SOME 300 PENSIONS WERE "SUSPENDED" IN 1995

Here's the case of a pension that came close to being "suspended" because the beneficiary assumed, wrongly, that the envelopes he had been receiving from the U.N. Joint Staff Pension Fund contained nothing more than yet another statement of "periodic benefits," and thus not requiring immediate attention.

Eventually, when he did get around to opening the mail what he found was a second request for a Certificate of Entitlement, which meant his pension was a step away from being stopped. Very quickly he faxed New York, and then rushed to post the certificate duly completed. Others were not as fortunate.

By mid-1995 because of a failure by former staff to return certificates about 300 pensions were "suspended." The suspension followed a third, precautionary measure — a check of files by the fund's secretariat to confirm that there had been no recent correspondence with the pensioners.

Says Raymond Gieri, Secretary of the fund, which sent out 23,000 requests: "Failure to complete and return the certificate of entitlement will, after a second reminder, result in suspension of the benefit." Pensioners have described this practice as "two strikes and out."

Auditors are seeking even tighter measures he says in his annual letter to pensioners, namely that "we consider requiring witnessed signatures and notarized affidavits" to verify eligibility, particularly to determine if surviving spouses have remarried.

Do not tape or add glue...

"When returning the signed Certificate of Entitlement..."
- "Do not return the form in a separate envelope as this would delay our automatic processing of the returns."
- "Do not staple, tape or add glue to seal the form, and"
- "Do not use the form to communicate requests or provide information, which relate to matters not dealt with..."
- "To deal with delays... we have made arrangements for direct postal delivery, rather than relying on the use of the U.N. pouch."
- "Procedures to verify continued entitlement to a particular benefit remains an issue of high importance to our Auditors."

— Secretary, U.N. Joint Staff Pension Fund
(Excerpts from letter, to participants, January 1996.)

"This is scandalous," AAFI/AFICS reports one of its members whose pension had been suspended as saying, "just because they haven't got back their stupid Certificate of Entitlement."

The individual mentioned above, who had the close shave, suggests that pensioners would react smartly if envelopes were marked in bold letters "Certificate of Entitlement"— to distinguish it from run-of-the-mill correspondence from the fund.
Anything but "Retired"

LIFE AFTER LEAVING

In 1992 I took a cold look at my WHO prospects after nine years of pensionable service, and decided that:

(1) my relatively high-profile position on the Staff Committee was not likely to earn me an extension beyond mandatory retirement age, and

(2) it would be easier to land another job before I turned 60 than after.

So I took home leave, in the United States, and visited my former employers. During 1993, the New York State Health Department offered me my old job back as Director of the Arbovirus Laboratory. They were quite frank; they had searched for a younger person, but no-one is being trained in arbovirology these days.

So in February 1994, I found myself back in Albany, the state capital, after 19 years. My old lab did get that much-needed coat of paint, but gone is the warm, friendly smell of hundreds of mice, the main lab animal in the old days.

Nowadays, all our virus research and diagnosis is done in sterile tubes of kidney tissue culture, donated by an African grey monkey years ago and kept growing immortally in Eagle’s medium (named after the inventor, not the bird).

After the harsh winter of 1993-94, with 18 snowstorms, we had a beautiful summer, and the mosquitoes went to town. We processed over 250,000, and isolated 100 virus strains from them. Half of them were Eastern equine encephalitis, feared for its capacity to kill horses and small children, but fortunately no cases occurred.

The surveillance told the mosquito control people when and where to spray, thus reducing the insecticide used, and saving both taxpayer’s money and avoiding environmental pollution.

But running the lab is not all I do. I am on the steering committees for both ProMED (Program for Monitoring Emerging Diseases), founded in 1993 in Geneva, and ProCEID (Program for Combating Emerging Infectious Diseases), which finances the production of diagnostic reagents, vaccines and therapeutic immune products against “dual-threat” agents.

These are microbes that not only cause severe disease in nature but are also potential bioweapon agents. Since they mostly occur in developing countries, there is no interest on the part of the big pharmaceutical companies in making these products.

Since August 1994 I have gained Internet renown (for what that’s worth) as moderator of the ProMED electronic conference, which reports on outbreaks of emerging diseases. Internet needs moderators to keep out the crazies (“My doctor is trying to kill me!”), obnoxious advertising, foul language and irrelevant postings. I spend 1- to -5 hours a day on this, and have built it up to over 2,500 in more than 90 countries. It’s open to the public as well. To sign on, send your e-mail to: major domo usa.healthnet.org saying: subscribe promed.

I am also a member of the American Society of Microbiology’s Biological Weapons Task Force. In October I represented staff at FICSA’s annual lobbying of delegates to the United Nations, New York. It was good to be doing something for colleagues again. And I have reviewed “The Hot Zone” and “The Coming Plague” for the public library (great books, well worth reading).

From this semester I will be teaching classes at the Albany School of Public Health. And, with an eye to the future, I am developing a consultancy sideline in health statistics.

Amidst all this, I did manage to get away last Christmas to see my grandchildren in England. At last count I had eight, with one more due in the New Year!

---Jack Woodall
(formerly HST, and General Secretary FICSA),
Albany, New York

Quarterly News, Former WHO Staff
Health Corner

IRRITABLE BOWEL SYNDROME

With all my apologies... exclaimed Albert between the dessert and the coffee, springing up and heading towards the toilet. He returned in a short while, relieved but embarrassed. "It's my IBS again," he said, "I have had it for the past 20 years and can't get rid of it. It wanes and comes back without any apparent reason. We just had an excellent meal, didn't we? So, why? And, what to do?"

IBS is an acronym of Irritable Bowel Syndrome. It is a common disturbance. Some 20 per cent to 50 per cent of all gastro-intestinal complaints are said to be part of this syndrome. Women seem to be more affected than men.

The symptoms begin usually around mid-life, and can become increasingly disturbing in older age. Characteristic symptoms are abdominal pain, erratic bowel habits, and variation in stool consistency with a passage of mucus. Further complaints are bloating, headache, fatigue, and flatulence.

There are patients with so-called "spastic colon:" occasional pain, colicky or dull discomfort, often triggered by meals, particularly breakfast, often relieved by a bowel movement. Other patients "complain primarily of painless diarrhea. They usually have urgent diarrhea that occurs immediately upon arising or, more typically, during or immediately after a meal." (The Merck Manual of Geriatrics, 1995).

It seems that patients with IBS are hyper-reacting to many stimuli; there are no specific psychologic traits characterizing these patients. Depression and anxiety are often associated with IBS, but it seems that they contribute to the onset and worsening of the symptoms, rather than being causal factors.

To try to answer Albert’s second question first: What to do? A 1996 brochure issued by German Green Cross suggests the following amazing set of measures: (1) changing the mode of life; (2) changing nutritional habits; (3) physical therapy and massage; (4) hydrotherapy; (5) relaxation therapy; (6) antispasmodic drugs; and (7) psychotherapy. (!!!)

Concerning nutrition, a rigorous low fibre diet or an equally strict high fibre diet have been recommended — whichever helps. In the end, however — and this is the crux of the matter — the patient should eat a diet perceived personally as the most suitable. I realize that this doesn't entirely answer Albert’s second question — but this is how things are.

Albert's first question, the why, is even more difficult. There are, of course, many learned theories about the causes of this condition; but it seems that the mere fact of putting a name on the disease and reassuring the patient that, albeit unpleasant, it does not cause cancer nor other dangerous consequences, already helps — to some extent. In other words, knowledge of oneself has therapeutic virtues.

Epilogue of the story: Albert and I ordered a second course of the dessert.

—Tom Strasser, M.D.
(formerly CVD)
Health Insurance

LOWER IN FRANCE

It is so, a pensioner, who evidently needed convincing, found in shopping on both sides of the border: the cost of medicaments are lower in neighbouring France than in Switzerland. Some specifics:

- In Switzerland, one box of 30 capsules, 10 mg, for Norvasc, a beta-blocker, cost 106 CHF for a month’s use.
  In France, two boxes of 30 pills each, 5 mg, for Amlodipine, the French equivalent, cost 236 FF (or roughly half the CHF price for a month). Both brands are manufactured by Pfizer.

- In Switzerland, one box of 28 estrogen pills of Kliogest cost 22.05 CHF for a month’s use. The same in France cost 53.70 FF (again much less expensive).

All of which bears out what the health insurance has been saying, that there is a saving — and it’s not only for the insurance but also for the insured.

DIRECT PAYMENT

For pensioners in the Geneva area who are requesting direct payment of WHO’s share of large hospital costs, it’s best to submit bills to the health insurance just as soon as received to benefit from discounts.

Take the case of the Hôpital de la Tour. According to a pensioner who requested direct payment, “to benefit from the five per cent discount, manual payment by SHI staff has to be made, which is time-consuming.” Thus, there must be “sufficient time to process payment before expiry of the discount” (which is a month after billing date). He submitted a bill dated 20 December 1995 on 15 January 1996.

A request for direct payment is possible, under the rules, if a bill exceeds “15 per cent of net monthly salary.” For serving colleagues, their share can also be paid directly and recovered through monthly deductions. The pensioner provided proof that his share had been paid when making his request.

PENSION, YES; HEALTH INSURANCE, NO!

A pension is, at times, much easier to have and to hold than health insurance, colleagues recently leaving WHO have discovered to their dismay. A case in point: a colleague did not qualify for continued health coverage because she had been employed with WHO for just nine years and four months — or, eight months short of the magic 10 years needed.

She did qualify for a pension though based on her service in WHO and the U.N. combined. “I was sure that I would have the right to the health insurance,” she says, but “no” U.N. service did not count at all for the insurance.

But most more galling for her was that under rules she is allowed to “buy” insurance premiums, her share and WHO’s, for six months. She lost coverage therefore, by a scant two months, which knowledgeable sources say could have been covered through leave without pay, and a bit of administrative heart.

UP A LITTLE

The amount reimbursed for stays in private clinics and hospitals for the cantons of Geneva and Vaud have been increased by about 2 per cent beginning from the New Year. According to an announcement by the staff health insurance, colleagues can claim up to 368 CHF daily, which represents 80 per cent of a room costing $460. The maximum recoverable had been 360 CHF.

SORRY, WE’RE LATE

After serving us so well, Humphrey Mathey, our layout artist, left Geneva for a better job in Glasgow, leading to a longer-than-expected search for a replacement. That accounts for the change in appearance in these pages that you might have noticed, and for the delay in the publication of the Winter issue.

Our apologies. We’ll try to make up for lost time with the Spring number.

-- Editor
AN "INNOCENT" LOOKS BACK IN ANGUISH

It is not far off the mark to describe Anani Koutatoropatey, from Lomé, Togo, as an innocent lost in a bureaucratic maze and, as well, as a victim of geography. For, what befell him would have been avoided where there is advice from colleagues, at headquarters for instance. But this was not to be, unfortunately, in AFRO. Highlights of his case:

Recruited in December 1965, he served for 14 years as secretary, at local grade 6, to the WHO representative in Togo, a small office. When he retired in 1979, he expected his pension to be based on 14 years and a month of employment. Instead, it was figured on just nine years and six months.

Likewise, he expected his health insurance premiums would be linked to his working time. Instead it is being calculated on 30 years. Thus, he receives much less in pensions, and he pays much more in premium than expected.

Today, at age 77, he looks back at his career with an anguish that is well reflected in his letters to the Association (for excerpts, see box), to the WHO offices for health insurance and pension, as well as, in December 1995, to the U.N. Joint Staff Pension Fund, all copied to Ombudsmans, of his day and today.

Only in 1990 at age 71, about a decade after he retired, did he discover that service up until July 1970 — or four years and seven months — had not been pensionable. And even worse, that he could “validate,” but did not know he could have, those lost years, and thus have increased his pension.

"But how would I have known if I had not been informed," he wrote in September 1994, "and I am astonished that AFRO penalized me for an error that I had not made."

In 1990 also, his health insurance premiums increased as a result of the "notional" method of calculating premiums. "From a sum of 25,405 CFA in 1989, my premiums increased to 88,952 CFA, by three-and-half times," his letter also said. "Today, my premiums have risen to 203.36f CFA. Isn't that scandalous?"

A Cry from the "Rooftops"

"It is my strong wish that the Quarterly News publish my letter of protest...all other avenues having been closed...I find no other course than to cry my anger from the rooftops to be heard. It's the only way that remains to me."

— 15 September 1994

"Before sending my letter, I hesitated fearing that it would never be published, even in part (which has happened), but I was obliged to do it ...because I have been a victim of serious and shocking injustice; above all, officials I had corresponded with treated me in an unacceptably off-handed manner."

— 10 January 1996

He is most anguished, and angered, about his pension. "I lost more than 37 per cent of my pension," he said in his letter to the fund asking for reconsideration of his case that up until now appears to be unanswered. He wrote following rejection by the ILO Tribunal of two appeals in February 1993 (Judgements No. 1205, health premiums, 1206, pension.)

The substance of the appeals were not addressed. They were dismissed on administrative technicalities — again illustrative of his naivete.

But even though the "law" has gone against him, was it negligence on the part of AFRO in not making the extra effort to explain how validation of pension would have increased income for his retirement years?

"It is not right to penalize me," he emphasizes, "for a mistake that they could have helped me avoid."

— Peter Ozorio, Editor
AT LAST, WORKING DEPENDANTS

About a year after the right to work in Switzerland of dependents was conceded to the World Trade Organization, in return for its decision not to move to Bonn and to remain in Geneva, it has now been extended to other U.N. agencies.

According to a note verbale from the Swiss U.N. Mission, spouses and children living in Switzerland will be eligible for a special permit, Permis CI, allowing them to work. Those living in France will be considered as "frontaliens," (differing from France, which does not consider them such), which also permits employment, though under different conditions.

Holders of the CI permit may work either full- or part-time, may be employed or self-employed; in the latter case however, with authorization of competent Swiss organizations. The permit is good as long as the carte de légitimation is valid.

For children however, the permit is conditioned on their arrival in Switzerland with their families before age 21, being dependent, being single. Even after age 21, however, they may be allowed to work.

Although a key condition of the CI permit is residence in Switzerland, the dependents of internationals who live in France "are entitled to be treated... as frontaliens," the Swiss note says, as long the carte de légitimation is valid. For employment, they would be "subject to the ordinary system of authorization for frontaliens, regardless of nationality, but providing the neighbouring country recognizes their right to reside on its territory."

The access to the Swiss labour market was made possible by amending the Ordinance Limiting the Number of Foreigners effective from 1 November 1996.

(For copy of the Note Verbale, please drop a note to WHO's AFSM, Room E118.)

Money Matters

BONDS ARE BEST BETS

For those with "modest incomes and capital assets," which is the financial situation of most pensioners, who wish to invest conservatively and safely, their best bet is the bond market. This advice, given in a recent issue of the AAFI/AFICS Bulletin, is aimed at new pensioners who may be wondering what to do with lump sums, but what is said is applicable to others as well.

The advice is offered by someone simply identified by the initials "S.G.," who recommends that colleagues place "at least 80 per cent" of assets in bonds. "Their chief advantage is that they pay back what you paid to buy them," plus "an extra percentage representing an increased value of the bonds," the writer says.

"Bonds can be expected to pay around two per cent above the rate of inflation," the writer adds. "At present, you can count on a yield of between 4.5 and 4.75 per cent for placements of eight to ten years."

As to Switzerland the advice is this: Bons de caisse are safe, if conservative. The fairly new compte à terme of the Societe de Banque Suisse offers flexibility: Investments from 5,000 CHF for two to ten years, with investors themselves "naming the dates of the beginning and end of the placement." Interest is subject to tax, of course.

What should colleagues be wary of? Stocks and shares as well as the gold and silver markets. As for "investment funds" they are "somewhat risky," thus "not more than 20 per cent" of assets should be placed in them. Beware too of "junk bonds," those issued by low-rated companies.

And, above all, a tough piece of advice: "Do not give private loans to friends or relations, however, trustworthy they may seem to be."

(For copy of the item "Handling Your Money; Suggestions for New Pensioners," drop a note to WHO's AFSM, Room E118.)
LAZING IN LANZAROTÉ

Let us join and create a place in the sun for retirement” said the ad in the Journal of the Norwegian Medical Association. It was 1967, retirement seemed centuries away, but eight kilometres of untouched sandy beaches, of sun and sand in Lanzarotè, the Canary Islands — and of “Scandinavian quality” — proved difficult to resist. So I joined the group; and the bills started coming: the house, the furniture, the swimming pool, the palm trees and increasingly the extra yearly contributions. By the end of the seventies the whole thing seemed a financial disaster. I had not even seen the place.

However, I decided to hang on to the property rather than sell at a third of the original price. And lo and behold, things started changing. Income from the rental business covered expenses and by 1990 there was even a profit. Our rental company keeps the houses in beautiful shape, and pays taxes, insurance, water, electricity.

On arrival, beds are made and when we leave an army of friendly cleaning ladies move in and prepare the bungalow for the next occupant. Prices on the island have increased over the years, but excellent meals at 10-15 CHF with wine, tenderloin from Argentina at 10 CHF a kilo in the well stocked supermarcados, help stretch the pension.

The whole bay and valley of Famara has been declared a “Zona Protegida”, which means no promoters with bulldozers can move in and destroy our little undisturbed part of the world. And so the place grew on me and I spend a few months there every winter.

The bungalows lie in neat rows on a slope up from the beach. They are curiously round and the outside is covered by big stones. The beach is sandy and in the morning it is empty, apart from a few early risers playing in the waves clothed as Adam and Eve. Heat is always tempered by a balmy northwesterly wind sweeping in from the Atlantic and the light is sharp, only softened by the greys, the whites and the yellows of the volcanic island.

Many of my neighbours claim that it is the iodine in the air that keeps them in shape. Others say that there are auras and magnetic forces around that provide that extra energy. My guess is that they suffer from various degrees of Seasonal Affective Disorder, a depression characterized by drowsiness, lack of initiative and concentration. (Norman E. Rosenthal et al, Arch Gen. Psychiatry — Vol. 41, Jan 1984, pages 72-80 — available in the WHO Library) Treatment with strong light, or moving to a sunny climate, cures in two to three days, as if by magic.

As the last rays of the sun sweep our beach before night falls to the music of the wind in the palm trees, and the “bar” opens on our terrace, the explanation for that special well-being seems to be of vanishing importance...

—Eilif Liisberg
(formerly editor,
World Health Forum
and a member of the Ex. Group)

"I had the dream about meaningful employment, again last night."
REMEMBER FIRST FRIDAYS...

That's the message that Self-Help Group at hq. wishes to convey to colleagues in the Geneva area. Every first Friday, the group meets at the Hotel Suisse for morning coffee and conversation at 11 a.m., which then turns, quite effortlessly, into lunch at noon. "Speak of it to others," says Rosemary Bell, an organizer of the event, in a letter to colleagues putting out the welcome mat.

She also advises of the appointment of Alexander Zenié as staff counsellor. Although only half-time, "he is certainly willing to listed to retired staff on problems," she writes. "It is reassuring to know that he is there."

AUTHOR-OMBUDSMAN

Une blouse blanche sous le boubou ...en Afrique et à l'OMS ("A Doctor's Blouse under African Robes...in Africa and WHO") is a first person account of the adventures and misadventures of Abdou, born in 1925 in Niger.

It tells of a poor but happy childhood in Say, his native village, of studies in Dakar and Bordeaux that led to him becoming one of Africa's first doctors, and of a career in Togo, Mauritania, and finally in Brazzaville. There, he served under the first African R-D, who he describes as a "little dictatorial," and who had a lift constructed for his personal use ("un accès privé avec ascenseur réservé à son lieu de travail").

If this or any other incident, character and U.N. agency sounds a little familiar, it is purely coincidental. Daniel Flauhaut, the author, emphasizes that his work is fictional, from the final days of Francophone colonial rule to independence of the new states.

On the last page of a 170-page novel that is printed in double-space, which makes reading easy for pensioners, his hero becomes R-D, AFRO — by 31 votes, thus more than is needed.

A WHO stalwart, who served in Togo and Dahomey, as representative (and who was Ombudsman during the eighties), the author draws on his rich experience to paint a bright picture of those who tried to bring better health to Africa south of the Sahara. In these days of international gloom, it is just right.

(Available from Naville at WHO, and the U.N. Price: 27 CHF. And at Editions L'Harmattan, 5-7 rue de l'Ecole-Politechnique, 75005, Paris.)

— Nedd Willard
(formerly information officer, HQ, SEARO)

NOT THE INFORMATION HIGHWAY YET...

but at least it's a start on it. Just 120 out of 800 colleagues gave their telephone numbers, and some their fax, for listing in the January 1996 directory of AFSM subscribing members, which is out now, for the first time with a pale-blue coloured cover.

To facilitate contact, colleagues wishing to have their telephones listed are asked to include the country code as well. To take the example of Jery Kilker, formerly of Hq. and New York, who has written the Quarterly News in favour of complete listings, it is:
(1) which is the code for North America;
(212), for New York State, and 410 9067, his number in N.Y. city.

Colleagues wishing to list in the next issue of the directory are asked to follow this pattern.

IN THE HOUSE

JOB DESCRIPTION FOR THE D-G

WHO's Executive Board, in a resolution adopted at its 97th session in January 1996, has recommended what has been referred to as a job description for the post of D-G, while endorsing "the principle that the term of office of the D-G should be five years, renewable once."

Among qualifications deemed indispensable for a candidate are the following: competency in management; proven leadership in public health; sensitivity to cultural, social and political differences; good health; and "sufficient skill" in one of these languages: Arabic, Chinese, English, French, Russian or Spanish.

The resolution (EB97.R10) is based on a report by the ad hoc committee that was established as part of WHO's response to global change. It now goes to the World Health Assembly meeting in May for action.
ON LEAVING: REGRETTABLY NOT REGRETTING

(The following is reaction of a colleague whose post was abolished and who, as part of WHO’s restructuring, declined a RIF, taking mutual separation instead.)

I’m one of the some 60 WHO staff who learned, at the end of August, that their posts has been abolished. I had not been abolished, I was told, just my post: that was apparently supposed to make me feel better!

“We’re bound to be able to offer you something else,” said the administration. “But of course, you won’t be able to refuse it.” The options were:

(1) A down-grade to GS-5 (I was GS-6, top step, with 4 extra steps for 25 years service, and with a career contract). (2) A RIF (reduction-in-force) procedure. (3) A mutually agreed-upon separation: 15 months salary, plus pension, and health insurance coverage.

Taking a drop in salary would have meant a decrease in pensionable remuneration. I couldn’t live with keeping a job at the expense of someone else. So I decided to take mutual separation. I am independent of any financial-family commitments in Geneva. I’m still young enough, age 49, for a new start; I can look forward to spending time with my parents; I can return home.

But, like a lot of my colleagues, I take the abolition as a slap in the face. There was no logical answer to the question “why mine?” How can you separate post from person? Many colleagues heard of the abolition first “on the grapevine.”

I was never officially informed in writing. That came after the mutual separation arrangement was put down in black-and-white.

The whole restructuring has been mishandled. Apart from a lack of consideration for human dignity, many good, young people are being booted out while many high-ranking “dinosaurs” (special advisers, consultants) remain. Simultaneous to post abolition were announcements of newly-created high and extra-graded posts.

The majority of staff being forced to leave are GS-graded: many with families to support; no means of staying in Geneva, without a work permit. Some simply cannot just “go home” because of the political situation in their countries. With the RIF process in full swing, the dreadful psychosis of fear is entrenched and everyone is scared.

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In my case more than one “old hand,” some retired, all honest colleagues, pointed out: “But you were a quite militant Chairman of the Staff Committee. So wasn’t there an element of vengeance?”

I sincerely hope not. I was consistently and scrupulously correct vis-à-vis the administration (especially at the time when there was much polemic about the re-election of our Director-General). By no means did we always agree. We had some pretty heated debates, but there was dialogue not confrontation, and I believe, mutual respect.

I think we are fortunate to experience multi-cultural life. I believe in WHO’s role. But with hefty reductions in budget contributions, regular and extra, I wonder if a decent level of health can be achieved for those for whom it is not even yet a dream.

I do not regret leaving, but do regret that I go without regret.

—Sue Shaw
(formerly INF and staff chairman. Excerpted from UN Special, February 1996.)

“NOTHING AGAINST” THE 60 PLUS

One of the strongest demands of the staff has been to end the abuses connected with the employment of retired staff. We have nothing, per se, against those above age 60 — indeed we have even proposed raising the retirement age.

Why then worry about the many people who are past the statutory age of retirement? It is seen as unfair by staff losing their jobs. It encourages sycophancy. It implies that what counts is being agreeable to top management. It also feeds into the atmosphere of fear...

Mary Jane Watson,
Chairman, Staff Committee
(excerpted from oral statement to the Executive Board, Jan. 1996.)

Quarterly News, Former WHO Staff
Re: Tax and Pensions (Supplement, Quarterly News, No. 23, Autumn 1995.)

A "DISAPPOINTMENT"

I have great esteem for Mr. Warren Furth as former AD-G Administration and Finance, so it is all the more disappointing to read his rather partial criticism of the suggestion I made, with the support of a group of serving staff, concerning a study of the whole question, with legal and UNJSPB experts.

I thought it was clear we knew the findings would not necessarily be encouraging, that evasion was not the goal, that hasty decisions were not advocated.

It seems that his was the conclusion jumped to, and that haste may be a little unseemly: Primum no nocere is clearly the first rule, and there can be no harm in examining the patient before deciding to leave well alone.

Between the appeal to our (international?) conscience and vague threats of the wrath of governments, I find very few facts in support of the advice to do nothing. Anyone—even a taxman—American, Indian, Swiss would say it is stupid to pay more than is required.

The implication that it is shameful somehow to continue to do well when a pensioner is equally perverse, as though one has not earned a proper salary. In the "real world" of business—so often quoted to us as an example by those who think we are spoilt—good companies treat their staff well and look after them right into retirement.

I am more surprised than offended by the gratuitous slur on serving staff and by the decision of the Executive Group to adopt one view without full discussion. My solidarity with retired staff remains intact!

—Richard Harrison
Chief, Official Records

MOST "HELPFUL"

My thanks to the AFSM for its statement on the delicate subject of pensions and taxes, the conclusion drawn is that most pensioners probably should opt for a taxable pension in the light of the explanation.

This will be most helpful for many former staff who knew little about the background.

—Joachim Walter, M.D.
Asuncion, Paraguay

"NEVER UNDERSTOOD"

I confess that I never understood how former civil servants, who reside in the country of their choice, after having, in most cases, benefitted from various privileges during their careers, could imagine they deserve favours enabling them to avoid paying taxes when they accept services and other benefits provided by the community in which they live.

—A. Leyh
Geneva

(There was never a question about payment of property taxes, or taxes to support public services. A legal argument was made that pensions should be exempt from income tax, as is the case in Austria. — Editor)

STAFF ASSESSMENT IS INCOME TAX

I would like to point out that we have all paid staff assessment. Unfortunately, no mention is ever made of gross salary, or staff assessment, on pay slips. Nor is this mentioned when dealing with the press or organizations, such as the Heritage Foundation. The omission perpetuates the myth, both inside and outside the U.N. system, that salaries are tax-free.

— Pamela Gates-Botton,
guildford, Surrey, England

(The French translation for staff assessment is la contribution du personnel. — Editor)
EU PENSIONS ARE TAX FREE

The U.N. and the European Union made an agreement about transfers of pensions rights and funds when employees shift from one organization to the other. No mention was made about tax, although EU pensions are tax-free in all EU countries.

— Knud Lassen, Soboth, Austria

UPDATING JOSEPH

Recently I received a card from a colleague wondering what happened to me since leaving AFRO, and asking me to "say something," which prompts my request for publication of this personal note.

Since early retirement in 1987 and up till 1991, I consulted for the U.N. From 1989 until September 1995, I was senior lecturer at the faculty of medical sciences, University of the West Indies, where I developed a community health outreach programme.

I am a vice president of the Family Planning Association of Trinidad and Tobago; a member of the National Family Services Council, which is an advisory group; and the Royal Society of Tropical Medical and Hygiene.

Over the past year I have been in touch with former AFRO colleagues, Ivanka Markovic, in Croatia, from whom I learnt how unhappy this world could be; with Eddie Bokoum, in Guadeloupe; with Erroll Williams, in Georgia, U.S. Also I have heard from Joan Bentley, formerly Hq., now in England, and Maura Leavy, formerly WPRO, in Ireland.

My interest now is "to write."

— Fitzroy G. Joseph, M.D., (formerly AFRO)
Port-of-Spain, Trinidad & Tobago

NOW IN NEW DELHI

Re: SEARO Former Staff (Quarterly News, No. 22 Spring 1995)

I am happy to inform you that the Association of Former WHO Staff Members in South-East Asia was formally established on 15 December 1995. I hope this will grow and be of service to its members.

In case our friends in other WHO Regions wish to take similar initiatives we are available to provide them with the necessary background information about ours.

— R.L. Rai
President, AFSM, SEARO

IN MEMORIAM

Gino Levi: You left us too soon! I still remember the day that you joined the team of Public Information, which was then housed in the hallowed halls of the Palais des Nations, within easy reach of the U.N. press corps press bar! Many a female heart fluttered at the arrival of this handsome, impeccably-dressed Italian, who had, in fact, been working until then as a journalist for a daily paper in London.

I was myself just a newcomer. We were to continue working together for almost thirty years, except for a break when you went to Copenhagen as Public Information Officer.

You were a talented linguist and a diplomat to your fingertips. You knew exactly how to handle the most sensitive issues. It was logical therefore that you be appointed "official spokesman." Though you were basically a shy and very private person, you had a wonderfully boyish, mischievous sense of humour.

I am grateful for the time we spent together, for having known you and for having the chance to appreciate your many qualities. We worked together during the best years of WHO, the years when it was reputed for its achievements and its integrity!

Ciao, Gino, ciao ... we'll miss you....

— Dorothy Hoffmann
(formerly INF)

Paule-Andrée Perrin: Joining WHO in 1951, Mlle Perrin served, as editor, in the unit now called Official Records, for 30 years, always bringing to her work great care, be it editing summary records or creating an index. She passed away on 26 December 1995 at age 75.

After her retirement in 1981, she continued to provide assistance and advice to her former colleagues. Her professionalism, her dedication, her devotion have been a model for those who had the privilege of working with her. The highest homage that we can render her is to continue in her work inspired by her example.

— Michel Brunet,
TRA/French
IN THE PRESS

WRONG MESSAGE

Denmark’s parliament has halved the country’s extra-budgetary contribution to WHO. The national news agency Ritzau said that parliament’s finance committee voted in December to cut 1995’s WHO payment to 31.5 million crowns ($5.67 million), from 1994’s 60.5 million crowns ($10.89 million), and to reduce the 1996 contribution to 27.5 million crowns ($4.95 million).

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The Danish daily Berlingske Tidende quoted the head of WHO’s regional headquarters in Copenhagen saying that the cuts, which will hit projects on AIDS, family planning and diarrhoea, were aimed in the wrong place.

“If the intention is to send a signal to (WHO headquarters in) Geneva, Denmark is in fact hitting WHO programmes worldwide, and I think that is a bad way to do it,” Jo E. Asvall told the paper. (see also French version)

—Reuters
(Excerpted from news report, 7 December 1995)

GENEVA’S COST-OF-LIVING

How much does it cost to live in Geneva, without frills? According to the Trade Union Association of the Canton of Geneva, in 1995 a single person needed a monthly budget of 4,198 CHF; an adult with one child, 4,377; two adults and a child, 6,528; two adults, with two children, 6,971; and two adults with three children, 7,375.

For a family with two children, the largest items of monthly expenditure are the following: rent (1,152 CHF), food (1,010), contributions to AVS, pension and disability-life insurance (790), and taxes (759).

As for minimum salaries for various trades: a lorry-driver earns 13 times 3,295 CHF; a shop assistant, 3,150; a mason, 4,520; a carpenter, 4,409; a beginning typographer, 3,500; and a car mechanic, 3,920.

“This shows very clearly that nobody can subsist in Geneva just on the minimum salary,” says Jacques Robert, secretary of the trade union. “Both man and wife must have jobs.”

—Arthur Grosjean
(Excerpted from the Tribune de Geneva, 18 October 1995.)

PROSTATE CANCER DETECTABLE EARLY

Prostate cancer, the second commonest cause of death in men, can be predicted far in advance by measuring a protein in the blood.

Researchers, writing in the British Medical Journal, said they took 49,000 blood samples from men over a period of 20 years, then followed up to see who developed prostate cancer. The men who did were found to have a high concentration of prostate specific antigen or PSA, which was already known to be high in men with prostate cancer. PSA levels were raised up to 10 years before the cancer developed, the study found.

“If you have a very high protein concentration in your blood, you have a high probability of developing clinical prostate cancer in the next few years,” said Professor Nicholas Wald of St Bartholomew’s Hospital in London. “This study shows that prostate cancer can be predicted efficiently; if early treatment is effective, prostate cancer screening could save many lives.”

—Reuters
(Excerpted from news report, 17 Nov 1995)

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