An Evening to Note

Among events planned for Tuesday, 7 April, World Health Day, is a musical benefit—the rhythms of stars and children combined with fund-raising—at the Palais des Nations, beginning at 7.30 p.m.

Among celebrities expected: Petula Clarke, Juliette Greco, Barbara Hendriks, Susana Rinaldi. And the likelihood of Sir Peter Ustinov as master of ceremonies. Among the guests: UN Secretary-General, Boutros (Peter) Boutros-Ghali, plus the chiefs of UN Agencies.

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ENVIRONMENTAL HEALTH: EVERYBODY'S BUSINESS

Never before has the standard of living in the industrialised countries been so high. Never before has the gap between rich and poor, between the haves and the have-nots, been so wide. Never before has the damage to the environment caused by human activities been so great as during our generation. We are borrowing progress from the biosphere in an irresponsible manner.

Despite an ever-increasing life expectancy at birth, the factors that now determine much of the pathology in the world include:

- Insufficient or even diminishing carrying capacity of ecological support systems in relation to human population densities and human activities;
- Inadequate or poorly distributed life-sustaining resources, such as safe water, clean air, proper food, space, shelter and energy;
- Poorly controlled pathogens, toxins, vectors, pests, reservoirs of infection and insidious physical and chemical agents;
- Insufficient health care and supportive services capable of creating and maintaining a healthy environment;
- Social and inter-personal conflicts and violence;
- Hazards and disasters inflicting damage to human health and loss of life.

All over the world, political and community leaders are becoming increasingly aware that the attainment of Health for All depends on a sound environmental basis for human health and development. Merely improving people's access to health services and medical care facilities will never offset the adverse effects of environmental degradation. Good health will remain beyond the reach of hundreds of millions unless their basic environmental needs are met.

This can be done by a process of change, affecting human choices that impact on environmental health determinants, including choices made by individuals, communities, corporations and government institutions. Emphatically and literally, environmental health is everybody's business.

Thanks to an initiative taken by the Director-General in 1989, WHO now has at its disposal the consolidated report of the WHO Commission on Health and Environment (or the Simone Veil Commission). This report will be of tremendous value in formulating WHO's role in response to the UN Conference on Environment and Development (UNCED), due to be held in Rio de Janeiro, Brazil, in June 1992.

UNCED will be a unique opportunity to put health squarely on the environmental agenda. As a delegate at one of the preparatory meetings for the Conference put it: This Conference will be a failure unless the poor people in the streets of developing countries benefit from it.

Wilfried Kreisel, Ph.D.
Director, Division of Environmental Health

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A part of WHO's press kit is a board game for children, or grandchildren, aimed at alerting them to four monsters: Inactivity, Hypertension, Tobacco and High Cholesterol. This year's theme is Heartbeat: The Rhythm of Health. Manager of the heart health programme is Dr. Ivan Gyarfas.

TAX TIME (Ugh!)

That dreadful time is here again. Most struggle through tax forms themselves, but the smarter ones do it through a fiduciary. In Geneva, one colleague reports, costs S.Fr. 250. He thinks it is worth the money. Any information from neighbouring France? Are the premiums paid on health insurance deductible?

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Health Insurance

APPEALS BOARD REJECTS PENSIONERS

Four pensioners, testing the legality of rises in health premiums, which have increased up to 600 per cent, have had their claims rejected by the Board of Appeals in Geneva.

Allowing that the "increase might possibly have been introduced more gradually", the Board, nonetheless said that they "do not constitute a breach of acquired rights", and that they were applied "according to procedures laid down".

Such is not the view of the Association, which contends that the Board did not come to grips with a number of legal issues, and ignored important submissions. As a result the case will now be taken to the ILO Administrative Tribunal for a ruling applicable to all affected pensioners.

The terms of WHO service for the four appellants ran from 11 to 19 years; and their grades from P4 to P6. A major argument advanced by the Administration is that such pensioners would generally have pensions from other sources.

However, the appellants' cases and responses to a questionnaire sent out in May 1991 show that many pensioners have just the UN pension, and when second pensions are received they are of insignificant amounts, far below a UN pension.

Among points made by appellants:

That premiums calculated on hypothetical service have no relationship with pensioners' incomes. For serving staff, the premiums do.

That the minimum premiums introduced in 1986, based on a hypothetical 20 years' service, was applied only to pensions taken after 1985 — not retroactively, as is the case now.

That appellants are a "captive group"—with no other choice of insurers.

That cost argument advanced by WHO to justify the increase applies only to pensioners, and thus is discriminatory against them.

Beginning in 1990, minimum premiums for pensioners are being calculated on a hypothetical 30 years' service (the so-called "notional" pension)—irrespective of actual years at work. For pensions taken before that year, the increase is being phased in over a five-year period.

The increases led large numbers of former staff to protest to the Director-General, and to the Association supporting appeals against the administrative decision.

Hearings before the Board took place in November, the Director-General accepted its conclusions on 3 January. The appeals to the Tribunal must be filed within 90 days, or by early April.

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controversial claim of a right to receive and a duty to provide humanitarian assistance is addressed as well as the need for a status to protect international volunteers.

CHANGES, CHANGES (MORE)

The following are recent staff appointments:

Communicable Diseases—Dr Lindsay Martinez has been appointed Associate Director, with responsibility for the Children's Vaccine Initiative. She was formerly Research Scientist in the Malaria Control Programme.

Dr F. Meslin has been designated Acting Chief, Veterinary Public Health.

Tropical Disease—Dr S. Litsios has been designated Acting Chief, Operational Research

Conference Coordination Planning—Mr Nguyen van Trong has been named Acting Chief of this unit, and Mr Shu Guoqing his administrative officer.

Audit and Management—Mr Helge K. Larsen has been appointed Chief of the new Office of Audit and Administrative Management.

Health of the Elderly—Dr Knight Steel has been appointed Chief, Programme on Health of the Elderly. He was formally head of geriatrics, Boston University Medical Center, Mass.

Food and Nutrition—Dr G. Quincke has been designated Acting Programme Manager, Food and Nutrition Programme and Acting Chief, Nutrition. He is also Chief, Food Aid Programme.

Regions—Dr Ayite M. D'Almeida has been appointed Programme Manager, Support to National Health Systems, AFRO. Formerly Medical Officer, Health Infrastructure.

Dr Manuel R. Boal has been appointed Programme Manager, General Health Protection and Promotion, AFRO. Formerly WHO Rep. to Mozambique.

Dr Mohamed Abdulqawi Khalil has been appointed Director, Health Protection and Promotion, EMRO. Formerly Regional Adviser.

Dr Liu Xrong has been appointed Director, Drug Policy, Environmental Health and Technology, WPRO. Formerly WHO Rep. to the Philippines.
Health Corner

CATARACT

Loss of vision used to be a most disquieting worry of ageing. Why the past tense? Because nowadays, cataract, the common cause of blindness in the elderly, is being treated with remarkable success.

Cataract is loss of transparence of the lens. It is due to ageing of the lens, a normal process that may be accelerated by diabetes, radiation, prolonged use of corticosteroids, or other contributing factors. The opacification may start in the central part of the lens (nuclear cataract) or beneath the posterior lens capsule; the latter is particularly troublesome in bright light. Cataracts develop gradually and slowly, and present no symptoms in the beginning.

Surgical treatment is nowadays highly efficient. The eye-surgeon extracts the diseased lens and replaces it with an acrylic implant. The operation has become a routine; when removing the bandage after a few days, the patient finds that vision is restored.

If John Milton lived today, he would not be "the blind poet"; his eyesight would be preserved.

Letters

Concise, Precise

I have studied the presentations made at the Board of Appeal on 4 November re the increased contributions to the health insurance.

Seldom have I read anything so concise, precise, yet fully comprehensive. I certainly would not wish to have to defend their case.

Please rest assured that I do not take your efforts on my behalf in any way for granted but rather thank you, albeit inadequately, for all you have and are still doing for all of us.

Bill Barton
Exmouth, UK
(formerly Director, Staff Development and Training)

Lack of Fight

I must say I am much disappointed by the inertia of the Association over the scandalous increase in health insurance premiums, and the continuous deterioration of the purchasing power of former staff. It seems to me that you are, more and more, taking a position identical to the Administration's, and that you totally lack fight.

Organizing meetings, lunches, excursions, which only concern those resident in the Geneva area, is not the essential goal of the Association.

Jacques Pierre Ziegler
Munchenstien, Switzerland

High Contribution

What worries my husband and myself is the high premium retired staff have to contribute to the WHO Staff Health Insurance. This year it was Rs 33,610.70. At this rate, we will not be able to afford to be members. I have written to WHO Delhi to inquire on what basis such a high contribution is asked for.

Is there just one regulation for all pensioners—those living in developed countries and those living in the developing countries. Should there not be two separate rules? Otherwise, it seems to me that pensioners in the developing countries are subsidising the lifestyle of pensioners in the developed countries.

Mrs P.N. Jungalwalla
(Excerpted from UN Pensioner Ass. Newsletter SEARO, New Delhi, October '91)

Grandparenting

Entering the grand realm of grandparenting are Yves (formerly Personnel) and Audrey Beigbeder, thanks to son Thomas, his wife Sophie and grandson Lauline; Peter (formerly Information) and Mary Lou Shaw Ozorio, thanks to daughter Claire, her husband Jean-François Denorus, and granddaughter, Kimberley-Anne.

And from Bill Barton (formerly Staff Training), who with wife Libo, are grandparents thrice over, comes word of a club in Exmouth, England, that is known simply as the RUGS—or Really Useful Grandparents.

Members, he reports, "spend time visiting and caring for grandchildren, allowing our own children to go off for breakaway holidays". That’s useful, indeed.

(Share family news with us — an achievement of an offspring, a wedding, a blessed event — and we’ll pass the joy along and double it. — Editor)

Quotable

"I never imagined I’d be sleeping with a 60-year-old woman."

U.S. Sen. Alan Simpson (California), at the 60th birthday party of his wife.

"Well, that wasn’t very funny."

Barbara Bush, U.S. First Lady on Simpson’s remark—Newsweek, 28 Oct. ’91

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