programme Manager of the newly established Division of Health Promotion, Education and Communication.

**Western Pacific** • Dr Bernard P. Kean, formerly Director, Drug Policy, Environmental Health and Health Technology, WPRO, has been appointed as Director, Programme Management, WPRO, following the retirement of Dr Liu Xirong.)
THE OLDEST OLD

I took this title from an article by Thomas T. Perls published in the January 1995 issue of the Scientific American. "In medical school I was told," says Perls, "that the incidence of chronic, disabling disorders, particularly Alzheimer's disease, increases inexorably with age. I therefore expected that people older than 95 years, often called the 'oldest old,' would be my most debilitated patients. Yet when I became a fellow in geriatrics, I was surprised to find that the oldest old were often the most healthy and agile of the senior people under my care... Could it be that many people in their upper nineties enjoy good health and that the oldest old constitute a special — and long misunderstood — population?... The common idea that advancing age inevitably leads to extreme deterioration does, indeed, seem to require revision."

The reason for this finding seems to be "selective survival," a kind of a Darwinian survival of the fittest. For certain reasons — probably of genetic nature — "some people are particularly resistant to acquiring the disorders that disable and kill most people before age 90." Thus, these individuals outlive their peers relatively free of disease and may attain very old age. Over 95 years mortality rate increases linearly, instead in the expected exponential fashion; surprisingly, at these very old ages men are doing better than women, both physically and mentally.

Naturally, most people do die before having reached 90; but those few who enter the category of the oldest old need not do so with pessimism, prepared for the worst: they may face an active advanced old age, relatively free of the numerous geriatric burdens. While this does not apply to me — I do know the limitations of my own life expectancy — allow me, at this beginning of 1995, to wish that my many co-pensioners reach the oldest old age, in the most positive sense of the word.

—Tom Strasser, M.D.
(formerly CVD)

Changes, Changes, (more)

WHO Representatives • The following appointments as WHO Representative have been made since 1 January 1994:

AFRO • Dr K. Ward-Brew, formerly Medical Officer Mali, as WR Liberia. • Dr H.A.B. Njie, formerly Medical Officer, Family Health AFRO, as WR Uganda. • Dr D. Warning, formerly Medical Officer AFRO, Tanzania, as WR Tanzania. • Dr M. Sy, formerly Technical Officer AFRO, as WR Guinea.

AMRO • Dr Merlin Fernandez, formerly Medical Officer, Paraguay, as WR Dominican Republic. • Dr Henri Jouval Jr, formerly Medical Officer, Argentina, as WR Argentina. • Dr Hugo Villegas, formerly WR El Salvador, as WR Costa Rica. • Dr Elmer Escobar, formerly Adviser in Veterinary Public Health, Mexico as WR Peru. • Dr Gustavo Mora, formerly WR Chile, as WR El Salvador. • Dr Raul José Penna Melo, formerly WR Costa Rica, as WR Chile.

EMRO • Dr Omer Sulieman, formerly WR Iran, as WR Syria and Jordan. • Mr Robert Hagan, formerly WHO Management Officer, Somalia, as WR Somalia (stationed in Nairobi). • Dr Habib Rejeb, formerly Medical Officer, Family Planning and Population unit, Division of Family Health as WR Iraq. • Dr Abdalla El Awad Suliman, formerly WR Iran, as WR Iraq. • Dr Bijan Sadrizadeh, formerly WHO Medical Officer Sudan, as WR Sudan.

SEARO • Dr W. Hardjotanojo, formerly Regional Adviser EMRO, as WR Bangladesh. • Dr Peter Hybsier, formerly WR Mongolia, as WR Sri Lanka.

WPRO • Dr Harkishan B. Mehta, formerly, Regional Adviser in Communicable Diseases WPRO, as WR Republic of Korea.
Pensions

The market value of the assets of the U.N. Joint Staff Pension Fund as of March 1994 was $12,534 million or $1,127 million more than a year ago. The total return for the year was 9.7 per cent which, after adjustment by the consumer price index, represents a "real" rate of return of 7 per cent.

This was the twelfth consecutive year in which the Fund had achieved a positive return. Rates of return were calculated by an outside expert. The annual total returns were 11.6 per cent in 1993 and 7.6 per cent in 1992. The cumulative annualized total returns over the last 25 years has averaged 9.4 per cent.

The Fund is unique among major pension funds in its commitment to diversification, investing in 41 countries and in 27 different currencies. A total of $7,104 million — or 56 per cent of investments — were in currencies other than U.S. dollars.

In calculating lump sums, the Fund uses a composite rate derived from averaging interest and mortality rates. The current 6.5 rate is too high bearing in mind the current market conditions and mortality tables which are ten years old and outdated. The Fund's board, meeting at its 46th session in Vienna, decided to review the interest rates and apply up-to-date mortality tables in July 1995.

— P.K. Bansal

(Excerpted from SEARO News, 13 Dec. 1994)

Unequal in Retirement

International officials are by no means all equal in retirement. United Nations staff stop working at 60 years of age, others at 62, and may take early retirement from 55. At CERN, with few exceptions, staff cannot retire until they are 65.

The personal contribution rates also differ and the amount deducted from salary is 7.9 per cent in the U.N. system, but 9 per cent at CERN. By comparison, it is 5.05 per cent in Switzerland.

The status of international officials changes when they retire. From then on, they automatically lose all privileges and immunities and become like any other person. "If they want to stay in Geneva, for example, pensioners have to apply for a residence permit, take out health insurance," confirms Ettore Denti, a retired ILO official.

Some cities do continue the privileges of international staff, however, so as to encourage them to stay. This is the case in Vienna, where they continue to be exempt from taxes after retirement.

The U.N. Joint Staff Pension Fund covers about 65,000 international officials around the world, just over 8,000 of them in Geneva.

Its assets currently amount to some $12,000 million, which makes it one of the world's largest pension funds. It pays out some 35,000 pensions each month, 65 per cent of them in dollars. Almost 3,260 pensions are paid in Swiss francs. The Fund is approximately in balance.

— Claire Kaplun

(Excerpted from Tribune de Genève, 20 July 1994)

Dues Are Due

The Association's annual membership fee of 20 CHF is now due. Payment should be made in Swiss francs or a convertible currency by:

— Bank transfer, which is best, to account No. D-3 102 973.0, SBS,
— Cheque in Swiss francs to the Association of Former Staff, WHO, room E118.
— Bulletin de Versement to Swiss post office account No. 12-17440-4.
— Cash to the Association's office, by registered mail, or, if paying by person, in the morning.

Life membership, which the Association encourages, is 250 CHF — less the amounts already paid. Write or telephone (791 3103 or 3192) to arrange this.

Former staff who are not members are invited to join. Members are placed on a mailing list, regularly receiving information which includes the directory of former staff and quarterly "News."

"The Association needs all former colleagues as members. Keep in touch and stay in touch with each other and WHO," says Joe Chang-Wailing, its Treasurer, adding: "Donations are more than welcome."

In 1993, 850 CHF was received from three colleagues.
Comment

TAX REPRIEVE: THANKS TO THE FRONTALIERS

Some people know how to get together and act. The Frontaliers’ Group has just won a first victory to ensure that people living in France and working in the cantons of Vaud and the Valais don’t have to pay the generalised social contribution (C.S.G.).

(Frontaliers working in Geneva Canton are taxed by the Swiss and are exonerated from the C.S.G. because their salaries are already being taxed abroad: Finance Law 1991 and Circular 91.3 of 16 January 1991.)

Not being allowed to engage in a collective action, the Group helped to “pilot” some 1,060 individual cases through the jurisdictions of social security and the European Commission in Brussels.

The process is still continuing but, on 28 November 1994, Madame Simone Veil, French Minister for Social Affairs, Health and Urbanism, wrote to the Regional Prefects (including that of Rhône-Alpes) asking them to invite the URSSAF (the body charged with collecting this tax) to “suspend all measures aimed at ensuring the recovery of the G.S.G. from these categories of persons.”

(Madame Veil’s letter refers to recovery of the G.S.G. “from those who earn salaries or remuneration coming from abroad.”)

All this is extremely interesting for U.N. pensioners, and they should follow the good example. They too are “holders of remuneration coming from abroad,” since their pension is sent to them from New York: furthermore, they are in no way contributors to the French system of social security, whether this covers health or old age.

Oddly enough, the C.S.G. is supposed to be a tax in the category of “taxes of all nature” yet is collected by the bodies normally charged with looking after social contributions rather than by the fiscal services. The Frontaliers’ Group is at present contesting before the tribunals the right of the URSSAF — in spite of having no textual authorisation — to recover the C.S.G. on salaries or remuneration coming from abroad.

The first consequence of Madame Veil’s letter is that U.N. pensioners ought not to have received the demand for a contribution for the last quarter of 1994. Anyone who has received it should let our secretariat know at once.

As for reimbursement, this will depend on the outcome of the proceedings undertaken by the Frontaliers’ Group and on possible recognition by the tribunals of an “absence of legal basis.” In any event, claims for reimbursement must be made individually. (Le Frontalier magazine published an article on this subject in February.)

Pensioners living in France: surely the time has come to form a lobby, deriving inspiration from what our friends the frontaliers are doing. This is all the more vital because the experts warn that the C.S.G. is likely to rise appreciably in the coming months. (Le Monde, 29/30 January 1995, p. 6).

— J.M. Leclercq

(Extracts from letter from Mme Simone Veil, Minister of State and Minister for Social Affairs, Health and Urbanism dated 28 November 1994.)

M. the Prefects of the following regions: Alsace, Aquitaine, Champagne-Ardennes, Franche-comté, Lorraine, Nord-Pas-de-Calais, Midi-Pyrénées, Provence-Alpes-Côte d’Azur, Rhône-Alpes

M. Director de l’Agence Centrale des Organismes de Sécurité Sociale

Recovery of the C.S.G. from those who earn salaries or remuneration coming from abroad has run into serious difficulties which have brought to light certain failings in the juridical basis for the envisaged recovery.

I am not overlooking the considerable efforts made by the URSSAF concerned, to inform them of their obligations, to register them, to demand the contribution and, in the absence of payment, to send out orders for payment and counter any early litigation before the tribunals.

Pending the possible determination of new measures to decide who should pay and how to recover the C.S.G. from the parties concerned, I request you to invite the URSSAF to suspend all measures aimed at ensuring the recovery of the C.S.G. from these categories of persons, both as regards identifying and registering them and as regards issuing orders for payment.

However, there is no requirement to accept possible claims for reimbursement of the C.S.G.

The dispositions laid down in the letters referred to are deferred.
TAXING “INTERNATIONAL” MONEY

Serving colleagues have petitioned the D-G “to obtain an advisory opinion from the International Court of Justice (at the Hague) on the legality of direct or indirect taxation of our international remuneration on French territory.”

They were responding to moves by France to tax salaries of those who live across the border. Up until recently, and for 47 years, France did not even try to collect the tax from staff of U.N. agencies. Thus, after such a long exemption, residents claim, the principle of good faith does not now permit authorities to impose the tax. U.N. staff are already exonerated, and staff of the newly-created World Trade Organization will also be, they point out.

In addition to precedent, and equality of treatment, serving staff have evoked the “principle of equality of states” in their opposition. They argue, in their petition, that no single “state may recuperate its contributions to the budgets of organizations by levying taxes on funds contributed by (all) Member States.”

Sounds like a point applicable to pensions as well. If so, there may be implications in it for former staff too. (See also Letters.)

LIFESTYLES

GRANDPARENTING

Among those welcoming grandchildren during 1994 were the:

— Ozorios, Peter (formerly information) and Mary Louise Shaw (currently UNHCR), thanks to son Edmund, his wife Karen Allardyce, and their first child, Katherine Elizabeth, born 27 February, with 8lbs, 6oz, 20” tall, in Phoenix, Arizona.

— Blands, John (formerly editor, World Health) and Olivia, thanks to son Andrew (Crossair), his wife Martine Charnet (Hôpital La Tour, maternité) and their first child, Victoria Mary, born in St. Julien, France, on 30 November, weighing in at 6 lb 2 oz.

— Bansals, “Jai” (formerly health statistics) and Sheila, thanks to daughter Dolly, her husband, Ewald van der Helm and their double bundle of joy — twins, Radhika Isabel, and Victor Rama, born in Geneva, on 30 November. Grand-daughter’s vital statistics: weight 1.95 kg, height 45 cm; grandsont, 2.65 kg 47 cm.

(A blessed event, a family achievement? Share it with us, and we’ll share it with others. — Editor)

THIS ‘N THAT

— Dance (tap, ballroom), tai-chi, yoga, stretching, and more, offered by the WHO Fitness Centre. Classes, lasting between 45 to 60 minutes, begin in September. Fees vary. Located in the basement, building L, the centre is equipped with sprung floor, weights and exercise machines. Also with changing and showering facilities. Former staff more than welcome. Membership fee 10 CHF yearly.

— Newest medical officer with a difference in the Joint Medical Service is Dr. Stefano Vajtho. A graduate from Padua University, Italy, he has completed post-graduate studies in geriatrics, a much-needed specialization in these times.

— Frowns have fast disappeared from the PTT since 15 November 1994, when it instituted the practice of a single queue for customers. A request for the change was made a year earlier. “I know it will reduce tension in the lines, take the guess work out of the choice of guichet, and be highly appreciated,” staff representatives said in a letter expressing thanks when it was done.

A SWISS CONCESSION TO SOME

As of 20 March 1995, “international officials having diplomatic status” have been entitled to a refund of the 6.5 per cent value-added tax introduced by the Swiss government on New Year’s day.

As well, the exemption covers U.N. organizations, and missions to the United Nations. Details were given in a note from the Permanent Mission of Switzerland dated 9 March.
Not without qualms did Judy Dahl-Hansen return to Perth, Australia after 15 years with WHO mainly as curatrix of the Resources and Display Centre, once a part of the Division of Health Manpower Development. Located in batiment X and a "must see" for visitors, the centre eventually wound up — for lack of resources — sending Judy to the Division of Environmental Health until 1984 when she left WHO "on account of the rules."

Her neighbours in the hilltop village of Mourex, near Gex, remember her best at Christmas when she would coerce and charm friends into caroling around the tree in the village centre. The Yuletide pageant began with sumptuous soup — nothing bland, mind you — at one household, with the second course at another, while ending up with dessert and dancing — naturally, at Judy's.

Giving up her European experience was a wrench, but being blessed with a love of art, she decided first to attend art college on returning home to 'Oz,' and then, she says in a letter, "because of my love for painting, to get my own studio and paint seriously and professionally."

Within months she was selling: landscapes, still-life, faces, figures. "I work in oils, watercolour and paste, pen or pencil, charcoal and other mixed media." She has had three one-person shows, and her work displayed in many other exhibitions. At one, 21 out of 28 paintings were sold on opening day. Some paintings have fetched Australian $1,000.

She also paints on commission. "This year I have been approached by a foundation that raises money for victims of cerebral palsy to have an exhibition." This means 25 paintings by July.

"I am now 70, with plenty of get up and go," she says. "I play tennis, swim every day, walk, read loads of books, bitch, and praise our government, object to all forms of war and stand up and say it."

She would love to entertain old friends, and indeed invites "the great people of WHO" to visit. "I can arrange accommodation, almost at no cost at all, at any time," she adds. But a word of warning to lie-abeds from someone who knows: a morning swim in the Indian Ocean off Cottesloe Beach before the swell gets too rough is obligatory.

—John Bland
(formerly Editor, World Health, who, together with wife, Olivia, were recent visitors and early-morning bathers.)
IN THE HOUSE

INCENTIVES FOR OLDER WORKERS

In view of the increase in the ratio of retired people to those of working age, governments should consider incentives to encourage older workers to stay at work as long as their health permits.

Work arrangements should be flexible to allow for job sharing and time off for family responsibilities. There should be incentives to encourage part-time work...to maximize older people's participation in the work-force.

Older workers may have specific strengths — greater dedication to work, better routine skills as a result of long experience, a more stable character because of experience and age-related intellectual and personality development — that make them particularly suitable for certain demanding jobs. Society should make better use of these capacities, which are often lacking in younger workers.

Employers and fellow workers are often not aware of the strengths of older workers. In many cases, conditions of work or prejudice may lead to discrimination against older workers. In many countries, employers pension off workers...in later middle age, which brings considerable economic loss and wastes the experience, skills and capacities of older workers. In such circumstances, workers are deprived of benefits which may affect their quality of life.

The adaptation of work to older workers can be facilitated both through action by governments, employers and trade unions and by increasing workers’ participation in decisions concerning their own work (e.g. deciding on objectives, setting the pace of work and choosing the working practices used).

The benefits to the worker depend not only on the individual's health and work capacity, but also on job adaptation and special incentives (e.g. a higher eventual rate of pension for people who continue to work beyond retirement age).

(Excerpted from "Aging and Working Capacity," WHO TRS 835)

The Declining Ratio of Workers (15 to 64) to Pensioners

<table>
<thead>
<tr>
<th>Country</th>
<th>1990</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Switzerland</td>
<td>4.6</td>
<td>2.1</td>
</tr>
<tr>
<td>Germany</td>
<td>4.5</td>
<td>2.3</td>
</tr>
<tr>
<td>Finland</td>
<td>5.2</td>
<td>2.5</td>
</tr>
<tr>
<td>Austria</td>
<td>4.6</td>
<td>2.6</td>
</tr>
<tr>
<td>Netherlands</td>
<td>5.4</td>
<td>2.6</td>
</tr>
<tr>
<td>Canada</td>
<td>6.0</td>
<td>2.7</td>
</tr>
<tr>
<td>Denmark</td>
<td>4.4</td>
<td>2.7</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>4.7</td>
<td>2.7</td>
</tr>
<tr>
<td>France</td>
<td>4.8</td>
<td>2.8</td>
</tr>
<tr>
<td>Italy</td>
<td>5.0</td>
<td>2.8</td>
</tr>
<tr>
<td>Sweden</td>
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<td>2.8</td>
</tr>
<tr>
<td>Belgium</td>
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<tr>
<td>Norway</td>
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<td>3.0</td>
</tr>
<tr>
<td>Japan</td>
<td>6.2</td>
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<tr>
<td>Greece</td>
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</tr>
<tr>
<td>Spain</td>
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<tr>
<td>Ireland</td>
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</tr>
</tbody>
</table>

By 2030, there will be fewer workers to support costs. For example, in 2030 Switzerland will have only 2.1 workers for every pensioner (as compared to 4.6 in 1990). There will be 11 countries where fewer than three workers will support the pension costs for one pensioner.

AGING AND HEALTH

The elderly population is growing worldwide. In many countries the age group above 65 constitutes 10-12 per cent of the population. It is estimated that by the year 2010 it will be 20 per cent of the total population.

In many societies elderly people are still regarded with respect and provided with care. However, in others, urbanization and changes in family structure have seriously eroded traditional forms of care. Individuals as they age become increasingly vulnerable — and such vulnerability is particularly expressed by their relatively low levels of health.

A programme on health of the elderly was established by WHO in 1979. Special attention was given to rehabilitation and to the identification of social factors that are associated with ill-health. From 1988 activities concentrated on research — particu-
larly on determinants of healthy aging, osteoporosis, and epidemiological aspects of Alzheimer’s disease.

The change in direction is reflected in its changed name, “Aging and Health.” 1999 has been designated the International Year of Older Persons. Aging is a dominant item of “tomorrow’s agenda”.

(Excerpted from EB95/Working Paper No. 9, 24 January 1995)

A CENTER IN KOBE GOES UP

WHO’s Executive Board has endorsed the establishment of a research centre in Kobe, Japan, to be named the “WHO Centre for Health Development”.

Financial support — $60 million over 10 years — has been guaranteed by Hyogo Prefecture, and private enterprises represented by the Kobe Chamber of Commerce and Industry. Operations will begin in a year’s time, in temporary offices while the new centre is built.

“...This is the first time that WHO will deal with an initiative from local government and the private sector combined,” says Dr Eric Goon, Director, Division of Development of Human Resources for Health.

THE CFA FRANC GOES DOWN

As a consequence of last year’s 50 per cent devaluation of the CFA franc, the price of drugs and pharmaceutical products doubled for 14 African francophone countries — nine of which are classified as LDC’s (least developed countries).

Roughly 90 per cent of all medical items sold in the countries are imported, WHO points out in a press release (No. 14, 21 February 1995) highlighting the implication of the devaluation on health. Of the remaining 10 per cent produced locally, half depend on imported raw materials.

The CFA franc has been at par with the French franc since 1948. (See also Letters)

LETTERS

(Unless stated to the contrary by correspondents, letters received are routinely considered, and edited, for publication to encourage an exchange of views among colleagues. — Editor)

RESPONDING TO THE BMJ

(On 4 March 1995, the British Medical Journal carried the eighth and last article in its series on WHO that began in September, together with letters received from readers. The letter excerpted below is the first response printed from anyone associated with WHO.)

For years staff throughout the U.N. have suffered erosion of their conditions of service and cutbacks in funding, which have made it increasingly difficult to deliver the programmes they are expected — even mandated — to carry out. Salaries are now years behind those for equivalent posts in the U.S. federal service (on which they are theoretically based), which are themselves far behind those in other international bodies, such as the World Bank and the European Union.

Base pay for professional grades has remained virtually stagnant for the past 15 years; pensions provided by the U.N. have eroded faster than those elsewhere.

Staff... should be given the right... to negotiate their terms and conditions of service; to protect themselves against arbitrary relocation or dismissal. Whistleblowers who report irregularities (should be protected).

This will be possible only if member states reverse their policy of cutting the organization’s budget; of arbitrarily withholding their assessed contributions; and of voting for further reductions in U.N. pensions.

Cutbacks in core professional staff have now exceeded the limits of cost effectiveness; and may already have passed the point of no return.

—Jack Woodall,
Director, Arbovirus Laboratory, Albany, N.Y. (formerly HST; Gen-Sec, FICSA. Excerpted from letters to the editor, the BMJ. For full text, call 791 3103, mornings only, or write the Association.)
TESTING TAX ON PENSIONS


I was interested, as must have been many pensioners, to read the article (by Rolande Cuvillier, ILO) on the legality of taxing U.N. pensions. The suggestion that the time has come to fully test the legal position seems to me well made.

I am not so sure that bringing a test case before the International Court of Justice at the Hague would be the best first move. I was under the impression that only governments could address this Court, but I am not a lawyer and I may well be wrong.

Would a satisfactory outcome not be more likely in the European Court of Justice in Brussels, bearing in mind that our position closely parallels that of E.C. civil servants. The recent entry of Austria, which does not tax U.N. pensions, would surely strengthen our case.

If funds are necessary to support a test case, I would be happy to contribute.

—A.E. Brown, M.D.
Colchester, UK

TEST CASE

Re: Taxes, Pensions, Salaries (above)

The competent court is the International Court of Justice, to which the U.N. organisations have access on the same footing as states. The Court has already provided advisory opinions to them in the past. Such opinions are obviously considered as more or less binding.

Naturally one international court will be influenced by the case law emanating from another and it is most probable that the International Court would take into account the pronouncements of the European Court — in particular in the Humblet decision. This relates to salaries and not pensions, but it recalls all the reasons for non-taxation which are also valid for U.N. pensions.

Dr Brown should be congratulated for offering financial support for a test case. When the time comes, it will be necessary for the officials concerned to put their own views on record (the inertia of legal offices over many decades testifies to a disquieting lack of conviction when the interests of the organisations are at stake). At that stage professional help will be needed (for matters of form rather than substance) and such help is usually costly.

In the meantime, Dr Brown could start at the national level, as has already been done in France, India, Sweden and Switzerland (with success in India and Sweden, whereas lawsuits are dragging in the other two countries).

Nobody has protested in England against the taxation of our pensions in that country as yet.

—Rolande Cuvillier, (formerly ILO), Geneva

ANOTHER ANGRY PENSIONNER

Re: Anger at Age 85 (News, No. 17 Spring 1994)

Like Mrs Tove Engman of Durban, I too feel angry. From 25,405 CFA francs in 1989, my staff health insurance premium increased by three and a half times in 1990, to 88,952 CFA francs — all because of the new and unfair calculation based on 30 years of service.

Today my premium has gone up further, to 203,364 CFA francs. Surely this is a scandal?

—A. Kouta-Lopatey
(Former first secretary), Lomé, Togo

UNFAIR CALCULATION

Re: Hard Hit Cases (News, No. 17, Spring 1994)

I face serious financial hardship as a result of the new and unfair calculation of annual premiums to the staff health insurance. This has been fixed arbitrarily at 30 years of service, while I have had 13 years and eight months. My contribution in 1989
was US$ 265; in 1993 it was $1,094.

As you can see, the difference is very considerable, and I am asking for my case to be given special consideration in order to arrive at an appropriate contribution.

—Fernand Page
(Former GS grade),
Annemasse, France

Topping up the Kitty

Re: Hard Hit Cases (News, No. 17, Spring 1994)

I consider excessive the basis of 30 years, especially for P-grades who, as they need experience before they are recruited, rarely attain that length of service. This particularly concerns physicians.

The 30 years should be only a temporary measure destined to top up the kitty emptied by years of contributions that were too low, but should be followed by a permanent ceiling of 20 to 25 years. That length of time would be more realistic, and therefore more easily accepted.

—Denise Oudot
(Former P grade: 12 years 11 months),
Ferney-Voltaire, France

Limited Capital Resources

Re: Hard Hit Cases (News, No. 17, Spring 1994)

From 1988 to 1994, my insurance contribution has increased by 392 per cent, whilst my pension has increased by 20.7 per cent. I continue to pay because I am unwilling to risk not doing so, but this necessitates use of limited capital resources.

—E.C. England
Cornwall, England

Appreciates Reunions

I wish to express thanks to all members of the Committee for having so successfully organized the reunion last November. It was very much appreciated also by many friends to whom I spoke. With the aging of all of us, such gatherings are becoming increasingly important.

—Tom Strasser, M.D.
Geneva

Hommage to Michel Blanc

Six years ago in Saint Martin’s square in Vercors, I had the honour to award its Mayor, Dr Michel Blanc, the Legion d’Honneur which, in his modesty, he never sought.

Michel Blanc dedicated 45 years of his life almost continuously to the service of poor, Third World populations.

In 1963, after brilliantly obtaining a public health diploma from the School of Public Health in London, he was selected for a position at WHO in Geneva, but preferred to become Regional Adviser in communicable diseases for Africa in Brazzaville. It was less comfortable but more satisfactory for a man of action like him. There he played a fundamental role in smallpox eradication in 35 African countries, thus largely contributing to the worldwide eradication of the disease — the greatest humanitarian action in this century which averted 2 million deaths per year throughout the world over the past 18 years.

For his accomplishments, Dr Blanc was then nominated WHO Representative in Côte d’Ivoire and Mali, the most important WHO “embassy” in Africa. There again his action in public health was a success and, at the end of his mandate, he was awarded the highest national distinction from Côte d’Ivoire. In 1975, Dr Blanc retired but returned as a WHO consultant overseas until 1989, working in succession on programmes against leprosy, sleeping sickness, onchocercosis — a disease which makes thousands of people go blind every year around the world — and finally on a programme of primary health care aimed at allowing isolated and remote populations to attain the “health for all” goal.

In spite of his adventurous life he managed to raise six sons (one of whom now works in WPRO) and a daughter, all of whom lead exemplary lives in the service of their families and of society.

Dr Blanc joins, in eternal peace, his wife Madé, who helped him raise the family while sustaining and helping him in his career. She should be associated in the loving thoughts that we today have for him.

—Pierre Delon, M.D.
(Extracted from an eulogy delivered on 8 February 1995)
DHEA DELAYS AGING

An eminent French Doctor has found a drug that may prevent certain illnesses and slow down the effects of aging. Dr Etienne-Emile Baulieu does not claim to have discovered a wonder drug, but the results of recent tests on people in their middle and late years are impressive.

The drug, dehydroepiandrosterone (DHEA sulphate) is a hormonal steroid secreted by the adrenal glands and is by far the most abundant steroid in the blood.

When a group of 40 to 70-year-olds were given small doses of DHEA daily for 12 weeks, they felt better, were more mobile and had less painful joints. They also produced more growth hormone—a substance known as IGF 1, which improves the condition of aging organs and tones body tissues, bones, muscles and even skin.

Dr Baulieu, who works at the Institute of Health and Medical Research (INSERM) in Paris, has produced DHEA in pill form. If further tests are satisfactory, the drug could be available by the end of the decade.

DHEA is thought only to delay, not reverse, the effects of aging. And despite its hormonal influences, its effects do not extend to the bedroom. "Alas," Baulieu sighs, "so far there's been no effect on sexual activity."

—Tanis Kmetyk
(Excerpted from the European Magazine, 10-16 Feb 1995. For full article, call 791 3103 morning only or write the Association.)

BATTLING BALDNESS

Finnish skin experts believe they have discovered a natural substance that stimulates hair growth. A recent trial of the formula, published in Dermatology News reports a 90 per cent success rate for some types of baldness. But it is not cheap: it costs $70 for a month's supply, and takes six months or more to achieve significant hair growth.

Professor Allan Lassus of the Institute of Dermatology in Helsinki discovered the treatment by accident. Lassus developed the formula, based on the cartilage of deep-sea fish, for the treatment of sun-damaged skin. But he found that those treated began to grow hair.

The treatment involves a combination of tablets and the application on the affected areas of a lotion containing the same active ingredients. When the scalps of volunteers were tested by ultrasound, their epidermis—the inner layer of skin—had thickened. The thickness of the epidermis correlates with the growth of hair, says Lassus.

The manufacturers of the product, marketed as Viviscal in mainland Europe and Nourkrin in the U.K., suggest that as a food supplement the preparation may correct a nutritional deficiency imbalance.

Whatever the result of the trial, Lassus is reluctant to make inflated claims. "This is not a miracle substance and will not produce results for everyone," he says. "We need to do bigger, longer trials before we have verifiable cure."

—Tessa Thomas
(Excerpted from The European Magazine 24 Feb-2Mar 1994. For full article call 791 3103, mornings or write the Association.)

QUOTABLES

"When people give up, life stops for them and they just dwindle away. I am always asked why I write about sex...if you don't know about sex at my age, you never will."

—Mary Wesley
(British authoress, who published her first novel at 70 and is still going strong at 82.)

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The opinions in the News are those of the authors, not necessarily of AFSM.