The Survivor's Benefit

Even in the U.N. Pension Fund, the gender gap is narrowing if not closing. Recent changes in its provisions, although affecting all spouses, essentially represent a break for divorcees — the women who hitherto had no claim on the U.N. pension fund after the deaths of their ex-husbands.

Effective from 1 April 1999, thanks to amendments (mainly to Article 35), they are now entitled to the “survivor’s benefits” despite their divorce. While that’s the up side, there is a down side: the amendments are not applicable in cases before that date, which means scores of women still are out in the cold.

Earlier at a meeting in Vienna, the Federation of Associations of Former International Civil Servants, had argued for a “solution covering all divorced spouses, whatever the date of separation” of their mates — unsuccessfully, as it turned out.

According to a report by Raymond Gieri, Chief Executive Office of the fund, however, the Pension Board has “requested its Standing Committee to further consider, at its Summer 1999 meeting, what might be done for divorced spouses not covered.” So, there is faint hope.

The problems wrought by divorces have been before the pension board for some years. Under changes adopted December 1998, divorcees will be entitled to the survivor’s benefit on the deaths of their former mates under these conditions:
- If they had been married to the deceased for at least 10 years;
- If they had not remarried and they were at least 40 years old;
- If the death of their ex-husbands occurred within 15 years of their divorce (with the exception being cases where financial support has already been ordered by a court).
- If the pension has not been taken into account in a divorce settlement.

Most indicative of how mores have evolved is the change that allows, where the husband has re-married, the divorced spouse, or even spouses, to pro-rate the survivor’s benefit in proportion to the length of their unions. In short, no longer does the newest, and in all likelihood the youngest, wife who takes all.

In addition, the so-called “marriage penalty” has now been abolished. No longer will the survivor’s benefit be lost, as has been the practice, on remarriage.

There is more: A “surviving spouse’s annuity,” paid for through reductions in pensions, may be purchased by pensioners who remarry.

(See also related story, “Delinquent Hubbies and Dads,” page 6.)
Dear Director-General,

What I see with great dismay is that while environmental health problems and their awareness are increasing, WHO’s involvement in basics like water supply, sanitation and safe disposal of wastes is fast decreasing, having been reduced to almost a trickle, both at HQ and in the Regions.

Once [WHO] was considered the lead agency in EH programmes. Countries sought its cooperation and assistance. Now with the fallout in WHO’s involvement and with no other agency ready to take over, countries do not know where to go.

In the sixties and seventies, in AFRO alone where I was assigned, WHO had well over 70 engineers and technical staff in EH. The total number for all Regions was over 200. At HQ, when I was reassigned in 1971, the number was over 30. At present, HQ has been reduced to a paltry three and in all Regions combined to about 35!

The need for WHO field staff, inter-country and inter-regional teams, to work with nationals is just as pressing now as it was during those early years. Statistics show that diarrhoeal and other water-related diseases take a heavy toll in many communities. The alarming spread of malaria can be controlled basically through environmental health measures. It is therefore imperative that WHO’s role be restored.

I understand that even within EH, WHO has other priorities, like environment pollution, chemical safety and radiation protection that, though belonging to UNEP, are drawing increasing attention. This does not justify the relegation of water sanitation, which have been traditional concerns, to its present sorry state.

In planning for today and tomorrow, it might be useful to look at what was done yesterday. Some of the approaches and concepts of the past may still be valid, and adopted with modifications to suit the present changing world. It was with this thought in mind that I started to write this letter, also recalling the past with a certain nostalgia...

I wish to make an appeal that water supply, sanitation and adequate disposal of wastes remain the “priority among the priorities,” and fundamental for the sustainability of health and socio-economic development. In your endeavours you can, no doubt, count on all of us who during years have given our best for the good of WHO.

—Vitorino Pinto
(Formerly engineer EH, and a 20-year veteran serving in Idah and Ibadan, Nigeria and Geneva)

Dear Director-General

I am writing pleading for a stay of execution of World Health, the only WHO publication that reaches a worldwide lay readership. Almost as old as WHO itself, the magazine was founded as a broadsheet newspaper by WHO’s first Director of Public Information, Joseph Handler, but since 1957 has been an illustrated magazine.
For over four decades *World Health* has been welcomed by directors and programme managers as a means to promote and increase awareness of health problems and progress. It has also been a chronicle of record, which can easily be consulted through the *World Health Index 1975-1977*. The personalities who have written for the magazine, yourself included, show that senior dignitaries did not disdain to contribute to its pages.

In its heyday it was published ten times a year with a total circulation of around 150,000, and it appeared, in one form or another, in nine languages. Since a survey found that each copy was seen by an average of ten readers (in libraries, teaching hospitals, schools), it could claim a readership of well over one million. Today, it appears only six times a year and the circulation is down to about 32,000 in only three language editions (plus an occasional Iranian edition).

The title of the magazine alone has appreciable value; if WHO abandons it, I wonder which pharmaceutical company will be the first to publish its own glossy “World Health” stuffed with product messages which 80 per cent of its readers will consequently believe are endorsed by WHO?

*World Health* today is a pale shadow of its former self, the victim of a process of attrition whose motivation I will not attempt to go into. But were you to offer it, say, two more years of existence, and if you recruited a highly professional team of dynamic young journalists — which would include a fund-raiser — and if you gave it a half-decent start-up budget, I am convinced you would be able to forge a brand-new weapon for WHO.

Besides finding sponsors in health-related fields, the possibility might be considered of kiosk sales in certain countries. (For many years the magazine had a price marked on the front cover). In the past too, the Swiss Pharmaceutical Association made copies of *World Health* available, free of charge, on the counters of pharmacies in Suisse romande.

WHO’s Constitution states that “Informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of the health of the people.” How is that public to be kept informed without the kind of journal (produced by journalists) that *World Health* has tried to be for more than four decades?

—John Bland

(formerly Editor in Chief, World Health, served for 17 years)

### Ceased but not Deceased

On 12 March 1999, a reply was received from Dr Julio Frenk, Executive Director, Evidence and Information for Policy and Ms Vaiju Naravane, Director, Public Relations. Excerpts follow:

“Publication has been suspended.... We decided not to persist with a less-than-optimum product, and to look for alternative approaches to financing and managing the dissemination of information for the general public.

“It would be premature at the moment to speculate on what approach will eventually be adopted, but we very much hope that a solution can be found that will enable WHO to once again produce a magazine of broad interest.”

(At the time QN went to press no known reply had been received to the letter about environmental health. — Editor)

### Oldies but Goodies

To mark World Health Day, 7 April 1999, WHO has selected as theme “Active Aging Makes the Difference,” reinforcing the theme of years ago when it was “Add Years to Life.”

Often older persons are thought of as no longer contributing to their families and societies and as a burden. “The majority of older persons prove these notions wrong every day,” says Dr Gro Brundtland, DG and “has inspired WHO to focus on aging.”

According to WHO estimates there are 580 million persons in the world aged 60 or older — a figure that is projected to rise to 1,000 million by 2020. This
represents a 75 per cent increase, out-stripping the population as a whole, which is expected to increase by 50 per cent.

In addition the U.N. has proclaimed this year as the International Year of Older Persons. On Saturday, 2 October 1999, to focus awareness on the link between physical activity and good health, WHO is organizing a series of walks around-the-clock and around-the-world what has been dubbed “The Global Embrace.”

The walks begin in the Pacific, where the date-line marks the start of a new day. The first walk will be in New Zealand, followed by Australia, then Japan, Korea, China, Thailand, Indonesia, India. “Eventually, we will reach the Middle East, Europe, the Americas, until the very last location — again in the Pacific — will close the day and the embrace,” WHO officials say.

Here are six “myths” about older persons that WHO explodes:

**Myth No. 1 Most Older People Live in Developed Countries.** Over 60 per cent live in

developing countries. Of an estimated 580 million older people in the world, 355 million live in developing countries.

**Myth No. 2 Older People are All the Same.** They are a diverse group reflecting gender, ethnic and cultural backgrounds, climate, geography, family size, life skills and experience. These are all factors that make people less and less alike as they advance in age.

**Myth No. 3 Men & Women Are the Same.** Women live longer than men; their life expectancy at birth ranges from just over 50 years in the least developed countries, to over 80 in many developed countries. Women’s longevity makes them more likely to suffer from osteoporosis, diabetes, hypertension, incontinence than men. Men are more likely to suffer from heart diseases and stroke.

**Myth No. 4 Older People Are Fragile.** The vast majority remain physically fit well into later life, carrying out daily tasks, playing an active part of community life and retaining what is called “functional capacity.”

**Myth No. 5 Older People Have Nothing to Contribute.** This is based on the incorrect notion that only paid occupations count. Substantial contributions are made by older people in unpaid work; thus their contributions are often unnoticed and undervalued.

**Myth No. 6 Older People Are an Economic Burden on Society.** Most older persons continue to work in both paid and unpaid jobs, making a significant contribution to the economic prosperity of their communities. There is no economic or biological basis for retirement at a fixed age.

*Exploding the Myths, WHO*
Health Corner

THE PRESSURE OF PRESSURE

Albert rang me the other day. “It’s not urgent,” he said, “but I have a problem which I would like to discuss with you.” My experience tells me that whenever a friend starts his message by saying that something is not urgent, it means that it is urgent. So I said, “I shall be with you in half an hour.”

When I rang at Albert’s door, he opened instantaneously; so I concluded he must have been waiting for me just behind the front door. He showed me into his nice, sunny, panoramic living room, and I noticed at once, in the middle of the elegant old table, a machine for measuring blood pressure. “Yes, this is my problem,” he said. “As you know, I have had high blood pressure for more than ten years, and am taking regularly two kinds of pills. I used to get my blood pressure checked twice a week in the nearby pharmacy and all went well, until I bought this thing yesterday. An hour ago, I wanted to check my pressure, which is usually around 160/80. The machine showed 180, so I got upset, and measured it again; now it was 210! I got more and more nervous, repeated the measurement, and the machine showed 250! Now I became really frightened and thought it was time to call you.”

We chatted for a while, to cool down; then I took Albert’s pressure, and found 160/80, as expected. What had happened was as follows. Albert had put the cuff quite loosely around his arm, “to make sure the pressure will not be high,” he said. With a loose cuff, the sphygmomanometer (technical term for the measuring device) usually indicates higher values; normally, the cuff should sit tightly on the upper arm. With the higher reading, Albert became stressed, so his pressure increased, and the increasing stress and anxiety increased the blood pressure even more; this is was a typical “positive feedback” situation, a vicious circle, leading to the unusually high values. The phenomenon was independent of the sphygmomanometer, itself a good, modern, practical device, recommendable to any hypertensive person — provided that he or she is well instructed in the technique of self-measurement.

Sphygmomanometers are nowadays easy to handle. Unlike the classical instruments which measured the pressure with a mercury column, and where the observer had to listen with a stethoscope to the arterial sounds (so-called Korotkow-sounds, name of the Russian physician who invented the method, now almost a century ago), the modern instruments are based on the oscillometric method, i.e. on assessing electronically the pulsations of the brachial (arm) artery during decompression of the cuff. Most of these devices indicate the figures of systolic and diastolic pressure, and the pulse rate, on a built-in screen. An additional advantage of the electronic devices is that they are environmentally safe, while the old ones, containing considerable amounts of mercury, if broken, could lead to severe pollution. By the way, if my information is correct the production of these mercury containing devices has recently been banned in the European Union.

Self-measurement of blood pressure is a useful method, commonly applied and leading to improved blood pressure control, by stepping up co-operation between patient and doctor; but the act of measuring must not put a psychological pressure on the patient, otherwise he or she may develop what I call, with a rather pretentious neologism, the pressure of pressure. Let me reassure you: Albert has got rid of it.

—Tom Strasser, M.D.
(Formerly CVD)
DELIQUENT HUBBIES & DADS

The United Nations will make deductions from the salaries of staff who refuse to pay support ordered by U.S. courts for spouses or children.

According to the New York Times "...worldwide, critics estimated that hundreds of women, perhaps more, have not collected support because the United Nations and its affiliated organizations have refused for decades to waive their international immunity from legal process and garnishee the wages of employees..."

Speaking of the rising world-wide poverty among women, U.N. Secretary-General Kofi Annan called the problem of unpaid support "an issue of moral concern to us." In a speech delivered on 4 March, he said that "it presents us with a duty to set an example."

The U.N. change in policy to bring relief, primarily to divorcees, is expected to have implications throughout the system.

PENSIONS

"MOST WELCOME" D.G. SAYS

About three months after she took office, the Director-General, Dr Gro Brundtland spoke to colleagues at the annual reception of AFSM. Here is an excerpt of her brief remarks:

"WHO has just celebrated its 50th Anniversary and your Association organized a Memory Lane in which an interesting collection of historical medals, documents and publications was displayed.

"As I said on taking my post on 21 July 1998, the cause of world health, it is a daunting task. Serving WHO is also a privilege. We can all make a difference, which will demand our dedication and commitment. Yes, there will be change from the past. How we organize our work and in the way we work as a team.

"In view of your wide experience, your suggestions and input would be most welcome."

TAXES

PLASTIC REIGNS

Here are two items worthy of note by U.S. colleagues now facing the dreadful annual chore of filing their tax returns:

(1) Taxes can now be paid by credit card,

(2) Checks should now be made out to the U.S. Treasurer and not the Internal Revenue Service,

According to the Association of American Residents Overseas, Paris the 1998 exchange rate for one U.S. dollar is 1.45 CHF and 5.90 French francs.

SIGN OF THE TIMES

It didn't happen in our times but serving colleagues today, who are paid-up members of the Staff Association, are now covered by collective legal insurance. Under a three-year contract with Winterthur - ARAG appellants can retain the services the company's labour law specialists or an attorney of their choice.

"The Staff Committee wishes to take this opportunity to urge the Administration to put into place the necessary mechanism to settle disputes amicably," it also said in its announcement. (Spotlight No. 9, March 1999)
“THOMAS STRASSER” LECTURE

This item is on the agenda of the 18th World Hypertension League’s Council Conference scheduled for Buenos Aires in May and honors one of the founders of the World Hypertension League, QN’s columnist Tom Strasser, who established it after retirement and was its Secretary-General since 1995. “My experience from WHO has been most helpful in this task,” he says on being congratulated.

The lecture is titled “Benefits from Gene Analysis,” delivered by Dr Detlev Ganken, a past president of WHL. In addition to its scientific programme, a workshop on hypertension in the elderly is scheduled.

Today boasting some 80 member organizations world-wide, WHL is an NGO aimed at promoting hypertension control worldwide.

LIBRARY ON THE WEB

Yes, there is a WHO Web Page. It is: www.who.int. To use library services click on the bar “Information Services,” then select “Library.” Lo!! A treasure trove of information for you to access — without leaving home.

LIFESTYLES

RE-ENTERING THE GRAND REALM OF GRAND-PARENTING


AUTHOR

Sami Shubber, formerly Senior Legal Officer, has just published the International Code of Marketing of Breast Milk Substitutes. He gives a thorough analysis of the code’s provisions, and an account of its development, thus continuing to serve WHO after his retirement.

As well, he describes the implementation, and at times the lack of it, the self-monitoring by the infant food industry and the role of the private sector — NGO’s, institutions, and even concerned individuals — in the compliance of the provisions of the code. A study in three parts, plus appendices, bibliography and index.

(Published by the Kluwer Law International, P.O. Box 372, A/H Dordrecht, The Netherlands.)

ANYTHING BUT RETIRED

Mikhail Mikheev, former Chief Occupational Health, Geneva, and newly retired, is now back in his home town, St Petersburg, in the position of Chair, Toxicology and Chemical Safety, Medical Academy for Postgraduate Training.

IN THE HOUSE

AFRO: TAKING REFUGE IN ZIMBABWE

The serving colleagues in AFRO, already displaced from Brazzaville for some 20 months, are likely to remain in Zimbabwe “for at least another two years,” according to WHO’s new internal newsletter, To Our Health.

Staff were evacuated following the outbreak of civil strife in 1997; a few came to Geneva, but some 260 were crowded into the hospital wing of the Zimbabwe Medical School and annex, as well as in the Highlands, a colonial mansion that had been the British governor’s residence — all provided by the host country rent-free.

A return had been planned for January 1998 when fighting erupted again. This time the regional office was looted and vandalised. “It was a terrible set-
back,” says Dr Ebrahim Samba, R-D.

The uprooting has cost more than $16 million: to re-settle staff, replace equipment, instal wiring and computer facilities. “All of these costs have been born by AFRO itself,” says the R-D, “but we managed not to take a dollar from programmes.” Rather ironically, a large part of the costs has been met through savings in post adjustment for P-graded staff. While it is high in the Congo, none is paid in Zimbabwe.

“Not only have staff had to endure hard working conditions, they have also seen their allowance cut,” laments the R-D, with reason.

Among other items carried in To Our Health:

- A donation from UBS, the Swiss bankers, of CHF 100,000 to WHO’s programme against trachoma, for five endemic countries in Africa and Asia. It is the first of a pledge made for “significant donations” to U.N. agencies over the next five years, and is a sign that WHO is looking to the private sector more and more for financial support.

A LITTLE BIT ABOUT HEART

A Patient’s Guide to Control of Heart Failure, put out by CVD, is an unusual brochure. On a technical subject, it is aimed at the layman, is written in short declarative sentences, with short paragraphs and without a subordinate or complex clause in all of its 10 pages of text.

It is in plain English, not WHOese, and well sub-headed for easy reference. For example: (1) “What is Heart Failure?” (2) Could You Have Heart Failure? (3) “What Causes Heart Failure?” (4) “Prevention of Heart Failure,” and (5) Treatment of Heart Failure — What You Can Do For Yourself — What Your Doctor Can Do For You.” Its basic message: “With treatment, in most patients, heart failure can be controlled.”

The brochure’s aim is to give patients a modicum of knowledge to ask the right question of cardiologists. Some tidbits of information on the danger of fluids from the latter paragraphs:

Avoid Salt. Salt in the body causes water to stay in the body. If you use less salt in your food, you will have less fluid in the legs and lungs.

Reporting to the Doctor. Weigh yourself daily and look at your ankles. Report to your doctor if your weight is increasing, if your ankles are swelling or if you are becoming more breathless.

Treatments. There are three major drug treatments for heart failure: diuretics (water or fluid tablets), ACE (angiotensin converting enzyme) inhibitors, and digoxin.

Some people may have to sleep sitting up because they are breathless. They are helped by taking a larger dose of diuretics in the afternoon so they have less fluid in their lungs at night. Less fluid in the lungs makes breathing easier and it may then be easier to sleep flat in bed.

(For copies, write or fax CVD, WHO, Geneva 27, Switzerland 1211. FAX +41 22 791 0746)

NEW WHO OFFICE IN MOSCOW

In recognition of the magnitude of the health problems facing the Russian Federation, WHO has opened a new office in Moscow headed by Dr Harald Siem. Also announced at the same time are the appointments of Dr Fabrizio Bassani as Executive Director of WHO in New York and Dr Michel Jancloes as Executive Director and WHO Representative to Ethiopia.

All three had been stationed at headquarters.
AFSM Assembly

Re: the circular of 15 January 1999 asking for our opinion on the establishing of an independent general assembly. A widow of a former staff member, and out of Geneva for some years, I have no opinion on most subjects concerning WHO, but wish to express my thanks for all the effort you put into improving the conditions and well-being of the retirees.

—Margrit Grinling
(Wife of Kenneth Grinling)

The following are excerpts of the circular referred to, from Dr R. Pal, Chairman, AFSM:

“I have been asked to send a letter to all AFSM members residing in and around Geneva, in France, asking if they would think it useful for the AFSM to have its own General Assembly, as in the case of other association, and if members would be ready to attend.

“I shall, therefore, be grateful if you would please send me your advice so that we can take an appropriate decision.”

QN Appreciated

Hello everyone at Quarterly News! I always enjoy the newsletter and would like to thank everyone who puts so much work into it on behalf of us all. It is nice to hear of other people’s doings. As for myself, after 15 years of retirement, I find I get busier all the time...

—Bernadette Rivett
(Woking, UK)

Memorial Service

It is nearly a month since my father (Lucien Bernard, former ADG) passed away. I should like to thank you (Chairman, AFSM,) for myself, my mother and my sisters for your presence at the memorial service which took place on 29 January 1999. We were very touched by this and I hope you will forgive the delay in replying to you, but we were all obviously overwhelmed.

—Daniel Bernard and family
(Geneva)
There is solid evidence to prove that investing wisely in health will help the world take a giant leap out of poverty. People would benefit. The economy would benefit. The environment would benefit.

We have known for a long time that poverty breeds ill health, but ill health also perpetuates poverty. Improving health in poor countries leads to increased gross domestic product per capita. In richer countries, it reduces overall costs to society.

It can be disarmingly simple. A study from Indonesia shows that workers who are treated for anemia are 20 per cent more productive than those who are not. It can also be frustratingly complex, as the negative cycles of unemployment, poverty and ill health in rich countries bear witness.

The more countries move in the direction of universal coverage, the better the effect — on both social and human capital. Although many countries spend far less on health than is necessary, a few may even spend too much. In the United States, health care spending exceeds 16 per cent of GDP. Yet more than 40 million Americans do not have health insurance.

Both the World Bank and the International Monetary Fund are increasingly advocating a central role for health, calling on ministries of finance to protect health budgets, even to increase them, and the World Bank is substantially increasing lending for health. We are also cooperating more closely with the World Bank and the IMF.

It is a chance we should grasp. Unless we act now, we may face crises of ever-more severe consequences.

— Dr Gro Harlem Brundtland, D-G
(Excerpted from the International Herald Tribune, Jan. 15, 99)

A FORMER ADG ON HIS PRESIDENT

I did not vote for Bill Clinton as my moral model or spiritual guide in private affairs but as a President with sound policies and the ability to implement them... To make an analogy: would I sell my shares in a well run, profitable company if I discovered that its able CEO was having an affair with his secretary and was lying about it, even under oath in court in a divorce case? Certainly not. Why should I feel differently about the President?

I do not condone extra-marital affairs and lying about them, but I consider them to be only one offense, not two — since I have never known a man or woman who cheated on a spouse and did not lie about it. The President is not above the law, but the law should be applied fairly to him. If Linda Tripp had taken her illegally obtained tapes to any prosecutor other than Kenneth Starr, she would have been sent packing. Instead, Starr sent her back to make more tapes, before be had been authorized to do so by the Attorney-General.

In my view, the real scandal is Starr and the process the independent prosecutor law has brought about. We seem to have created an independent fourth branch of the government devoted to one task: harassing the President, not only about his official functions but also about his private life. Henceforth no President can have private conversations with anyone except his wife—not with any government employee, lawyer, secret service guard—without risking a subpoena.

—Warren Furth
(formerly ADG, Admin., he was delegate-at-large for Democrats Abroad at the last Democratic National Convention in Chicago. Excerpted from the newsletter The Overseas Democrat, Fall 1998)

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