Editorial

A CHALLENGE

Most members expressed readiness to participate in studies on health insurance, pensions, and the problems older persons face in their social environment. Others offered such services as typing, filing, translation, editing and legal counselling. These expressions of goodwill are a measure of our membership's positive, even enthusiastic attitude towards the Association.

The Association fills a need: in addition to its basic commitment to represent and safeguard the interest of pensioners, it plays a role also as a social and intellectual stimulus, as an outlet of (still) unused energy, and an opportunity to do something useful. There are great resources in ourselves, as individuals and as a group. How to make use of these resources is a challenge to the Association and its Committee.

DUES FOR 1991

Those who have not yet paid Association dues for 1991 are asked to do it either by bank transfer to Account No. D3-102-973-0, SBS/OMS, Genève, or by cheque, preferably in Swiss Francs. The fee for 1991 has been set at S.Fr.20, or the equivalent in other currencies; as before, additional contributions are much appreciated.

IN THE REGIONS

The interest in the Association and the messages of support received from the Regions have been encouraging, particularly from the Administrations in AFRO, EURO and SEARO.

In this issue

Editorial: "A Challenge" ........................................ 1
Guest Author: "Getting On: Advice from an Expert" ................. 2
Disasters: World Health Day ........................................ 3
Health Insurance ..................................................... 3

Health Corner: "Good Night, Sleep Well" .......................... 3
Wedding Bells ..................................................... 3
Family News ..................................................... 3
Changes, Changes (More) .......................................... 3
In the Press .................................................... 4
Guest Author

GETTING ON: ADVICE FROM AN EXPERT

Retirement in earlier times was synonymous with being old. Today this is not so. There are people who are old almost as soon as they enter adult life and others who will not become old for years after retirement. Some advice:

- Moving. If you wish to move, move to the biggest flat you can afford. The more horizontal space you can have the better: more space allows you to keep objects which sustain your memories, makes it easy to receive guests, to walk around when rain whips streets throughout long autumn days, to spread out sheets of incomprehensible tax forms. Do not count vertical space—for example, the second floor in your house—as useful. As years go by, it is less and less attractive to run up a flight of stairs to get a book.

- Home. The culture of your children is the culture in which they have grown up, not the culture in which you have spent your youth. On retirement you may wish to return to your home country: if your children were born and raised in the country in which you have worked they may not agree to accompany you into what for them is a foreign land.

- Illness. Growing old does not mean being sick: certain illnesses tend to be more frequent but most can be successfully treated. Age brings a certain slowness: one learns less rapidly, moves less rapidly, accepts novelty less quickly. But for most people this does not begin before their seventy-fifth birthday.

- Living. Do not follow anyone’s advice about the way to live. Every suggestion, and all that you hear is precious data, allowing you to draw a map of old age. But the decision where you will go and how you will spend time must be your own, harmonious only with the decisions of those who will walk the country of high age together with you.

- Loneliness. There is a lot of difference between loneliness and being alone. There are people who feel lonely even when surrounded by many, all of whom are trying to make them feel better. There are others who live on their own, have few contacts yet feel that life is full, that friendships—even if they see friends only rarely—are real and strong and that they are blessed by a social network that supports them. Loneliness is a state of mind, neither useful nor enjoyable: it always calls for a serious talk with oneself to see whether the sense of loneliness is reflecting an inescapable reality or a self-written fiction.

- Study. If you wish to go to university, do so, but on equal terms with other students, never seek easier conditions because of age. Success reached when the challenges are great is more important and more satisfying than success reached in easy ways. You do not want a diploma about whose value you have doubts.

It is probable that, before retirement, you will worry about things that will not happen and that what will irk you most after will be what you never thought would occur.

Norman Sartorius, M.D.
Director, Division of Mental Health
(Excerpts from a talk)

DISASTERS: WORLD HEALTH DAY

The United Nations declared the 1990s to be the International Decade for Natural Disaster Reduction.

To observe its 43rd anniversary, World Health Day, 7 April 1991, WHO selected as its theme "Should disaster strike - be prepared?"

WHO defines a disaster as: "Any occurrence that causes damage, economic disruption, loss of human life and deterioration of health and the health services on a scale sufficient to warrant an extraordinary response from outside the affected community or area."

Under this definition, a disaster occurs, somewhere in the world, almost every day. Unfortunately, it is virtually impossible to prevent most disasters. WHO’s concern is with reducing its adverse impact on human health through preparedness.
HEALTH INSURANCE

**Deduction by Instalment**

Beginning in 1992, premiums for health insurance may be paid by monthly deduction from pensions.

Those wishing to avail themselves of this facility are being asked to return authorization forms, sent out earlier, to WHO's staff health insurance office.

The Association encourages all to support such payments because if the demand is insufficient, the changeover would not be justified.

Participants will be informed each year of the amount in US dollars of deductions. The deadline for returning the authorization forms has been extended to 30 June 1991.

**Failed Discussions**

Discussions held with officials responsible for the health insurance to urge reconsideration of the decision to calculate contributions on the basis of a minimum of 30 years' service have ended in failure.

Applied to all pensioners, whatever their date of retirement, the decision fails to take into account acquired rights. It has resulted in a financial burden for those who have had short service and therefore receive minimum pensions. Aware of the low level of some contributions, representatives of former staff put forward several sets of proposals, which were either rejected or not considered.

The Association therefore has reactivated appeals, which had been pending the results of discussions. If need be, appeals will be taken to the ILO Administrative Tribunal but with reluctance, considering that WHO might be found at fault in a problem related to health and which with a little goodwill might have been solved.

Health Corner

**GOOD NIGHT, SLEEP WELL**

Sleep changes with age. Many older individuals complain that their sleep is less deep, shorter, more often interrupted, and less refreshing than before. Indeed more than 25% of people over the age of 60 experience disturbed sleep.

The fact is that the older person, even in good health, needs less sleep than the middle aged, and much less than the young. However, all too often disturbed sleep is caused by anxiety, loneliness, mourning and sorrow, depression, and, of course, the worries over practical problems that accompany ageing.

Organic diseases may also cause disturbed sleep, as for example chronic bronchitis, limb or chest pain. Some 30% of the elderly stop breathing during sleep for periods of 10 or more seconds, a condition known as sleep apnea, which may lead to arrhythmias. Certain drugs may cause insomnia, too.

There are, of course many kinds of sleeping pills; effective as they are, they often have side-effects. One way of coping with insomnia is to take a book (though not a thriller) to bed. Intellectual fatigue helps falling asleep. Just try it.

WEDDING BELLS

The parish newsletter (Easter edition) from Pope John XXIII Centre, Geneva, reports the marriage of two WHO pensioners: Adrian Van Pernis, formerly of the health insurance office, to Grainne Barry.

Congratulations to the newly-weds!

FAMILY NEWS

A wedding in your family? A blessed event? A success? Send us newsworthy items and we will pass them along. Shared joys are joys doubled.

CHANGES, CHANGES (MORE)

The following are recent developments throughout WHO:

**Communicable Diseases**

Dr Takusei Umenai, formerly Director, Disease Prevention and Control, WPRO, has been appointed Associate Director, Division of Communicable Diseases, Geneva. His responsibility: the development, standardization and production of new vaccines and the improvement of existing vaccines.

**Finance**

Mr Chand Narain Kaul, formerly Administrative and Finance Officer, AFRO, has been appointed Chief, Finance, Geneva.

**Informatics**

Dr Salah H. Mandil has been appointed Adviser, Informatics, reporting to Mr D.G. Aitken, Assistant Director-General. He was formerly Director, Division of Information Systems Support, now disestablished.
Information Technology

Mr D. N. Berg has been named Acting Programme Manager of the newly established Information Technology Office, which replaces the Division of Information Systems Support.

"World Health"

Dr Ellif Lisberg, Editor, World Health Forum, has been also appointed Editor, World Health.

Regions

Dr Sixte Butera, formerly WHO Representative in Zaire, has been appointed Director, Programme Management, Brazzaville.

Dr Mohammad Haytham Al Khayat, formerly Director, Health Protection and Promotion, has been appointed Director, Programme Management, Alexandria.

Mr Dario Sanvincenti has been appointed Director, Support Programme, New Delhi. He was formerly Chief Administrative Officer, Disengagement Observer Force, Damascus.

IN THE PRESS

The Anxiety of Internationals

International officials may perhaps be privileged as far as salaries are concerned, but when they come to retire they have plenty to complain about. Their pensions are not calculated on the basis of their real salaries. This is a question that has recently been discussed in Washington by the UN Joint Staff Pension Board.

Although no decision was taken, the meeting was important in that it made it possible to sum up the situation. That at least is the opinion of one of the participants, Jean-Victor Gruat, General Secretary of the ILO Staff Union. Two categories of people are employed by the international organizations. For those who are taken on locally there is no problem: their salaries are calculated in Swiss francs and regularly adjusted in line with the best local conditions. Quite logically they determine the contributions paid to the pension funds.

Even when it becomes more complicated when it is a matter of professional staff. "They are, by definition, expatriates", explains Mr Gruat. "It was therefore necessary to find a reference salary scale. In 1948 the option chosen was the salary scale of the US Civil Service. At the time they were the better paid. Today the US Civil Service is one of the worst paid in the world. In Geneva we have suffered roughly a 25% drop in purchasing power. For the last fifteen years my salary has scarcely budged!"

The pensions of professional staff are calculated solely on the basis of salaries. "Fifteen years ago, the system was reasonable... It is no longer. We do not contribute enough here to the pension funds. And yet we would be willing to pay more if we got better pensions when we retired."

The next meeting of the Joint Pension Board will be held in Paris in July. It still has a lot on its plate!

Lucienne Bittar
(Excerpted from the Journal de Genève, 5 April, 1991)

The Right to Intervene

The right to intervene, as defined by Médecins du Monde (Doctors of the World), the French humanitarian group, means that a request from those who are suffering is sufficient to justify crossing a boundary without authorization from a country's leaders; the humanitarian imperative takes precedence over non-interference and sovereignty.

In the past 20 years, groups like Médecins du Monde, Médecins sans Frontières (Doctors Without Borders) and Aide Médicale Internationale (International Medical Aid) have helped all over the world, including Afghanistan, Ethiopia, Cambodia, El Salvador, Romania and South Africa, with or without official permission.

Is the world ready to recognize a need and a right to intervene on humanitarian grounds across all borders?

Interdependence in economics, politics and health is stimulating new thinking about global "order" and the responsibility of individuals, nations and the United Nations. Meanwhile, in Kurdistan and around the world the courageous work of humanitarian organizations is pushing forward the ethics and logic of the right to intervene -- to help and to bear witness...

Jonathan Mann
President
Médecins de Monde, (U.S.)
formerly WHO
(Excerpted from the Int'l Herald Tribune, 11 May 1991)

ACKNOWLEDGEMENTS

The Executive Group thanks those who have made possible this Spring issue, especially: Bernadette Baigrie, Peter Ozorio and "Spot-On Publishing Services".