Editorial

WHEN HEALTH INSURANCE SICKENS

To many former staff, the increase in the health insurance contribution has come like a bolt from the blue. The immediate reaction has been incomprehension, worry and even rebellion.

This is only natural, since contributions have suddenly been multiplied by two, three, four or more, with nothing by way of explanation other than four lines hidden away in a four-page circular that had appeared two months earlier, couched in terms so obscure that an explanatory circular had to be sent out to stem the flood of queries.

What has happened? Why? The financial situation of the health insurance plan is indeed worrying, because of the rapid rise in the cost of medical services and lax supervision of those costs in one region — AMRO.

However, this does not justify the panic of the health insurance’s surveillance committees. Still less does it justify the decision taken by representatives of the Administration and serving colleagues, who were the only ones with an effective say in the matter, to make former staff "pay the piper".

To say that former staff spend more and should therefore pay more is the easy way out. It is equally easy to say that all former staff should contribute on the basis of 30 years of service. And it is easy to "assume" that those with only 15 or 20 years' service have "probably" accumulated rights elsewhere.

These are all facile solutions, proposed and adopted without opportunity for debate and discussion. As a result, decisions taken lack that modicum of common sense and human decency that would have avoided hardship for many.

It is just as easy to prove that these assumptions are false, and it is to be hoped that the opportunity will arise to do so in the appropriate fora.

What is most worrisome is the cold-blooded lack of consideration with which these decisions were made. No one seemed to consider that former staff can no longer choose to leave the WHO health insurance plan. No one seemed to consider that pensioners have to plan carefully, and that drastic increases upset their budgets. (One former staff member whose income is not high enough to even tax is now expected to pay 10% of his pension for health insurance. The contribution of a widow has multiplied by 5.5.)

The WHO health insurance plan is based on the principle of solidarity between generations — unfortunately, that principle is now going by the board.

In short, former colleagues deserve respect, in deed as well as in word. If we are not on guard, those penalized today could be the example of what awaits others tomorrow.

This is why, with the help of everyone, we have decided to act to ensure that the unacceptable aspects of these decisions are corrected.

HEALTH INSURANCE: FIGHTING BACK

The decision taken to calculate the contribution of former staff to the health insurance on the basis of 30 years of service, have resulted in the following:

— AAFI and our Association jointly requesting re-calculation, namely:
WHO staff have participated actively over the years in AAFI/AFICS. Its present membership comprises many from WHO, mostly those who have worked in Geneva.

Among the questions raised over our relationship with AAFI/AFICS are the following:

— Why establish a WHO Association at all, since AAFI/AFICS is doing a good job?

Our Association was established to provide a link between former staff, WHO, and serving colleagues now working in WHO. More than 600 pensioners from all Regions have already joined; membership applications are received every day, the idea has obvious appeal to very many. In addition, problems peculiar to WHO, for example, health insurance, are best addressed by a WHO Association.

— Do we intend to compete with AAFI/AFICS?

Of course not! The founders of our Association (life-members of AAFI/AFICS, and indeed members of its directing committee) see AAFI/AFICS as working for former staff living in Europe. They also recognize that there may be a difference in membership of former WHO staff since some may have joined only one or the other of our groups. But we shall make efforts to associate our members with the work of AAFI/AFICS in every possible way. Associations of former staff similar to ours, exist in ILO, UNESCO, FAO and cooperate with each other and with AAFIFI/AFICS.

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THE OTHERS: UNPA, New Delhi

In 1978 an informal group of 14 retirees from different UN agencies met in New Delhi to hear Dr Nirula, UNICEF, relate the progress of the case he had been pursuing for an exemption of income tax on his pension. At this meeting the group established the UN Pensioners' Association to support other cases pending in India. Although UN pensioners were then paying taxes, they did so under protest. Voluntary contributions were soon collected to help members pay for legal advice.

Later, ruling on Dr Nirula's case, the Income Tax Tribunal in Delhi said that pensions
are deferred UN salaries and thus should be exempt from income tax. This judgement established the precedent for other cases, including exemptions for pensions paid to widows and children of former UN employees.

This achievement helped boost our membership drive during the early years. Presently, we have over 160 members, most of whom are located in and around Delhi.

Every quarter UNPA arranges at least one social and cultural function to enable members to meet, discuss matters of mutual interest and share problems.

We bring out a UNPA Bulletin, once every four months, sharing it with all UN agencies in Delhi, and UN pensioners associations all over the globe. This has helped tremendously in establishing useful contacts and cordial relationships with sister associations and brought us closer to the UN family of pensioners all over the world.

Our Annual General Meeting usually takes place in February when elections for office are held. For the current year the Executive Committee comprises:

Mr H. R. Kakar (President); Dr Ram Das (Vice-President); the under-signed (Secretary); Mr B. N. Agrawal (Joint Secretary); Mr R. D. Sikka (Treasurer); Mr M. L. Sud, Convenor Pension sub-committee; Mr A. M. Narula, Convenor Cultural Committee; Mr M. L. Bhatia, Convenor, Editorial Committee; Mr M. C. Nanavatty, Mr D. R. Malhotra and Mr O. P. Kapur as members, Mr J. M. Chawla, Auditor, B.

B. R. Bajaj

DIRECTORY OF MEMBERS

There have been requests for the publication of names and addresses of members of the Association so that colleagues can get in touch with one another. This suggestion is all the more appealing since it is in accord with one of the aims of the Association.

However, some former colleagues, for various reasons, do not want to appear in a directory to be given wide distribution.

The Interim Group has decided that the list of Association members, their names and addresses, will be published as soon as possible.

Those who do not wish to be listed are asked to advise the Association immediately.

1ST ELECTIONS: VOTE

The first elections to the Executive Group of the Association are underway and everyone should have received a ballot. Please vote so that new groups can be truly representative of, and widely supported by, former WHO staff.

The closing date for voting is Thursday, 13 September; the counting takes place on Monday, 17 September.

WE ARE 650 STRONG

A total of 650 former staff joined the Association by the end of June this year. The fee for 1990 has been set at SFr 20, or US$ 12 with additional contributions welcome.

Those wishing to join are asked to send fees to account SBS/OMS No. D3-589/028.7.

The fee for next year will be fixed by the staff’s Annual General Assembly in October.

WHO CAN JOIN US

Contrary to the impression that might have been given in our pilot issue, membership of the Association is not restricted to those who contribute to the health insurance plan. It is simply that they are the only former staff members contactable at present. Others eligible who are not in this category, and who want to join are invited to write in.

(MORE) CHANGES, CHANGES

The following are recent developments at WHO Headquarters:

Promotion of Chemical Safety

The Unit of International Programme on Chemical Safety (ICS) in the Division of Envi-
Environmental Health (EHE) has been renamed Promotion of Chemical Safety (PCSD). As a result of the decision to include Health Risk Assessment of Potentially Toxic Chemicals as a separate WHO programme, ICS continues to function as the central unit of the WHO, ILO, UNEP Cooperative International Programme on Chemical Safety (IPCS) under Dr M. Mercier, Programme Manager, PCS.

Psychotropic and Narcotic Drugs
Mr T. Yoshida, has been appointed Chief, Psychotropic and Narcotic Drugs, in the Division of Drug Management and Policies (DMP). He was formerly Scientist, Pharmaceuticals, WPRO.

Global Programme on AIDS
Dr Michael H. Merson has been appointed Director, Global Programme on AIDS (GPA). He was formerly Director, Diarrhoeal Diseases Control Programme.

He is being assisted by a consultant, Dr Walter Dowdle, Deputy Director, Centers for Disease Control, Atlanta, USA.

Staff Development Programme
This programme has been transferred from the Division of Personnel to the Division of Human Resources for Health (HRH), with its staff Dr W. Pigott, Programme Manager, and Dr H. Schmidtkunz, Technical Officer.

Heart Corner
YOUR BLOOD PRESSURE AND YOU

It is an often quoted rule of thumb that blood pressure equals "one's age plus 100". Though oversimplified, this statement is not far from the truth. As a matter of fact, in most populations systolic blood pressure does increase with age (systolic pressure is the one due to the contraction of the heart).

Indeed, 120 mmHg is likely to be the commonest value in a 20-year old, and 140 rather typical for a 40-year old. After 60, systolic blood pressure often equals or exceeds 160 mmHg.

Still, the relationship of blood pressure with age is more complicated. Systolic blood pressure is only part of the story; the other value, diastolic pressure (the pressure prevails when the heart relaxes between two beats) is important as well. Diastolic pressure increases up to age 60, but then starts decreasing.

In consequence, the difference between systolic and diastolic pressure, called pulse pressure, increases more steeply with age, than systolic pressure. This is due to arteriosclerosis, the hardening or increasing rigidity of the arteries.

It is possible that the increase of blood pressure is due to the cumulative effects of various harmful influences, for example, in our diets. We are used to salt content much higher than the body's natural requirements; lifelong high sodium intake may well be the cause of blood pressure increasing with age. The usual weight increase in the elderly may be another risk factor.

Nevertheless, the increase of blood pressure is not a universal phenomenon. In certain aboriginal populations, living under circumstances barely touched by civilization, blood pressure does not increase with age.

Even in "westernized" populations, there are individuals whose blood pressure remains unchanged with age, or changes only little. Nevertheless, high blood pressure (hypertension) is a very frequent condition in the elderly.

Sometimes — but by far not always — hypertension requires drug treatment.

What is normal blood pressure in the elderly, at which values does hypertension start, and what are the possibilities of treatment? These are questions to be dealt with in the next issue.

— Tom Strasser

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R.I.P.

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