WANTED: SUGGESTIONS FOR REFORM

Former staff, who the D-G earlier described as WHO's "institutional memory," have been asked to put forward "good suggestions" for the role of WHO in the next century by Dr. Hu Ching-Li, Deputy D-G ad interim. Referring to reform and re-organization, the subject that has dominated all others over recent years, he put the invitation thusly:

"As former staff, you have worked for WHO for a long time, and you have a lot of experience. You may have many good suggestions to make as to what WHO should be in the 21st century. We should very much appreciate hearing your views."

Addressing participants at the tenth annual reunion of the Association in Geneva last November, he admitted "once you join WHO, you become a member of WHO's family forever. Fortunately, or unfortunately, you cannot get rid of it because you care...."

And he repeated "I am looking forward to hearing your views."

He spoke on behalf of the D-G, who sent "regrets" in a letter read out that he could not attend "because of a long-standing previous engagement."

This was the second time over the past six months that the views of former staff have been sought. In a letter to the Association last August, Mary-Jane Watson, chairman of the Staff Committee asked for their "input in the WHO Reform Process," indicating interest in "any comments that your members might have." There were some 40 responses, more than received from serving staff.

(As the Quarterly News went to press, an administrative circular, No. 97/15, put out 25 March 1997, announced the retirement of Dr Hu as AD-G and DDG a.i. but also said that he "will assume responsibilities as Senior Adviser to the D-G dealing, in particular, with on-going reform.")

An estimated 200 colleagues attended the reunion, the highest number ever at such a function. "We feel that this occasion provides an opportunity for former staff to meet and renew friendships with serving colleagues, and to strengthen bonds between us and the organization," the Association's Chairman, R. Pal, said in opening remarks.

Some 1,650 CHF was donated to help defray the costs of the buffet which, by all accounts, was the best ever served. On the menu were these goodies:


The roll upon roll of photographs taken at the reunion are available for viewing, and order, at the Association's office, room E118. Mornings only.

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In this issue:
I WAS A DELEGATE-AT-LARGE IN CHICAGO

I was a delegate-at-large of Democrats Abroad at the Democratic National Convention in Chicago last August, part of a team from overseas comprising 22 members plus two alternates. Sally McNulty, our delegation head, said that the message to be given to the nation was “unity,” though there might be disagreement about some of President Clinton’s policies.

On Monday, opening day, Leon Panetta, Chief of Staff, White House, addressed us — quite an honour. In reply to questions, he said he hoped that Medicare would become available to the U.S. military and perhaps even to civilians abroad — though he did not sound very convincing about it.

He also said that the Administration would protect Section 911 of the Internal Revenue Code (the $70,000 exemption for earned income abroad), in order to expand foreign trade. Our Vice Chair, Joe Smallhoover, urged that the President say this publicly, since this was the most important issue facing Americans working abroad, a request taken note of.

Although the real business of the Convention started at 7 p.m. daily, we had to be at the United Center about half an hour earlier to go through the security checks. There were almost 5,000 delegates present; more than twice as many as four years ago. Most remarkable, 53 per cent were women and 20 per cent African-Americans; other minorities accounted for a further 11 per cent. Thus, a cross section of the American people. Many delegations, including ours, were headed by women, and nearly 50 speakers were women. (Not surprising, since polls show that women favoured the Democrats.)

A foreigner attending might have had the impression that “family” was some kind of religion since every speech — whatever the subject — invoked the “family” as if it were a deity. The second evening, Tuesday, was devoted to the Democratic Party’s own version of family values, led by Hillary Rodham Clinton. For the first time ever, she thrust her daughter, Chelsea, onto the political stage, referring to her as cameras captured the 16-year-old in the VIP box.

On Wednesday night, Bill Clinton was nominated. In a celebration of solidarity, delegates rallied behind a President who just a year ago had been down in the polls and was blamed by many in his own party for delivering Congress to the Republicans in the mid-term elections.

The roll call of the States capture a colourful ritual of American political conventions. Each state cast its vote accompanied by a ringing endorsement of its virtues. After Ohio voted, Clinton went over the top at 11 p.m., with the necessary 2,145 delegate votes. We, Democrats Abroad, cast our 9 votes at 11.45 p.m., after all the states, Puerto Rico and American Samoa, but before Guam and the Virgin Islands, with our chair claiming that the sun never sets on Democrats Abroad around the globe.

Finally, Bill Clinton’s acceptance speech, which lasted an hour and seven minutes, blended vision and optimism. The President proclaimed a new politics of ideas, without regard to partisan origin, summarized what he had done, and vowed to do even more in a second term. That included two new proposals: a capital gains tax break for home-owners and tax incentives for businesses that create jobs for welfare recipients. He challenged employers “to try to hire somebody off welfare — and try hard.”

He pledged an election campaign of ideas, not of insults, and repeatedly declared that he would build a bridge to the 21st century.

—Warren Furth
(formerly ADG and former member of the AFSM Executive Group)
Pensions

DON’T FORGET THE “PUNITIVE TAX” FACTOR

It was intriguing to see a more or less equally divided vote for and against taking the lump sum by pensioners responding to surveys in Geneva and New Delhi and the reasons for their choice (‘A Lump Sum: Taking or Leaving It’ Q.N. 27, Autumn ’97).

In my experience most UNJSPF officials would counsel — all things being equal — taking the full pension as the wisest option, even though, in general, the fund saves money in the long term if pensioners take a lump sum. Unfortunately, in real life things are rarely equal, as is reflected in some of the difficult decisions made by the responding pensioners. I was amazed to see, however, that no one had mentioned as consideration in their decision taxes on the pension itself and the add-on effect this could have on investment income.

Assuming that most pensioners-to-be have some life savings, then, if the full annual pension is taken, it would add investment earnings to income, thus driving tax liability through the threshold of higher and, some say, “punitive taxation”. In the U.K., for example, this can be 40 per cent and becomes effective on about the equivalent of $40,000 annual income.

To choose the best option for themselves, pensioners-to-be should obtain, in advance of their retirement, professional advice from tax experts in the country where they plan to reside, irrespective of whether they take the local or dollar currency option for their pension. I did so. Taking into consideration issues such as the maturation of insurance policies, a pending state pension and investment income, I believe I was well advised to take a partial lump sum.

Listed in the adjoining box are the pros and cons of a full pension which should be taken into account by colleagues before retirement.

No one can foretell what the future will bring, but with an assessment of their personal situation, would-be pensioners could decide what is best before they retire. Once the decision is taken the die is cast.

—David Payne
(former staff representative, WHO Staff Pension Committee)
Penarth, Wales, UK

PENSIONS: A FULL ONE OR NOT

Consider a full pension when:

- Your combined pension-investment income falls below local punitive tax levels and is anticipated to remain so in the foreseeable future.
- Taxes on investments and capital gains would deplete your anticipated return on an invested lump sum.
- You do not have an eligible spouse.
- You expect to live beyond the actuarial life expectancy of 76 years for men and 82 for women and rising.
- You are confident that the fund will continue to provide adequate pension benefits with the comforting cost-of-living increases. Arrangements exist or can be created to reduce your taxation on pension and investment income, and/or capital gains, to non-punitive levels.
- You are not happy with investing in the open financial market.
- Your country of residence exacts a wealth tax.

Do not consider a full pension when:

- You need a lump sum, full or partial, to rationalise your financial affairs on retirement.
- Your combined pension and investment income will exceed the threshold of punitive taxes.
- You anticipate an additional pension, or taxable investment income, from other sources (Assets cannot usually be transferred to a low tax-paying dependant whilst a pension can’t.)
- You have an eligible spouse. (Irrespective of your choice, in case of death your spouse gets half of your full pension for life or until remarriage.)

Learning About Lump Sums

AAFI/AFICS will hold an information meeting on lump sums on Thursday 15 May 1997 from 16.30 H to 18.00 H at the ILO (Room IX).

Panellists: Gilbert Ferrari (Chief, UN Joint Staff Pension Fund, Geneva); Warren Furth (former ADG, ADM, WHO); Robin Perry (AAFI/AFICS), Carl-Heinz Harder (formerly Deputy Director ILO Liaison Office, ECLA, Santiago, Chile), Klaus Netter (AAFI/AFICS).

Those wishing to attend are asked to drop a note to AAFI/AFICS, Bureau C.542, Palais des Nations, giving name and contact, plus organization. Language either English or French; no formal interpretation.
Albert was late for coffee that morning. He looked upset. “I’m sorry,” he apologized, “but I just had a little row with Victoria. I was commenting on that leading article in the Tribune, and she asked me to say it again and then again. I did. Then she yelled: ‘Why do you shout at me? I am not deaf!’

I could not refrain from smiling discreetly at the description of this domestic scene, typical for an elderly couple having spent together so many decades. Who of the two has presbyacusis, I wondered: he, she, or both?

Presbyacusis is the medical term for (partial) loss of hearing, due to old age. It is very common; about one half of the elderly have some hearing impairment. The hearing threshold in elderly persons is in general higher, i.e. they need more decibels to perceive a sound, men more so than women. The perception of tones is more impaired at higher frequencies; the loss starts above frequencies of 1000 Hz.

Elderly people find it more difficult to perceive, where sounds are coming from, especially in the higher frequencies. In old age, background noise increasingly impedes the perception of more important, meaningful sounds. The need for louder acoustic signals may often require the use of hearing aids; however, in the presence of disturbing background noise, hearing aids are of little use since they amplify without distinction useful sounds (speech) and useless noise.

Consonants have higher frequencies than vowels (2-4000 Hz, as compared with the 250-760 Hz of the vowels), thus the “understanding” (intelligibility) of speech becomes increasingly impaired with decreasing high-frequency perception. This may contribute considerably to the communication difficulties of elderly people. Fortunately, the consonants are more readily appreciated (guessed) by lip reading.

Anatomical changes in presbyacusis include loss of elasticity of the tympanic membrane, some loss of mobility of the hearing bones, as well as various changes in the inner ear. These are not amenable to treatment. However, accumulation of cerumen, a most commonplace event, may be easily remedied by any doctor, simply by rinsing the outer ear.

“I think, Albert, checking whether there is cerumen in your auditory canal might be useful.” I said. “But let us not worry about trifles right now; let us have the traditional slice of chocolate cake.”

“Sorry,” he replied. “There is so much noise here. I didn’t hear you well. Could you say that again?”

—Tom Strasser, M.D.
(formerly CVD)
**NEWS AND VIEWS**

**CALL FOR CANDIDATES**

With the mandate of the Association’s Executive Group to end September 1997, colleagues have been asked to step-up and stand for office. The next election will be the first ever held for three-year terms, following amendment of rules in 1996 extending service by a year. It will aim to bring the executive body up to its full 12-member strength. At present only 10 serve.

Under rules, fully paid-up colleagues, who live in the greater Geneva area (and therefore able to attend functions), are eligible to run. The deadline for candidates to declare themselves is 30 May 1997.

**SIDEWALKS OF NEW YORK**

There has long been a WHO presence in New York, at the United Nations, but on the streets of the Big Apple? Never, till last November at the New York City Marathon.

Five serving colleagues competed in, and completed, the gruelling 42 kilometres, 195 metres course (about 27 miles) through the five boroughs — Bronx, Brooklyn, Manhattan, Queens and Staten Island— in times ranging from three to four hours,

Jean Emmanuel (BLS), Philip Jenkins (PCS), François Meslin (EMC), Det Ponz (PER) and Richard Saynor (BUD) finished "on their feet and with smiles on their faces" to the cheers of millions Eastside, Westside on the sidewalks of New York, the Staff Association proudly announced in an circular.

"Much of the information that circulates these days within Hq. is gloomy, so it is good to be able to give news of a fine achievement," it went on to say. As a corollary to the event, serving colleagues raised 1,600 CHF for the Cancer and Leukemia in Childhood Trust.

**ANONYMITY REQUESTED**

The officers of the Executive Group could scarcely believe their eyes, but there it was, as large as life, a gift of 5,000 CHF to the Association contributed by a colleague who requested anonymity in a splendid display of generosity and modesty.

**TELEPHONES, FAXES, EVEN E-MAIL**

Surely but ever so slowly, it is coming a user-friendly directory of (paid-up, of course) members. The one produced in January boasted an attractive green cover, and more telephone numbers, fax numbers, and in cases even e-mail numbers. A quick count showed about 180 telephone, 30 fax, and 10 e-mail numbers listed out of a total of about 950 names.

Frankly, rather slim pickings, but a start and certainly to please colleague Jery Kilker, once of New York but now of Bonneville, France who has campaigned long and hard for a directory that facilitates keeping in touch.

**LIFESTYLES**

**ON SLEEP, STRESS, SEX, SELF ...**

What distinguishes this little book on aging, simply titled "Healthy Aging," from others on the same subject is its author. A.P. Dewan is a former international civil servant, who served for 14 years with the World Food Programme as an adviser in community development, as well as for the United Nations in the field for three years. Today, in his mid-70's, and with four publications to his name, he is chairman of India's Nature Cure and Health Centre in New Delhi.

"Stress management, nutrition and exercise are the basis of longevity and optimum health," and the key to graceful aging, he says in a forward to this 150-page work, which while rooted in his native India draws upon all cultures for inspiration and authentication. Indeed, it is a delight for the variety of sources he quotes — religious, literary, political, scientific.

To name just a few: Gita, Lord Krishna, as well as Jesus, Lord God; Plato and Euripides; Charles Dickens, William Shakespeare and Winston Churchill; Benjamin Franklin, Victor Hugo and Maxim Gorky; Masters and Johnson, the American Medical Association, and the U.S. Surgeon-General.
Echoing Hippocrates, in whose time, we are told, old age began at 56, and who warned against a sedentary life, the author’s advice to readers is this: "You should not retire, but only change activities at a particular age—even if you do not get paid" for your labours. It is advice that those serving colleagues against voluntarism may not be pleased with, alas!

The author himself does not seek "private gain" for his book, which "I present to my elderly brethren," he says. Any profit will go to centres that serve the elderly. Some excerpts:

**On Sleep:** "Before sleep, put your feet in hot water for some time. This will induce sleep early, and it may be deep sleep."

**On Stress:** "To minimize stress, take flight rather than fight. Find a momentary retreat."

**On Sex:** "Why ... discontinue such a desirable experience? Many older couples have found that sex is better in the mornings, when they are refreshed."

**On Self:** "Keep your expectations very low, and your emotional health will never be disturbed."

And on garlic: It "normalises blood pressure, reducing it in the case of hypertensive persons and increasing it in case of persons with low blood pressure."

*The publisher:* A.C. Specialist Publishers Ltd., E-19 East of Kailash, New Delhi, 110656.
*The price:* 40 rupees (approx. 2 CHF)

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**STUDIO FOR SALE**

In a fine example of advance planning, and vigorous marketing, Dr. Thomas Ng, HEP, who will join our ranks only in 1998 and thereafter go home towards Australia, is offering his studio in Ferney-Voltaire to colleagues at a special sale price of 265,000 FF. Its market value is estimated at 310,000 FF. Other details:

**Location:** Les Hesperides, Chemin de Collex. Quiet; near F-bus stop and shopping area. Size: 25.5 sq. meters, living area, kitchenette, W.C. and bath. Balcony, with view, 8.7 sq. meters. Ground floor garage and cave.

He is also offering to pay a 5 per cent commission to colleagues who assist in the sale. Contact: Home 04 50 40 83 45. Office: 7913433.

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**ANYTHING BUT RETIRED**

Nils Dahlqvist, former external relations officer, represented the International Council on Social Welfare at WHO during its 27th conference, which drew some 900 delegates to Houston, Texas in August.

He presented a paper titled "Global Health in a Changing World", the theme of which was "Societies in Transition — Development in a Political, Economic and Social Context". He also served as a panel member in a workshop to raise funds for Asia and the Pacific.

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**IN THE HOUSE**

**HAT IN THE RING**

Dr. Ebrahim Malick Samba, Regional Director, AFRO, has announced "that he would contest for the post of D-G," according to a press release put out by his office in Brazzaville on 28 January this year. With the term of office of the incumbent ending next year, the Executive Board must recommend a candidate when it meets in Geneva in January 1998.

The RD is of Gambian nationality, born on 27 December 1932, "into a family of 31 children," the release says. He is married and has three children. He was elected RD in September 1994, but had been named ad interim earlier following the death in office of the RD in 1984, earning "praise for the able manner in which he performed this task." From 1980, he was Director, Onchocerciasis Control Programme in West Africa.
In what the AFRO press office described as "an exclusive interview" he said during the 1996 World Health Assembly, "many delegations contacted him and his country's delegation, urging him to run." Among his pledges, if elected, was more decentralization from Hq. to countries. (See also "Bonnet in the Ring," p. 10.)

WHO'S NEWEST IS LITTLE ANDORRA

The Principality of Andorra has become WHO's newest and 191st member, effective 15 January 1997, when it deposited its acceptance of the WHO Constitution at the United Nations, New York.

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)

TROUBLED BANKING
(Re: "The Case of the Missing Money" Quarterly News No. 27, Autumn '96)

Your article about our WPRO colleague was very troubling. I can't imagine how lax the Swiss banking regulations are if the story is on the level! The manager of a local bank that I contacted, and showed your article, reassured me that it could not have happened in California because of strict regulations in wire transfers of money. In most cases here they require the sender's presence to identify himself and fill out certain forms. If he is away, they require proof of his identity.

Since banking regulations are different in Geneva, it is difficult to judge culpability. Obviously, in the eye of the Swiss bank, our WPRO colleague may be suspected as being himself the third person! It might have been better for him to travel to Geneva immediately to have a face-to-face talk with the bank, with the help of a Swiss lawyer.

Our Association or the WHO administration cannot assume sole responsibility to fight this case. Our best role should be facilitatory.

My sympathy with our colleague; hoping the matter can be satisfactorily resolved.

— Mahmood Suleiman
(formerly EHE)
Menlo Park, California, USA

"JUST UNBELIEVABLE"

The bank story is just unbelievable. It seems that none of us is safe with any bank account, unless we take utmost care when giving instructions for money transfer, and keep our account numbers safe.

I hope that, in the meantime, the bank has admitted responsibility and has compensated our colleague, not only for the amount lost, but also for the interest that he did not receive during the period of dispute.

— Tibor Farkas
(formerly INF)
Geneva
(in an e-mail from Melbourne, Australia)

"ESPECIALLY UNJUST"
(Re: Letter "Health Insurance on E-mail," QN No. 27, Autumn '97)

I was a member of the French Military Police before working for WHO for 13 years 8 months. When I retired I was assured that my health insurance premium would be based on my years of service. As everyone knows, this has not been the case. I gave up my military health insurance, opting for the WHO plan, and cannot be reinstated. Thus, I consider the WHO premiums — based on 30 years of service — especially unjust.

— Fernand Page
Annemasse, France

PENSIONER-FRIENDLY

I read with great interest the Summer (No. 22, '95) and Winter (No. 24 '95-6) issues of the Quarterly News which were kindly provided to me by a WHO pensioner.

This publication, well presented and informative, addresses various concerns and situations encountered by pensioners. I would very much appreciate to be put on the distribution list. This would extend our knowledge of our pensioners' concerns, and eventually allow us to provide additional information or solutions to queries.

In the Spring issue, an article deals with the annual Certificate of Entitlement (CE). You might wish to draw the attention of your readers to the fact that, if...
they fear to be late, they can always address themselves to us in the Palais des Nations (Room 300-14, tel. 917 3233) to handle their CEs.

Having at hand all the necessary technological tools and also ready access to the Central Funds’ records for all pensioners, we shall be pleased to address any type of concern encountered, e.g., producing attestations, changing payment instructions or addresses, furnishing information.

Please feel free to invite your readers to resort to us in case of need. Our facility to communicate both in English and French might be welcome.

—Gilbert Ferrari
(Chief Geneva Office
UN Joint Staff Pension Fund)

(Added to the mailing list, with much pleasure.
—Editor)

**No “Crumbs” For Him**

It is 12 years since I retired after 22 years of service. In 1962, when I joined WHO, we were the flag carriers of malaria eradication. We persuaded country after country to join in this venture into the future, promising them the sky, and they all did.

By 1968, it was evident the battle could not be won. In Malaysia (population 18 million), where I was posted, we had 13 malaria consultants. When I left in 1984, there were none. Many attributed it to resistance in the mosquito and in the parasite. This was not the only reason. What proved to be feasible in pilot projects could not be duplicated in the field. We then changed terminology, from eradication to integrated control, to “tactical variants” and finally to malaria control for the foreseeable future. So my last 10 years were frustrating, spent going through motions.

Although it was hard to give up WHO, and I had hoped that the retirement age would be increased to 62 during my service, I am happy that I retired. Those of us who retired in Third World countries with a tax free pension, can live comfortably — especially with children all independent. So why wait for STC crumbs to fall from the table of the Regional Office or Geneva. After all, what can we do now, that we could not do while in service. We would go and write a nice report, with nothing happening after that.

In retirement I am working harder than before. As a Christian, my first involvement was with the Church and this has led to my serving in several committees of the diocese. I was invited to head my former college in the north, which I accepted in an honourary capacity in spite of the ongoing war.

It was a rewarding and satisfying two and a half years. I am vice President of the Ceylon Bible Society, Council Member of Help Age Sri Lanka and a director of a business appliances company, where I work almost full time at my own pace as and when I like. I still find time to play nine holes of golf about five times a week.

It keeps me happy and healthy. So life after WHO for me has been satisfying. If my call comes tomorrow, I will be happy to go, knowing that I have done something worthwhile.

—E.S. Thevasagayam, M.D.
(former WHO staff member 1962-84)
Colombo, Sri Lanka

**Aneurysm and Assurance**

I am enjoying the Quarterly News, not least because of the news of former colleagues, but I write to inform readers about my recent treatment of an abdominal aortic aneurysm, and to praise our health insurance.

Aneurysm of the lower end of the aorta is now being treated by precisely positioning a metal insert, called a “stent” inside the affected part, which, with video assistance, is introduced through one of the femoral arteries. This avoids opening the abdomen and replacement of the affected section, and cuts down hospital stay to 4-6 days. The stent is made of special metal, Nitinol, and has to be of exact dimensions, calculated by a CT scan and computer. An experienced team — surgeon, radiologist and anaesthetist — provides great comfort of mind, which I had.

Nothing comes cheap these days and so important for comfort of mind (and convalescence) is the assurance that one need not worry on this account. A phone call to the Staff Health Insurance, Geneva resulted in an immediate fax to the U.K. hospital confirming WHO liability to the extent of regulations. In due course, the invoice from the hospital was submitted and settled without any problems.

Other expenses, settled by me, were all duly reimbursed and as a happy surprise — the icing on the cake, as it were — I was informed that I qualified for a "catastrophic expenses" benefit.

I take this opportunity to pay tribute to the SHI for the prompt, friendly and fulsome assistance.

—Desmond Nugent
(formerly WRAFRO/SEARO)
Cheam, Surrey, UK
CALL FOR LONG-TERM HEALTH

Long-term health care is a subject of concern to all of us. It is also one into which former WHO staff could have a specially useful input and so one worth airing in the Quarterly News.

Government social services are failing us — where they even exist — and the commercial schemes that have been set up to fill the gap are not always trustworthy. Many people in Britain who transferred to pension schemes run by the big insurance companies have found themselves much worse off, and some firms have been fined for fraudulent salesmanship.

Companies specializing in private health care are now offering policies for long-term health care. Unfortunately, a recent "Watchdog" television programme (which investigates commercial products and services) revealed that some policy-holders had been refused benefits for specious reasons. Fortunately, the decisions were reversed once attention had been focused on them.

This is clearly a field in which people could set up their own cooperatives, and U.N. staff are ideally placed to do so. As a start, we could ask members of our association to give their views and proposals on this subject. These could be forwarded to AAFI/AFICS and CCAQ.

If former international civil servants can open their own bank (AMFIE) in Luxemburg, it should not be beyond them to establish their own long-term health care cooperative.

—John Polling
(Chichester, West Sussex, UK)

THE DISMAL SUBJECTS

(Re: "Information Please", Q.N. 27, Autumn 1996)

This is in response to the Editor's request for what was described as the "dismal subjects." In the U.K. on any estate, £200,000 is exempt from the payment of "death duty", which is called an Inheritance Tax.

With regard to a married couple, no tax is payable on the demise of the first spouse provided that — after the distribution of legacies — the residue of the estate is left to the surviving spouse.

On the second death, again the first £200,000 will be exempt. However, any residue is taxed at 40 per cent, that is 40 pence in the pound. This means that a total of £400,000 of an estate can be exempt — if arrangements are made in advance.

It may be, of course, that the couple feel they would rather wait for the survivor to determine whether or not enough capital remains to allow for an adequate "quality of life," and therefore that they limit their legacies following the first death.

In this eventuality, the law provides that the surviving spouse can, within two years of the first death, further distribute legacies, from the first will, up to a total of £200,000. This ensures the survivor's situation and the advantage of fully utilising the tax exemption on the joint estate.

—Bill Barton, MD
(formerly STD)
Exmouth, Devon, UK

THANKS FROM "OZ"

Thank you for the coverage you gave to my paintings exhibit in the last two issues of the Quarterly News. I am also grateful to the many who were so helpful to me during the weeks of preparation before the opening.

It goes to show colleagues, both former and serving, are still for each other, and that is so comforting.

—Judy Dahl-Hansen
(formerly EHE)
Nedlands, Western Australia

IN MEMORIAM

• Victoria Stereva

Although several months have passed since Vicky Stereva's death, she still remains in the memory of all those who knew her. She joined WHO in its early days proudly saying she was No. 47 on the staff list, and so was involved in its growth and development. She retired in 1978 as Technical Assistant, HMD. We will remember her forthright character, her warm-hearted loyalty to her friends and her devotion to WHO.

After her retirement, Vicky delighted in joining me for long walks in the beautiful countryside where I live. We also spent many hours working in and enjoying my garden, where she would sometimes settle down with canvas and brush to paint some delightful pictures.

May these few words bring back thoughts of a well-cherished friend and colleague.

—Eveline Watts
(formerly Admin. Assistant, HMD)
Bonniard, Geneva
**Evelyne Corpataux**

Lured by a "golden handshake" Evelyne Corpataux took early retirement in 1993, leaving PUB distinctly poorer for her departure. Her radiant smile when she visited us showed that she had no regrets even though she returned to work voluntarily for PUB.

Evelyne joined WHO in 1959, with spells in Copenhagen, HQ, Brazzaville, and then HQ again. Her time with PUB began in 1967, with interruptions to take up a scholarship at Moscow University and a lengthy period working for ADGs, during which she served on the staff of the International Conference on Primary Health Care in Alma-Ata USSR, in 1978.

Her sharp eye for authors' and printers' errors, her hard work and stamina, her talent for meticulous research, her knowledge of WHO's ins and outs, and her wry humour are greatly missed. She passed away in Switzerland, on 16 March 1997 at age 62.

—David Thompson  
(formerly Chief, PUB)  
Excerpted from HBI News

**John Francis Carney Jr**


John was born on 28 September 1920 in Worcester, Mass. He served in the U.S. Navy during World War II, beginning an international career after the war. He died on 22 January 1997 at age 77. John was well liked and will be missed by his many friends.

Our thoughts and sympathy go to his wife, Doreen, and his family.

—Henry Kattan  
(formerly Internal Audit)  
Geneva

**WORKING LONGER VS LEAVING EARLIER**

In some countries the package of measures to encourage early retirement has led to involuntary retirement. Despite legislation to protect older workers, there is an increased risk of enforced retirement or dismissal, the Office of Economic Cooperation and Development, Paris, says. Older workers may feel pressured to leave work and will take compensation: they have little choice as to how and when to leave.

Though many would prefer a gradual transition from work to retirement, most move straight into retirement; only a minority go through a period of lighter, or part-time, work that makes a bridge between career jobs and full retirement.

A number of countries have recently introduced policies to encourage older people to stay in the workforce longer. For example, Germany and the United States have tightened the conditions for early pensions; voluntary early retirement schemes have been discontinued in France, Germany and the United Kingdom; and eligibility conditions for disability pensions have been tightened in the Netherlands and Sweden.

"Transition from Work to Retirement"  
—Social Policy Studies No. 16  
(SG/COM/PUB(96)30, 5 April 1996)

**IN THE PRESS**

**BONNET IN THE RING**

Former Prime Minister Gro Harlem Brundtland has declared her candidacy to be the next head of WHO in 1998

Brundtland, a medical doctor and Harvard-educated public health specialist, said she would head the U.N. agency if she was offered the job.

"My background is not just as a doctor, but also in public health administration, so this is a matter that is close to my heart," Brundtland said in a television interview on Sunday, 6 April.

After more than a decade as an influential and popular politician, Brundtland, 57, stepped down as Prime Minister last October. She had formed a total of four governments by then. Brundtland burst onto the international scene when she led the U.N. World Commission on the Environment and Development.

(Excerpted from A.P. News)

(See also "Hat in the Ring", p. 6)

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