Pensions

AFTER 20 YEARS OF DEFICIT, A SURPLUS

The recently-concluded, two-year valuation by the Actuaries of the U.N. staff pension fund showed a clear surplus of 4.25 per cent of pensionable remuneration as compared to a meagre 0.36 per cent in December 1997, according to a report by the WHO Staff Pension Committee.

And largely due to earnings from equities, which make up 70 per cent of investments, the market value of the fund grew from US$ 20.2 billion two years ago to $26.1 billion today. Smart investing brought in returns at 18 per cent interest or, after inflation, 13.8 per cent, still hefty. The report came after the 50th session of the U.N. Joint Staff Pension Board, which was held this year from 5 to 14 July at the World Meteorological Organisation in Geneva.

Following a meeting among themselves two days later to take stock of developments, representatives of former staff associations in Geneva declared that, should the U.N. go out of business today, the fund could continue paying pensions both to former and serving staff. Their mood of exuberance is understandable as the report said that the fund "had previously experienced a deficit for some 20 years."

The soundness of the financial position led the Board to make two favourable recommendations to the U.N. General Assembly, which opens later this year, namely:

- That, effective 1 April 2001, pension is raised when the cost of living increases by 2 rather than 3 per cent; and
- That, effective 1 January 2001, the penalty is lowered to 6 instead of 6.5 per cent for commuting to a lump sum.

Other changes with financial implications, such as possibly reducing contributions, were put off until what the next actuarial report will show two years hence.

In non-financial matters, the Board agreed to permit alimony deductions from pensions, of course, subject to a court order and the agreement of the pensioner, a move criticised editorially in U.N. Special. (See "Perpetuating Stereotypes, p. 4")

In another decision – one that scarcely does the Board proud – it refused to grant ex gratia payments to retirees from the ex-Soviet Union who left service between 1981 and 1990, and who receive less than $20 monthly in pensions. Though relief was considered, the news that AFICS/AAFI, Moscow "was taking legal action against the fund changed the mood," explained a long-serving representative in Geneva.

In its most eyebrow-raising decision, the Board selected from a short list of four, including three insiders, the sole outsider as the fund's next Secretary. Essentially, to quote regulations, it gave more weight to "the inflow of fresh talent" than to "the promotion of persons already in service." So Bernard Cochème, now Director of the Retirement Branch of France's Caisse des Depôts et Consignements, Paris, will replace retiring Raymond Gieri from 1 January 2001.

"This summer, we decided to stay home and complain."
A GLIMPSE OF EARLY TIMES

Early in 1950, on learning that my first WHO duty station was to be in south-east Asia, I had become increasingly conscious that my father, grandfather and half a dozen other family members had spent their active lives in that Bengal and Burma over which we were now gliding. Many of them are buried there. Their yesterdays had made possible my own today.

On leaving the plane at Bangkok the change of temperature was as physical as the blow of a fist. We were met by Sam Keeney, director of UNICEF’s regional office, whose advisor I was to be. He had come over my horizon in 1946 as chief of the UNRRA mission in Italy, where his social sense and deft administration had brought brilliant results.

A week or so later I went to New Delhi; it was the only occasion in which I had direct contact with Prime Minister Jawaharal Nehru, who showed that wonderful Indian capacity for creating instant friendly understanding. A few days later, when I went to take leave, he said laughingly, “Well I know it’s going to work – how can it not with three Trinity men on the job, especially as two of them are Indians and the third has an Indian background.”

E. Neville Wadia, who had been in my year at Cambridge, was now a leading Parsee industrialist. He was interested in manufacturing penicillin. I went down to Bombay to discuss this possibility which, for U.N. bureaucratic reasons, was harder to implement than was State ownership. I would dearly have liked to have helped a member of the Wadia family make penicillin. In my grandparents’ day the Wadias had been our partners in a ship-building project based on Burmese teak. The symmetry of the relationship appealed to me but, alas, it was not to be.

I have extremely happy memories of my colleagues and my superiors in the U.N. at this earlier period in its history and even more so within WHO, where recruitment was still made in each and every case on the sole criterion of proven professional competence. Dr Chandra Mani, Regional Director, SEARO, had been a colonel in the Indian medical service of imperial times; he brought the best of that service’s tradition with him, but remarked that it was very hard to create an esprit de corps in an international service largely composed of experts on short-term contracts.

By the mid-1970s, not only had those WHO veterans been retired but the organisation was itself applying new criteria in the recruitment of their replacements, guided by what were euphemistically called considerations of “geographical distribution.” This really meant considerations of political expediency as glimpsed momentarily by senior bureaucrats.

It is easier to hire than to fire. As a Third World scientist once remarked, this, in WHO, has resulted in the blocking of certain jobs by only modestly qualified candidates. Such people tend to end up doing very little as their pseudo-utility had but temporary appeal. However, with nowhere else to go, they stay put -- occupying a budget-line that could have carried a more active, if less politically decorative, appointee.

—Kenneth Sinclair-Loutit
(Excerpted from unpublished memoirs Chapter 24)
(formerly EMRO)
"Look at that" whispered Albert ironically, gazing intensely in the direction of our neighbouring table. "The lady doesn't seem to lack appetite. How can she eat that much at this time of the day?"

The object of Albert's contempt was an explicitly stout solitary lady, sipping a cup of chocolate in company of two sizeable slices of chocolate cake; it was just about 10 a.m. — and she seemed to enjoy the treat. "Isn't it a shame to be that fat?"

My friend is thus one of those numerous members of our society who feel that overeating is a bad, even disgusting habit, and that the resulting obesity is a most unwanted condition. While I do not want to comment on the complicated question of the sociology of obesity (there are societies in which being obese is a status symbol), medically speaking, significant obesity is indeed a high-risk condition.

The list of diseases potentially associated with obesity includes hypertension, diabetes, coronary artery disease, gallbladder disease, gout, deep vein thrombosis, pulmonary embolism, osteoarthritis, decubitus ulcers, intertrigo, increased risk in case of surgery and, in general, a decreased span of life. Not all, though many, obese persons suffer from these diseases; the probability of developing some of the above conditions is proportionate to the degree of their obesity.

Obese persons are classified into three categories: mild, moderate and severe obesity. Mildly obese persons are considered to be those whose body weight is 10 to 40 per cent over the average value corresponding to their age, sex and height. Obesity is called moderate if the excess weight is between 40 and 100 per cent, and severe or pathological obesity exists if body weight is more than double the average. The average weights are given in the following, grossly simplified table:

<table>
<thead>
<tr>
<th>Height/cm</th>
<th>150</th>
<th>155</th>
<th>160</th>
<th>165</th>
<th>170</th>
<th>175</th>
<th>180</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>59</td>
<td>60</td>
<td>64</td>
<td>68</td>
<td>70</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>62</td>
<td>65</td>
<td>68</td>
<td>72</td>
<td>76</td>
<td>80</td>
<td></td>
</tr>
</tbody>
</table>

The values refer to persons over age 60, and are taken from Ciba-Geigy, Scientific Tables, 1982.

Some 90 per cent of obese persons belong to the category of mild obesity, 9 per cent are moderately obese, while severe (pathological) obesity is rare, up to 0.5 per cent.

The most common cause of obesity, especially in elderly people, is overeating, coupled with decreased physical activity. Hormonal changes also play a role, and heredity seems to account for about one fourth of excess body fat.

So what to do? Severe obesity is a severe medical problem, and needs to be treated by specialists. Moderate obesity may be treated by one of the numerous low calorie diets, and increased physical activity. Appetite-suppressing drugs (anorexigens) were much used in the past, but are at present considered less desirable because of their frequent side-effects. The most common form, mild obesity, if treatment is desired at all, calls for behaviour modification, including physical activity. The latter has other beneficial effects as well, e.g. on the cardiovascular system. Advanced age is no reason to become physically inactive, unless one suffers from severe rheumatism or other incapacity.

Eating and overeating is a complicated chapter of human psychology. Most obese persons I know are gentle, good-natured characters, not at all unhappy about their excess body weight. There is no point in stigmatising them. So, to come back to the beginning of my story, I said to my friend Albert: "Let her eat her chocolate cakes. Why don't you have one, too?"

—Tom Strasser, M.D.
(formerly CVD)
Pensions-to-be are being advised now by AAFI/AFICS to take pensions based on the U.S. dollar, which could then be payable in a currency of choice. Why?

Simply, because from January 1997 to December 1999, the dollar has been appreciating against most national currencies, and, also because the U.S. consumer index has been rising relatively quickly. (A notable exception is the case of Japan.)

"Unless you request the local track option (which is based on currencies other than the dollar) you will automatically receive U.S. dollar pensions, thereafter adjusted in line with the U.S. consumer price index," according to the Association's expert Robin Perry, writing in its Bulletin (May and March 2000). "The pension fund is ready to pay your benefit in any currency you name."

Addressing the many pensioners already on the local track, he says: "There is no reason for regrets. It raised your pensions substantially in the days of low dollar parity and is not penalising you today. However, new retirees are advised to think twice before choosing the dual-track system now."

One wee advantage of the dollar track is that periodic proof of residence is not required. Also, you can change from the dollar to the local track later. However, he added, "you are not allowed to return to the dollar track once on the dual-track system."

Perpetuating Stereotypes

To U.N. Special, the monthly magazine of international civil servants, a "bravo" for standing up for pensions and a "boo" for letting down pensioners, all in its June issue.

- A bilingual (in itself, exceptional) editorial champions the "inviolability of our pensions" in protest at the pension board's decision to allow deductions of alimony from pensions.

"First alimony payments, next maybe traffic fines, rent arrears or the most far-fetched claims..." the editor states. Sympathetic readers are asked to send him this message: "Hands Off Our Pension." <unspecial@unece.org>

- An illustration to an article on retirement perpetuates the stereotype of the old. As can be seen, the photo is wonderfully classical, but the woman depicted (toothless, wrinkled, wizened) bears little resemblance to the average U.N. pensioner, QN's Wise Old Owl is convinced, while making a plea for a little more accuracy next time seniors are shown.
CSG AND CRDS. - A TAX OR NOT A TAX

From the very start, the payment of France’s CSG (contribution sociale généralisée) and of the CRDS (contribution pour le remboursement de la dette sociale) by frontalier workers has been contested, giving rise to contentious appeals, particularly those by associations of workers living in France but working in Germany. French authorities insist that these contributions are taxes while the frontalier associations claim that they are obligatory social deductions.

On 15 February 2000, the European Community’s Court of Justice delivered two rulings, one concerning the CSG (Case C-169/98) and the other the CRDS (Case C-34/98). In both cases and on identical grounds, the Court censured France and declared that its applying the CRDS to the earnings (pensions fall in this category) of salaried and independent workers who live in France but work in another Member State and who, by virtue of Rule [408/71], are not subject to French legislation as regards social security, is a breach of the obligations incumbent upon France under Article 13 of the Rule, as well as Articles 48 and 52 of the Treaty of Maastricht.

This censure is therefore quite clear. However, in both cases it concerns salaried and independent workers who reside in France but work in another Member State of the European Union. What is the situation then of retired U.N. staff who equally are not subject to French legislation on social security and who are dependent on our own institutions, namely the Joint Staff Pension Fund and our own health insurance scheme?

Moreover, it certainly seems that the French tax services have tacitly admitted this since they have renounced the collection of the CSG, therefore it is hoped that they will renounce that of the CRDS as well. Indeed, the ministries and the Secretary of state concerned have indicated that the lawsuits at present in process will be settled according to the decisions of the Court of Justice and that people who have wrongfully paid these deductions should be reimbursed on request.

Requests for repayment of the CSG made by letter should be addressed to the relevant URSSAF and those concerning the CRDS to the relevant tax centre, before 1 January 2003. (For Ain, write to 14, rue Pavé d’Amour, 01016 Bourg-en-Bresse Cedex, tel. 04 74 45 66 99.)

—J.M. Leclercq
(former TRA)

“GRANNY, WHY DO YOU DIVE?”

It was this question – as simple as it is sensible from her three-year-old granddaughter that led Claudine Mouly to explain why she enjoys scuba-diving and to describe for us some of her most spectacular dives. The reasons for putting one’s head under water are many and various, for instance to see, to show off, to learn, to forget, to heal – in short, to have fun.

All this is described with a great deal of spontaneity and wit by the wife of a former ILO colleague, Jean Mouly. This book proves to us all, in an entertaining way, that anyone can take up a sporting activity late on in life and, for a long time. The reasons are equally varied, Duingt, Bonnaire, or offshore near New Caledonia Marseilles.

What’s more, it is reasonable, at our age, to sign up for a bungee-jumping course! All this is described with a great deal of spontaneity and wit by the wife of a former ILO colleague, Jean Mouly. This book proves to us all, in an entertaining way, that anyone can take up a sporting activity late on in life and, for a long time. The reasons are equally varied, Duingt, Bonnaire, or offshore near New Caledonia Marseilles.

Moreover, can keep it up centres for scuba activity whether they are in New Caledonia Marseilles. who sometimes ask whether it is reasonable, at our age, to sign up for a bungee-jumping course! All this is described with a great deal of spontaneity and wit by the wife of a former ILO colleague, Jean Mouly. This book proves to us all, in an entertaining way, that anyone can take up a sporting activity late on in life and, for a long time. The reasons are equally varied, Duingt, Bonnaire, or offshore near New Caledonia Marseilles.

“It’s more, it is reasonable, at our age, to sign up for a bungee-jumping course!”

("Grand-mère, pourquoi tu plonges?" ISBN2-913483-09-7. Published by Editions de la Nerthe, 83190 Ollioules. Price: 98.40 FF; e-mail: <editions.nerthe@wanadoo.fr>)

Quarterly News of the Association of Former WHO Staff
DOUBLY HONOURED

Jean-Pierre Dustin, formerly Chief, WHO’s World Food Programme, COR, has been named Commander of the Crown of Belgium in recognition of his life-long work to prevent nutritional blindness - work that is estimated to have saved the sight of a million people, and which he continues even after retirement from WHO.

The order was conferred upon him, in the name of King Albert II and in the presence of his wife and daughter, on 13 June by Belgium’s U.N. Ambassador J.M. Noirfalisse. It is the second time he has been decorated: 16 years ago he was made Commander of the Order of Leopold II. “You based your scientific work on hypotheses which originally aroused considerable scepticism. The rigorousness of your approach finally proved you right.

“Measures for the prevention of nutritional blindness which stem from your work now constitute the international norm,” the Ambassador said.

Invited to the ceremony were Dr & Mrs Halfdan Mahler, AFSM’s Dr & Mrs Rajindar Pal and Mr & Mrs Jery Kilker.

TREBLE JEOPARDY

A colleague reports he was snapped by a mobile camera speeding along the road from the Versoix roundabout to Ferney Voltaire just five days before Christmas last year, when everybody was in a rush. As he had exceeded the speed limit by 23 km, on 1 March, he received notice from the Corps de police, Canton of Geneva, of a stiff CHF 500 fine, plus something referred to as an “emolument” of CHF 60. On 3 March, he paid up, thinking it would be the end of the affair.

To his surprise, on 13 April he received notice from the Service des Automobiles that he would be subject to further penalties. On 2 May, ignoring the letter he had written, the Service banned him from driving in Switzerland (and Liechtenstein !) for a month, and also levelled an emolument of CHF 30 against him, while alluding to him as a “felon” to add insult to injury.

“I reckon I’ve been punished three times so far. This goes beyond prosecution, and begins to look uncommonly like persecution,” the colleague says, a little dazed, and still uncertain what an emolument means.

In Memoriam

Mike Sacks died in New York on 30 March at age 85. He was known in WHO and in the U.N. family as a wielder of links among the major divisions at headquarters, in the six regional offices and other U.N. agencies. It is not easy to forget him, and our sympathy goes to his wife, Barbara, and his son and daughter.

He studied medicine at universities in New York, Edinburgh and Chicago, from where he graduated. After taking his MPH at Colombia University, he embarked on a distinguished career in international health. His first assignment was with UNRRA in China, where he worked with Madame Sun Yat-Sen, the wife of the found-
Jeff Henderickx has left us, passing away on 23 February 2000. He was my friend! We joined WHO in the early sixties, both assigned to the malaria eradication programme in Algeria. Our paths frequently crossed in Turkey, in Tunisia — and finally in the 1970s with the Onchocerciasis Control Programme in the River Volta basin, where he worked for a dozen years, interrupted only by a mission to Ethiopia.

He was a field man, a tireless worker, always ready to help no matter how difficult or dangerous the conditions of work. I would say he spent in the order of 10,000 km in helicopters on duty, buzzing at low altitude along the channels made in the forest by rivers in Upper Volta (now Burkina Faso), Côte d’Ivoire, Mali, Benin, Togo, Niger, Ghana...

He narrowly escaped death when the Pilatus Porter chartered by WHO crashed into the Black Volta. He recovered from a severe bout of onchocerciasis contracted during his entomological prospecting. In the end it was his first enemy, malaria, which laid him low. Among all his former colleagues he leaves behind an imperishable memory.

—Roger Lion
(formerly EMRO)
Rixensart, Belgium

Louis Joseph Lovelace passed away on 20 August 1999 in the United States, friends were deeply grieved to learn.

He joined WHO in 1957 as a sanitary engineer, serving in Burma, Iraq, then at AFRO and EMRO as Regional Counsellor for Environmental Sanitation, retiring in 1976.

After completing his studies in civil engineering at the Polytechnic School of Haiti in 1938, he really started his career with the Inter-American Cooperative Service of Public Health, SCISP. In 1944 he specialised in sanitary engineering at Harvard University.

From 1950, he was appointed Engineer in charge of Water Supply, U.N. system and, within it, WHO’s responsibilities. When discussing a problem, he would always say: “The matter is manifestly (one of Mike’s pet words) ‘simple.’” Which it rarely was. He never really “retired” after his official retirement in 1978, but continued to work as an adviser to UNDP.

It was a privilege to have been his friend. I miss that greeting of his over the phone — “Saax!” But Mike would not have had the time to notice sorrow, for he would be already busy drafting the agenda for the next plenary of the Interstellar Coordinating Committee or whatever eternal organ he may be asked to chair... But there too he will always keep a seat for friends, we who miss him so much.

—Paul Lawton
(formerly Director, Coordination with Other Organisations)
Simance, France

I had the privilege of working with Michael Sacks in the seventies, admiring his intelligence, exceptional knowledge of WHO’s history, programmes and procedures and his devotion to duty. As Chief CWO (Coordination with other Organisations), he contributed, in no small measure, to the excellent reputation that WHO enjoyed in the international community.

The wealth of his experience and his boundless enthusiasm for his work were unique. Even after retirement in 1978 he continued to campaign for the under-privileged as a consultant to UNDP in New York, overseeing the expansion of public health programmes and infrastructure projects.

Michael was a wonderful human being, a good colleague and a faithful friend. To his surviving wife, Barbara, his two children and six grandchildren, the Executive Group AFSM present heartfelt condolences.

—Stanislas Flache, M.D.
(formerly Assistant Director-General; Director, Division of Coordination)
Geneva

Benin, Togo, Niger, Ghana....

Summer, Nº 41 2000

Quarterly News of the Association of Former WHO Staff
of which he was Director General until 1956. At the same time he taught sanitation at the Polytechnic School of Haiti.

Despite his frail physical constitution, he never stinted his efforts; he was a perfectionist and loved a job well done. Apart from his technical books, he devoured works on philosophy, history and mysticism; indeed he chose his place of retirement in an environment particularly favourable to his spiritual and intimate aspirations.

He valued his friends and was consistently loyal, sincere and true to them all; he may best be characterised by the words empathy and compassion.

Dear Joe, now that you have accomplished your earthly mission, we salute your memory and wish you profound peace.

Our warmest sympathy goes to his wife and their children.

--Arnold Wilson
(formerly TDR)
Geneva

Katherine P. Connor '90 PhD (epidemiology and public health) died on January 12, 2000, in Bethlehem, Pennsylvania, age 48.

From 1979 to 1997, she worked in Geneva, on women's health issues in developing countries and on the global AIDS programme. She was part of the WHO team at the 1985 Women's Health Conference in Nairobi, Kenya. Since 1997, she worked as consultant in Pennsylvania.

—Excerpted from the Yale Alumni magazine, Winter 2000)

Other deaths reported:

Julia Buffet 28.05.00;
Jacques H. Colineau 06.04.99;
Henry W. Cotton 01.01.00;
Jean Halet 28.12.99;
Mustapha Lafif 12.06.00;
Francesco Oddo 16.05.00;

IN THE HOUSE

NO MCH FOR STAFF AT WHO

Representatives of serving staff have had little success in persuading the Administration to subsidise, either in cash or in kind, a crèche for children of working mothers, which, not incidentally, would also be of benefit to working dads.

However, the ILO and the European Broadcasting Union have agreed to put up 70,000 CHF each, and the U.N. and WIPO have pledged support that is to be determined, even though mother and child health programmes do not rank among the primary responsibilities of the four organisations.

The disappointment of the Staff Committee is reflected in a tartly-worded Spotlight (No.23, 14 June 2000, oddly enough released only in English) that says: "Hours have been spent discussing projects to improve the quality of the work environment, to encourage recruitment of women, but when ...reasonable proposals are made, the response is negative."

Earlier, the Administration had rejected the proposal that it contribute 70,000 CHF, which would have secured ten places at a crèche established by the Scoubidou Association, and which would also have meant lower payment for staff (the unsubsidised cost is 1,750 CH monthly), or that it give space for the installation of a pre-fabricated model for a crèche on WHO grounds.

Citing finances and the perceived concerns of Member States for its refusal in a letter dated 6 June, the Administration claimed its position "is consistent with current resource allocations, priorities for... management reform, and the anticipated stance of Member States on increased administrative costs to benefit a small number of staff" -- namely the mothers.

To which the Spotlight retorted: "More than 360,000 CHF has been allocated for a new automatic watering system -- this must (then) certainly be a WHO priority."

But all is not yet lost for staff, says QN's Wise Old Owl, with hope, on reading of the Administration's unequivocal "intention to have an overall work-life policy that will make WHO an employer of choice."
MORE MOBILE PHONES

Over half the population in many countries now use mobile phones and the industry predicts that up to 1.6 billion more will do so by 2005. There is uncertainty, however, about the health effects of radio-frequency fields (RF) which mobile phones and their base stations emit, according to a WHO release (WHO/45, June 2000).

"All the information we have to date shows no adverse health effects from the use of mobile phones," emphasised Dr Michael Repacholi, manager of WHO's Electro-Magnetic Fields project. "However, most studies have examined the results of whole body exposure to RF fields at levels far higher than those normally associated with wire-less communications, as walkie-talkies and mobile phones." However, "few studies address the consequences of localised exposures to RF fields to the head."

Some types of cancer and changes in brain activity have been ascribed to the use of mobile phones. But no studies on humans have yet supported these claims.

An epidemiology study is being coordinated in over 10 countries by the International Agency for Research on Cancer to determine if there are links between use of mobile phones and head and neck cancers, which is scheduled to be complete in 2003.

THE FORGOTTEN PEOPLE

(The following are excerpts from a letter forwarded to QN on a role for AFM to play in the world today)

The world has just reached a human population of six billion, most of whom have to live on $2 per day. Jonathan Swift, Irish satirist of the 17th century, caused a scandal with his "Modest Proposal" that poor Irish families could sell their nursing child for rich English families to serve up stewed, roasted, baked or boiled. We are getting close to that point, the only difference being that the rich countries leave it to the poor ones to roast the poor while they cream off the profits.

If AFM wants to achieve more than simply protecting the affluent, namely themselves, it has an opportunity to place the administrative, political and technical experience of its members at the service of the world's most underprivileged.

An international association of former international civil servants working to help the forgotten people of our planet could exert a positive influence. It just remains to find the right acronym.

—Jacques Hamon
(formerly ADG and author of "Perspectives énergétiques pour le 21ème siècle et leurs implications sociétales" now under print.)
Gaillard, France

(See page 10 for editorial response.)
(Most colleagues are eager to give of their skills. Unfortunately, there are few takers. If the writer, who is eminently well-connected, would help identify institutions that are "age-blind," or take the lead in establishing the "association" he proposes, it would be surely welcome. That would be the time to find the "right acronym." --Editor)

**QN Website, AFSM Dues**

*(Re: QN39, Winter 2000)*

My copy of this issue arrived here in Brazil on 17 June 2000; the official envelope showed no date of mailing. While happy to read the news, I wish I could have received it earlier.

Since the QN editorial team is able to edit it transatlantically by e-mail, perhaps they could post it to a website so that those of us with computer access could read it on publication date? (The AFSM could also probably save quite a bit on postage that way). I would suggest an unindexed page on the WHO website, with the URL only given out to former and serving staff, just like the Directory.

**AFSM Dues:** Why don't you have a US$ account so that folks like me, who have closed their Swiss accounts, can pay their dues easily?

*Re: "WHO Translators, Rest Easy":* I thought John Bland's test of Internet translation funny but unfair; who would expect to get a good machine translation of all that very English slang!

I retired from the N.Y. State Health Dept in February 2000, so have now retired twice, but I am still active as Director of the Nucleus for Investigating Emerging Infectious Diseases here at the Federal University of Rio de Janeiro; chair of the Policy Committee of ProMED-mail; and co-chair of the Scientific Committee of MEDNET 2000, the 5th International Congress of the Internet in Medicine, which meets in Brussels this year.

Best wishes to all who still remember me.

—Jack Woodall  
(formerly HST)  
Est. Bernardo Coutinho 9557, Araras, Petropolis – RJ, 25725-022 Brazil  
Phone/fax 5524-225-1395  
e-mail:<woodall@computland.com.br>

**Everyday Problems**

I would like to see in the QN analyses, studies, commentaries and advice concerning the problems of everyday life of pensioners, for example:

- **Taxation:** Retired international civil servants in the Département de l'Ain are now subject – not only to taxation on their incomes – but also to the *Contribution pour le Remboursement de la Dette Sociale* (CRDS), amounting to 0.5 per cent of total income. Their colleagues in Haute-Savoie do not have to pay it!

  This tax is illegal since it amounts to a social contribution. It should be noted that the European Court of Justice took a decision, on 15 February 2000, in favour of people living in frontier zones.

  In the light of inconsistencies on the part of the French *fisc*, it even raises doubts as to just how well-founded is the taxation of our incomes. Surely the AFSM is capable of shedding some light on, or offering more details, about these problems?

  Incidentally, I have already contested the validity of this tax in a registered letter requiring acknowledgement of receipt.

- **Marriage after separation:** Under this subheading, the new rules allowing pensioners who married after separation from WHO to provide for their surviving spouses were regarded as a most welcome addition to the Pension Fund's social provisions.

  When one looks at it more closely, this is far from being a hand-out, since the arrangement is only the equivalent of making out a private life insurance policy for a spouse.

  In my own case, such an option would reduce my monthly pension by a quarter in order to obtain a transferred pension worth only 50 per cent of the reduced total of the pension!

  Furthermore, it is regrettable that the pension fund has not seen fit to favour widowed civil servants as opposed to divorced ones.

**Marcel Clémence**  
(formerly WHO, Geneva)  
100, Bois Chatton, France

*(The issue of taxing U.N. pensions was covered in QN 19, 20, 21 and in 23, where a supplement was published. In addition, ILO's Union (No. 244) carried an article on the subject. Consult the AFSM*
HOMMAGE to our Fallen Colleagues

Humanitarian workers are in a state of shock. Hundreds of them made their way one September day to the Palais des Nations to attend a solemn ceremony in homage to the three employees of the U.N. High Commission for Refugees murdered in East Timor: Samson Aregahen (aged 44, from Ethiopia), Carlos Caceres (aged 33, the United States) and Pero Simundza (aged 29, Croatia), as shown at right in the memorial poster.

The three were murdered at Atambua by members of the pro-Indonesian militias.

Opening the ceremony, Naveed Hussain, Chairman of the UNHCR Staff Committee, set the tone. "We are simply furious," he declared. "The tragic deaths of Samson, Carlos and Pero have underscored the extremely dangerous conditions under which we work. How much longer must we put up with being left like that, completely unprotected?"

For her part, the High Commissioner Sadako Ogata declared before the family members of the three employees: "These murders are not just traffic accidents," and she added that "in the course of the last 13 years, 15 other employees of the UNHCR have lost their lives while on mission."

Carolyn McAskie, representing the U.N. Secretary General, said: "We are very well aware that each humanitarian worker is required to risk his or her life in order to save the lives of others. But this time, we want to tell the Member States: This is too much!"

A petition is at present circulating among the staff of the different agencies of the U.N. system calling on the Security Council to hold a special session dedicated to the security of humanitarian employees. It recalls that over 200 civilian staff members of the U.N. system have been killed and 228 taken hostage or kidnapped in the past eight years.

- André Allemand
(Excerpted from the Tribune de Genève, 13 September 2000)

FRANCE GIVES BEST HEALTH CARE

France tops the list for providing the best overall health care. Following closely are Italy, Spain, Austria and Japan. The United Kingdom is at No. 18, and the United States is at 37th place; tiny San Marino, Andorra, Malta and Singapore were rated better performers than some larger nations.

Most of the countries at the bottom of the ladder are in sub-Saharan Africa, according to WHO which, for the first time, has ranked the health systems of its 191 member countries.

France spent 9.8 per cent of its gross domestic product on health vs. only 5.8 per cent in the United Kingdom.

Even though the United States outspent everyone, at 13.7 per cent of GDP it failed to win the top rating because many Americans do not have health insurance coverage. In addition the U.S. rating was dragged down by its low level of healthy life expectancy, another of several factors evaluated.

Healthy life expectancy is 70 in the United States, which is 4.5 years lower than countries like France, Austria and Japan. In responsiveness, which
includes treating patients with dignity and giving them prompt attention and a choice of doctors, the U.S. health system came out on top, followed by

<table>
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<th>The 40 first rankings</th>
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<tr>
<td>1 France  15 Island  29 Marocco</td>
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<tr>
<td>2 Italy    16 Luxembourg  30 Canada</td>
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<tr>
<td>3 San Marino 17 Netherlands  31 Finland</td>
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<td>4 Andorra  18 U.K.    32 Australia</td>
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<td>5 Malta    19 Ireland  33 Chile</td>
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<td>6 Singapore 20 Switzerland  34 Denmark</td>
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<td>8 Oman     22 Colombia  36 Costa Rica</td>
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<td>9 Austria  23 Sweden  37 U.S.A.</td>
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<td>10 Japan   24 Cyprus  38 Slovenia</td>
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<td>11 Norway  25 Germany  39 Cuba</td>
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<td>12 Portugal 26 Saudi Arabia  40 Brunei</td>
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<td>13 Monaco  27 U.A.E.</td>
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<td>14 Greece  28 Isreal</td>
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(Excerpted from The Guardian, 21 juin 2000)

Switzerland, Luxembourg, Denmark, Germany, Japan, Canada, Norway, the Netherlands and Sweden.

France was rated at the top of healthy life expectancy and high in other key categories. “They are getting impressive healthy life expectancy scores at a relatively low expenditure,” explained Dr Christopher Murray, head of the WHO health policy programme, who oversaw the report.

—Elizabeth Olson
(Excerpted from the International Herald Tribune, 21 June 2000)

IN PRAISE OF FERNEY-VOLTAIRE

In the spirit of sharing information with other food lovers, I'd like to recommend a market my wife and I discovered when we were living in Geneva.

In my opinion, the market at Ferney-Voltaire in neighbouring France is the equal of any I've ever visited in the provinces. The cheeses, game and charcuterie are especially good, and the polyglot population of Geneva and the surrounding area ensures a good variety of ethnic food as well.

—Craig Kuehl, Consul Gen. Durban, South Africa
(Excerpted from International Herald Tribune, 2 March 2000)

A KISS. A CUDDLE

A kiss or a pat on the back has always made people feel good. But scientists have now proved that skin-to-skin contact can help lower blood pressure, reduce stress and stimulate the body's immune system. Sensual activity releases the hormone oxytocin, says physiologist Dr Kerstin Uvena-Moberg, of the Karolinska Institute in Stockholm – Sweden's top research hospital.

“Oxytocin is released when we give or receive a loving touch,” she said. “It is not just sex. Any kind of loving stimuli, like being surrounded by nice people, triggers the hormone’s release.”

To make the most of the hormone’s healthy benefits people should surround themselves with friends who enjoy sensory stimuli.

(Excerpted from Daily Mail, 6 July 2000)

A TIME TO LIVE

When I was younger, I made it a point to always find the opportunity to speak to those more senior than myself.

My surprise was to find that most people lamented about what they had not done, instead of (rejoicing in what) they had done. I achieved some wisdom from this.

For this reason, I staunchly believe in that old Chinese proverb, “Study as if you were to live forever, live as if you were to die tomorrow.”

—Beltran Navarro
(Baltimore, Md.)
(Excerpted from AARP Bulletin, Sept. 1999)

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