Editorial

FICSA (the Federation of International Civil Servants' Associations) will soon turn forty. Everyone has heard of FICSA without necessarily knowing or caring what it was about, benefiting from it all the same. Although FICSA is mainly concerned with serving civil servants, it also works for former staff.

A total of 28 staff associations have joined FICSA. But there are also members with consultative status: our Association, along with other associations of former staff.

FICSA was set up in 1952. Now representing 32,000 civil servants, it has gained a stature that cannot be ignored (though some have tried). Persistence has made FICSA the acknowledged representative of international civil servants before the legislative bodies of the common system in questions of working conditions. Individual staff associations would be unable to cope with a system that conducts negotiations as though it were an obstacle race. Without FICSA, salaries and pensions would enjoy even less protection.

Yet it would be wrong to see FICSA as a union that fights only for the material interests of staff. Through promoting the development of an international civil service it also strives to achieve the aims of the UN Charter.

A Date to Note

Monday, 9 December 1991, the fifth year-end get together of former and serving staff, from 1700 to 1930 hours at the WHO restaurant. The Director-General is expected. Keep the date open now.

Our New Secretary-General

Dr Stanislas Flache has been elected by the Executive Group as the Association's new Secretary-General, effective from 1 September. He replaces Dr Alain Vessereau, the first holder of the post and one of the founder members of the Association, who remains a member of the group.

Missing and Missed:

The winning smile, the wondrous unflappability and the willingness of Barbara Wills, who separated from WHO on account of the rules in July 1991. At a packed farewell do, a succession of staff chairmen paid tribute to her 18 years — out of 25 with WHO — of solid secretarial and administrative service to the Staff Association. She is now eligible for membership with us.

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Welcome! There is no admission charge. But be careful. Many of the animals in the zoo are still dangerous. Let's begin with level six in the main area, then go to Areas L and M.

- **The Main Area.** The Communicable Disease Enclosure—CDS—is not very secure. Staff are frequently called upon when one of the animals, such as yellow fever, dengue, meningitis, Lassa or Ebola escapes and causes an epidemic. Work is going on to enlarge Tuberculosis House; we are pleased to have added the Intestinal Parasite Pool to CDS. Dr Georgio Torrigiani, who is Keeper, has just appointed two Associate Keepers to help him: Dr Takusei Umenai for vaccine developments and viral hepatitis; and Dr Lindsay Martinez, for collaboration with UNDP, UNICEF and other partners in the new Childrens' Vaccine Initiative. Some parts of the enclosure are still pretty wild. We think there are a number of animals there still hiding, just as AIDS did until a few years ago.

This is the House of Control of Diarrhoea and Acute Respiratory Infections—CDR. It was occupied in the fall of 1990 when we appointed Dr James Tulloch the new Keeper. We placed a large number of species here since the major approaches for controlling them are so similar. Construction is also going on in Acute Respiratory Infections—ARI. Over there we are enlarging the cholera wing of the diarrhoea pavilion because of the cholera epidemic in Peru and its resurgence in several African countries this year.

- **Area L.** Up ahead Area L. The building with picture windows contains a major portion of our tropical disease research and training facilities—TDR. Dr Tore Godal, the Keeper, has good reason to be proud of it. The part where the animals—malaria, schistosomiasis, filariasis, trypanosomiasis, leishmaniasis and leprosy—are kept is called the Control of Tropical Diseases—CTD "forest". The Keeper there is Dr José (Pepé) Najera; Dr Peter de Raadt is Associate Keeper. With the exception of leprosy, this area is much neglected by the public, so we are having a hard time keeping the animal houses in decent shape. We are hoping that the creation of the "forest" will help generate more interest. The Peter Reeve "bridge" has just been finished and named head of TDR's new Product Development Unit, which should improve access between TDR and CTD. We are also going to hold a special visitor's day to Malaria House for Ministers of Health in October 1992, to stir the public's interest in this animal.

- **Area M.** Let's move over to Area M, to Immunization House. Now one of the safest parts of the zoo, it was built to contain six killers of children: diphtheria, whooping cough, neonatal tetanus, measles, poliomyelitis and tuberculosis. With immunization coverage today teaching some 80% of children in developing countries, they are being tamed. We hope for the extinction of neonatal tetanus by 1995 and poliomyelitis by 2000. Dr Robert Kim-Farley, who became the New Keeper a year ago is seeking resources to expand facilities as additional vaccines are developed. His first targets are yellow fever and hepatitis B. We built an entirely separate part of the zoo for the Global Programme on Aids. It's Keeper is Dr Michael Merson, its Deputy Keeper, Dr Dorothy Blake. Say hello to Dr Andre Meheus and colleagues minding sexually transmitted diseases—SDT, who joined GPA last July.

Well, that's a quick tour of the animal section. You can see the zoo only takes up a small part of WHO's Primary HealthPark. Hope you enjoyed the visit. See you again.

Ralph H. Henderson, M.D.
Assistant Director-General, WHO
Health Insurance

UP, UP AND AWAY

Responses analysed from 97 former staff who have so far replied to the questionnaire on health insurance premiums sent out in May show the following:

- In 18 cases, premiums for 1990 increased from between 300% to a whopping 600% of the amount paid in 1989.
- In 32 cases, premiums increased from between 200% and 300%.
- In 27 cases, they increased from 150% to 200%.

Stated differently, for more than half of respondents, the premium had more than doubled; for a fifth it had more than tripled. This results from the decision to calculate premiums for all pensioners on the basis of the pension that they would have earned after 30 years' service.

Says one pensioner: "Either the old system was very wrong, or the new one is a stupendous mistake. But the old one was working for decades. Can the deficit ... be indeed so catastrophic?"

The Association is challenging the increases before the Appeals Board. (See also, Letters).

GRANDPARENTING

Recent entries to the grand realm of grandparenting are Armando (formerly Payroll) and Lydia Pares to Natasha, thanks to son Constantino and wife Giselle. John (formerly World Health) and Olivia Bland to Julie Heather and Lucie Morgane, thanks to son Alastair and wife Veronique.

And as we go to print, glad tidings doubled for Helene Jaquemet, becoming on 18 September a grandparent to twins—grandson Brendan and granddaughter Maina. For this double exploit, all thanks to eldest daughter Christiane Drezen and husband. Says proud grandma, in advising the News on 11 October, the day the twins came home, "Shared joys are joys doubled".

(Yes, indeed. Help us spread joy by advising us: include the name of your former WHO unit, and also the name of your spouse and your in-law—Editor)

SHARED JOY

From Lomé, Togo, comes news that daughter Afi Amorin has finished medical studies. "Again another Dr Amorin in the family", writes Mrs Amorin in a reference to her late husband, Professor Julio Kodji.

(Share family news with us, and we will share it with others—Editor)

A HELPING HAND

Need advice or assistance? Ever get the feeling "...if only I could talk it over with someone". If so, call or write Margaret Baker, a member of the Executive Group. Her coordinates: Tel (023) 50.36.88.63. Address: Les Moulins, Peillonex, 74250, France

Health Corner

DRUG TREATMENT

The well-known definition of an elderly person is "someone who is older than I am". This column therefore, may not concern our readers; but, who knows, tomorrow they will become older than they are today.

According to statistics, the elderly consume nearly three times as many medicaments as the general population; and older patients are twice as susceptible to adverse reactions as the young.

Body composition changes with age. The older body contains less metabolically active tissue than the young, namely, less muscle and more fat; thus the same amount of chemicals will be distributed in a smaller body mass. This makes toxic accumulation of drugs more likely in the elderly.

In addition, the liver and kidneys become less active in older people. Since most drugs are broken down in the liver and eliminated through the kidneys, an older body may get rid of the ingested chemicals more slowly than a younger one.

In summary, medication calls for special care in the elderly: prudent selection of drugs and cautious doses. This applies to self-medication, too. Not all problems of old age can be solved with pills.

R.I.P.

Henry SEIJER HANSEN 28 Apr 1991
Marie PASARELLI 30 May 1991
Jeanne LA MOTTE 1 June 1991
Antonio ARANDA 10 June 1991
Alexander ROBERTSON 29 June 1991
Jean BENE 1 July 1991
John F. BLAESKE 17 Aug 1991
Gabriele GRAMICCIA 5 Sep 1991
Edward Georges RUFF 21 Oct 1991

OBITUARY

Dr Rafique Khan, from Lahore, a 20-year veteran of EMRO service, died suddenly of a heart attack at the Cantonal Hospital while in Geneva on 18 September. He had journeyed to Switzerland the day before to be on hand during hearings of an appeal over his recent consultantship in Teheran. Earlier with his wife, he had visited his son, a physician in London.

Arrangements to return the deceased to Pakistan were completed within 24 hours thanks largely to the Joint Medical Service.
LETTERS

A Hike of 60%

Congratulations on forming our new Association, and for the News. I must confess, I have had a change in view about the need for a separate Association. Apart from the desire to know what is going on in the "old workplace" and what is happening to old friends, the newsletter demonstrates that there is much at stake in our future, as in the case of our health insurance. It is really unsettling to be confronted with a change in rule basing insurance contributions on an imaginary 30-year service without due regard to acquired rights!

For those of us with less than 30 years, it means a huge increase in annual contributions, which in my case was over 60%! Although an increase may have been unavoidable, a hike of this magnitude is indeed callous. I trust that our representatives will be able to resist it. This will certainly be an important contribution of our new Association.

Mahmood S. Suleiman
California (Formerly EHE)

The Joint

My impression is that you wouldn't mind a bit of feedback to your News.

You don't write a word about the confidence trick perpetrated on us by those who run the U.N. Joint Staff Pension Fund. For years good money was deducted from our pay—but like it or not—so that we could have a pension to live on.

But it seems that those who run the Joint have either pocketed our money or "invested" it in bankrupt enterprises. To add insult to injury, they monkey around with exchange rates of the ever-fluctuating U.S. dollar—but invariably to our disadvantage. Result: they now dole out to us a lot less than five years ago. The purchasing power of pensions hasn't risen, has it?

Each year they send out a message: it is written in gobble-dygook. You quote from an article in a Geneva paper stating that we have suffered a loss of about 25%. About 80% would be nearer the truth.

Isn't it time we dropped all poppycock about loneliness, study, memories, slowness of old age and concentrate on pensions. If there are other problems, they pale into significance.

Audrey Little
Zurich

Present Burden

I refer to the questionnaire of 10 May 1991, re the rise in contributions to the health insurance.

I cannot afford the increase. I hope that the Association can alleviate my present burden. My monthly pension is $74.36 (local currency equivalent, pesos 2,037.46). I have a family of 4 dependants (wife, 2 sons and a daughter).

I may submit my case (with a short period of pensionable service, with the lowest of grades for locally recruited staff), to the Board of Appeals. Here are particulars:

1. Contribution to health insurance in 1989: $34.16; in 1990—$59.64
2. Length of service: 14 years
4. Taken as a lump sum: one third
5. Pension from other sources: ATI Philippines, Inc.—15 years, pesos 575.00 equivalent to $20.98

I am earnestly hoping for a favourable result from your end.

Former Staff Member
WPRO

Outcasts

Why do our former colleagues get treated like outcasts by so many of us here? I am not retired, nor am I anywhere near retirement, but I can't help but notice a definite attitude towards many of our "separated" colleagues that return either to engage in club activities, to volunteer their services, or simply to say hello to old friends.

Several retired staff members have noticed they are treated almost with disdain by some of us "active" staff members. Why is it that just because one is a bit older and no longer roams the halls on a regular basis they become a bother?

Shouldn't we have a different attitude towards these people, many of whom literally dedicated their lives to this place and to its ideals? They have a wealth of knowledge, accumulated over the years, to share with those of us still plodding along. Many of them want to keep in touch with something that represented an extremely important part of their lives.

Let's not forget that we too shall walk the path of the retired all in good time. How will we want to be treated if one day we exchange our regular grounds pass for that of a retiree? Think about it!

(from Secretarial News, June 91)

IN THE PRESS

Quotable

"Having started my adult life feeling guilty about too much sex, I'll be damned if I'll end my days feeling guilty about too little."

Edna de Shan, age 68, columnist, Newsday

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