



Import



A WEEKLY REVIEW OF DEVELOPMENTS IN HEALTH AND HUMAN SERVICES

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Welcome to this edition of Import. In it you will find summaries of new and interesting issues and developments in health and human services, as well as "In My Humble Opinion," a short analytical article by an Agora Group affiliate. Please feel free to visit The Agora Group's web site, which can be accessed by pressing the "our affiliates" button on the Consultant Network web site: consultant-network.ca.

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ONTARIO: TECHNOLOGY TO HELP PEOPLE WITH INTELLECTUAL DISABILITIES

On January 19 Ontario's Community and Social Services Minister Sandra Pupatello announced adults in rural areas with developmental disabilities will have better access to specialized clinical services through a video-conferencing pilot project to be run by Regional Support Associates, a Woodstock General Hospital program. A network of video-conferencing facilities in southwestern Ontario will be set up to serve adults with an intellectual disability and mental health issues or challenging behaviours. The project will help individuals, families, caregivers and professionals to meet and share resources and information even if they are widely dispersed. The project will serve 11 southwestern Ontario counties, offering clients easier access to assessments, psychiatric and counselling services and behaviour management programs.

Project partners include Family Services London; Haldimand-Norfolk Resource, Education And Counselling Help; Community Living Owen Sound; and Community Living Windsor. A media release on the initiative is at <http://www.cfcs.gov.on.ca/CFCS/en/newsRoom/newsReleases/040119.htm>.



THRONE SPEECH SETS ELECTION AGENDA

In preparation for a spring federal election the February 2 Speech from the Throne identified initiatives the federal government intends to implement, while promising the government will not incur a deficit. The Speech was heavy on social investment promises. In terms of **health care** the Throne Speech said:

“The length of waiting times for the most important diagnoses and treatments is a litmus test of our health care system. These waiting times must be reduced. This will require fundamental reform and improvement in the facilities and procedures of the entire health care system..... the Government will work with its provincial and territorial partners on the necessary reforms and long-term sustainability of the health system. And it will support the Health Council in the development of information on which waiting-time objectives can be set, and by which Canadians can judge progress toward them.”

In short, the Speech promised health reform without providing details. In terms of more stable health care funding for provinces and territories, the speech offered only a promise to negotiate (the previous week Paul Martin had promised \$2 billion to the provinces and territories for health care, but as a one-time rather than a recurring payment). In terms of **public health** the Speech said:

“The Government will take the lead in establishing a strong and responsive public health system, starting with a new Canada Public Health Agency that will ensure that Canada is linked, both nationally and globally, in a network for disease control and emergency response. The Government will also appoint a new Chief Public Health Officer for Canada and undertake a much-needed overhaul of federal health protection through a Canada Health Protection Act.”

The Speech made several commitments to **services for children**:

“In co-operation with the provinces and territories, the Government will accelerate initiatives under the existing Multilateral Framework for Early Learning and Child Care, which means more quality child care more quickly.... To help communities identify children whose readiness to learn is at risk, the Government will extend its successful community pilot project, Understanding the Early Years, to at least 100 communities.... the Government will do more to ensure the safety of children through a strategy to counter sexual exploitation of children on the Internet and by reinstating child protection legislation.”

Editor's Note: *Understanding the Early Years* (UEY) is a project in 13 communities that engages each community in collecting data on how its children are faring on five learning dimensions (physical health and well-being, social competence, emotional maturity, language and cognitive development, and communication skills and general knowledge) and finding local ways to strengthen community capacity based on the data. Information on UEY is at <http://www.srdc.org/english/projects/uey.htm>.

The Speech also announced a commitment to **people with disabilities**:

“The Government will start by working with the provinces and territories to fill the gaps in education and skills development and in workplace supports and workplace accommodation for people with disabilities. It will lead by example in supporting the hiring, accommodation and retention of Canadians with disabilities in the Government of Canada... and in federally regulated industries. The Government will also improve the fairness of the tax system for people with disabilities, and their supporting



families, based on the findings of the Advisory Committee on Tax Measures, which will report this fall and will implement early actions in areas of priority.”

Paul Martin was expected to make **Aboriginal issues** a priority. The Speech offered initiatives to address First Nations governance and urban Aboriginal issues:

“To support governance capacity in Aboriginal communities and to enhance effective dialogue, the Government will, in co-operation with First Nations, establish an independent Centre for First Nations Government.... the Government will work with provinces and territories and Aboriginal partners in a renewed Aboriginal Human Resources Development Strategy. Too often, the needs of Aboriginal people off reserve are caught up in jurisdictional wrangling.... the Government will expand the successful Urban Aboriginal Strategy [UAS] with willing provinces and municipalities.”

Editor’s note: In 2003 the federal government allocated \$25 million for three years in new funding to UAS for pilot projects in Vancouver, Edmonton, Calgary, Saskatoon, Regina, Winnipeg, Thunder Bay and Toronto to test ideas on how to respond, through partnership, to urban Aboriginal people’s needs. More information is at <http://www.pco-bcp.gc.ca/interloc/default.asp?Language=E&Page=strategy>.

In one of its most specific commitments it promised a **new deal for municipalities**, although the promise does not focus on large cities:

“The Government will work with provinces to share with municipalities a portion of gas tax revenues or to determine other fiscal mechanisms which achieve the same goals. This will take time and the agreement of other governments. But the Government of Canada is prepared now, as a down payment, to act in its own jurisdiction by providing all municipalities with full relief from the portion of the Goods and Services Tax they now pay. Over the next decade, this will provide Canada’s municipalities with approximately \$7 billion of stable new funding to help meet critical priorities.”

It promised continued **support for volunteerism**, without a funding commitment:

“The voluntary sector and the millions of Canadian volunteers are essential contributors to the quality, fairness and vitality of our communities. The Government will continue to advance the Voluntary Sector Initiative, to strengthen the capacity and voice of philanthropic and charitable organizations and to mobilize volunteers.”

Among its other commitments the government will:

- improve student loan procedures and introduce a grant for low-income students to cover part of the tuition for the first year of post-secondary education
- develop a Northern strategy so energy and mining development occurs in partnership with Northern Canadians based on stewardship of northern ecosystems
- invest in military equipment such as new armoured vehicles and replacements for Sea King helicopters
- create access to capital for commercialization of science concerning health, the environment, biotechnology and nanotechnology



- create a 10-year \$3.5 billion program to clean up contaminated sites for which the Government is responsible, augmented with a 10-year \$500 million program to help clean up other sites, notably the Sydney tar ponds
- pass legislation to enable the provision of generic drugs to developing countries
- take a multilateral approach to international relations: *"We want to see multilateral institutions that work. No one nation can manage the consequences of global interdependence on its own."*

In Parliament the day after the Throne Speech, Paul Martin also promised the creation of a Canadian Corps of young people working in developing countries.

The Speech is at <http://www.pm.gc.ca/eng/sft-ddt.asp>.

US: PRESIDENT ISSUES BUDGET

In contrast to Canada's priorities, on February 2 the White House Budget Office issued a budget document proposing massive increases in defense and homeland security spending but a hold-the-line or reduction approach to many programs affecting the basic quality of life of Americans. Military spending would increase by 7%, not including up to \$50 billion for military operations next year in Iraq and Afghanistan. Spending on domestic security would increase by 9.7%.

Thirty-eight of 65 proposed budget cuts are in the US Education Department, including cuts to dropout prevention programs, literacy programs for prisoners and an arts-in-education program, although the department's overall funding would grow by 3%. The budget would eliminate a Labor Department training program for migrant and seasonal farm workers, a Small Business Administration micro-loan program and a Justice Department program to help states and municipalities pay for community policing.

Department of Agriculture cuts of 8% include conservation, environmental and wildlife habitat programs. The Environmental Protection Agency faces a 7.2% cut, largely in science and research programs and water quality initiatives.

A program giving residents of poor areas access to computers and training would be the axed, along with recreation programs for people with disabilities. The budget would end a \$30 million alcohol abuse reduction program which, the White House says, *"supports innovative and effective programs to reduce alcohol abuse in secondary schools."* The Administration said grants to states could provide similar help.

The Bush Administration's high profile but flawed health care initiative – a Medicare prescription drug benefit – will cost \$534 billion in the next decade, one-third greater than the \$400 billion price Congress relied on when it passed the legislation in November. Opponents say the plan is a confusing mass of false consumer choices meant to satisfy drug companies and private health plans more than the elderly. The budget would give Health and Human Services \$135 million more for "biosurveillance" but would cut \$400 million from the Centers for Disease Control and Prevention.

Most ominous for the health of Americans, the budget would make permanent the administration's tax cuts that many analysts claim will increase the disparity between rich and poor in America – a gap increasingly recognized as a key determinant of the health of the population.



SUPREME COURT RULES ON HITTING CHILDREN

In a case that has aroused strong feelings on the part of Canadian advocates for the rights of children, and those who argue on the other side for the right of families to use force to correct children's behaviour, the Supreme Court on January 30 upheld the provision of Canada's *Criminal Code* that allows parents and teachers to use "reasonable force" in attempting to correct the behaviour of children.

The assault provision of the *Criminal Code* prohibits intentional, non-consensual application of force to another, but Section 43 of the *Code* exempts reasonable physical correction of children by their parents and teachers:

"Every schoolteacher, parent or person standing in the place of a parent is justified in using force by way of correction toward a pupil or child, as the case may be, who is under his care, if the force does not exceed what is reasonable under the circumstances."

The Canadian Foundation for Children, Youth and the Law (a coalition of child advocacy organizations) had sought a declaration from the courts that this exemption from criminal sanction violates three provisions of the *Charter of Rights and Freedoms*:

- violation of Section 7 of the *Charter* because it fails to give procedural protections to children, does not further the best interests of the child, and is too broad and vague (Section 7 prohibits deprivation of life, liberty, or security of the person contrary to a principle of fundamental justice)
- violation of Section 12 of the *Charter*, which guarantees the right not to be subjected to cruel and unusual punishment or treatment
- violation of Section 15(1) of the *Charter* (which provides that every individual is equal before and under the law without discrimination) because it denies children the legal protection against assaults that is accorded to adults.

A trial judge and the Court of Appeal rejected the Foundation's claim and refused to issue the declaration. The Foundation then appealed to the Supreme Court.

In its ruling the Supreme Court said:

"The legal principle of the 'best interests of the child' may be subordinated to other concerns in appropriate contexts. For example, a person convicted of a crime may be sentenced to prison even where it may not be in his or her child's best interests. Society does not always deem it essential that the 'best interests of the child' trump all other concerns in the administration of justice. The 'best interests of the child', while an important legal principle and a factor for consideration in many contexts, is not vital or fundamental to our societal notion of justice, and hence is not a principle of fundamental justice."

The Court said children unreasonably assaulted by parents are still protected:

"Section 43 does not exempt from criminal sanction conduct that causes harm or raises a reasonable prospect of harm. It can be invoked only in cases of non-consensual application of force that results neither in harm nor in the prospect of bodily harm."



It also said the *Criminal Code* provision does not violate Section 12 of the *Charter*, which prevents cruel and unusual punishment, because the *Code* only allows use of force that is “reasonable” – and force that is reasonable is not cruel or unusual.

In rejecting the argument that Section 43 violates the *Charter* guarantee of equality before the law, the Court said:

“The difficulty with this argument.... is that it equates equal treatment with identical treatment, a proposition which our jurisprudence has consistently rejected.... Parliament’s choice not to criminalize this conduct does not devalue or discriminate against children, but responds to the reality of their lives by addressing their need for safety and security in an age-appropriate manner.”

However, the Court identified conditions under which force against children is not corrective and therefore would not be exempted from prosecution:

“Force against children under two cannot be corrective, since on the evidence they are incapable of understanding why they are hit.... A child may also be incapable of learning from the application of force because of disability or some other contextual factor. In these cases, force will not be ‘corrective’ and will not fall within the sphere of immunity provided by Section 43.... Corporal punishment of teenagers is harmful, because it can induce aggressive or antisocial behaviour. Corporal punishment using objects, such as rulers or belts, is physically and emotionally harmful. Corporal punishment which involves slaps or blows to the head is harmful. These types of punishment, we may conclude, will not be reasonable.”

Three Justices (Arbour, Deschamps and Binnie) dissented from the majority opinion, largely on the grounds that Section 43 of the *Code* is too vague to be properly applied. Six Justices supported the majority opinion. The Court’s decision is at <http://www.lexum.umontreal.ca/csc-scc/en/rec/html/2004scc004.wpd.html> .

Since the Court decision cannot be appealed further, child advocacy groups may now mount a campaign to seek legislative changes to the *Criminal Code* that would outlaw the use of force against children. Many children’s aid societies have championed an end to the use of physical force on children. As the Children’s Aid Society of Simcoe County (Ontario) put it upon learning of the Court’s decision:

“Although effective discipline is needed in the parenting and nurturing of children, physical punishment is not an appropriate disciplinary option.... Research now shows strong evidence that physical punishment places children at risk of physical injury, mental health problems, antisocial behaviour, impaired relationships with parents and increased tolerance of violence in adulthood.... The Supreme Court ruling is out of step with this research.”

MANITOBA LAUNCHES WORK-FOCUSED DOMESTIC VIOLENCE CAMPAIGN

On January 15 Manitoba launched a campaign to create awareness and assist workplaces to help break the cycle of domestic violence. Said Nancy Allan, Minister of Labour and Immigration and Minister responsible for the status of women, *“Domestic violence doesn’t stay in the home. It is an issue that affects the workplace, taking a toll on the safety and well-being of employees and the bottom line of employers. It can cause a drop in productivity, an increase in absenteeism and greater risk of violence in the workplace.”*



The campaign, called *Domestic Violence Prevention: A Workplace Initiative*, includes a pamphlet, a resource guide for employers and washroom stall door stickers with a province-wide information hotline number. The campaign is sponsored by Manitoba Labour and Immigration, the Workers Compensation Board, Manitoba Liquor Control Commission, Manitoba Lotteries Foundation and the City of Winnipeg. Information packages are being mailed out to more than 2,000 Manitoba workplaces.

The resource guide for employers is available as a 20 page PDF file at http://www.gov.mb.ca/wd/pdf_files/dvbook.pdf.

VANCOUVER “DOULA” PROGRAM SUPPORTS PREGNANT WOMEN

A new pregnancy and childbirth program in South Vancouver incorporates an age-old tradition by offering pregnant women the help of a “doula” – a trained childbirth professional who provides women with continuous physical and emotional comfort and support throughout childbirth. Doula (pronounced “doola”) is a Greek word meaning woman-servant or caregiver.

South Vancouver’s program offers training to become a professional doula. Once training is done, doulas will work with the team of nurses, midwives and doctors to give comprehensive maternity care before, during and after birth. Doulas will provide labouring women with continuous one-on-one support at their home and at BC Women’s Hospital where the women will deliver their babies. The initiative is sponsored by the South Community Birth Program at the South Vancouver Community Health Office.

South Vancouver is a fitting site since it has the city’s highest birthrate and greatest number of low-birth-weight babies, single parents and youth under 19. It is home to Vancouver’s largest population of people who do not speak English or French (most have Chinese, Punjabi, Korean, Hindi and Arabic as a first language).

A 1993 Cochrane Collaboration review of literature on continuous childbirth support found that women who receive supportive care from a companion throughout labor are more likely than women without such care to avoid pain, cesarean birth and other major medical interventions such as birth with vacuum extraction or forceps, and to be satisfied with their birth experience. The review’s authors concluded that all women should have support throughout labor and birth. The full review is a 72 page PDF file at http://www.maternitywise.org/pdfs/continuous_support.pdf.

NEW BRUNSWICK AIMS TO LURE BACK SKILLED WORKERS

Faced with a global shortage of skilled workers including health and human service professionals, New Brunswick is taking a lifestyle approach focused on enticing former New Brunswickers back to their home province. A highlight of its Be.Here.Now. campaign is a tour in which Premier Bernard Lord will host “repatriation events” in Vancouver (Feb. 24), Calgary (Feb. 25) and Toronto (Feb. 25). Lord will be joined by Training and Employment Development Minister Margaret-Ann Blaney and officials from New Brunswick’s employer community. Says Blaney:

“Every jurisdiction throughout the country and around the world has labour shortages in such fields as knowledge industries and health, for example.... Our skilled expatriates, many of whom long to return home for family, friends and the lifestyle, are excited to learn there are all kinds of challenging careers waiting for them here in New Brunswick”.



Blaney said attracting former New Brunswickers is one plank in a skills improvement plan involving training, retention, recruitment and repatriation. The province has a recruitment web site at <http://www.nbjobs.ca> that gives details on the repatriation tour.

On February 2 New Brunswick released a health human resources study examining the need for 28 major health occupations and proposing strategies to deal with projected shortages. The two-part study is at <http://www.gnb.ca/0051/Fujitsustudy-e.asp>. The province's Health and Wellness Department has already created a Health Human Resources Unit comprised of advisors who work with professional associations, post-secondary institutions, regional health authorities and health care providers to develop and implement strategies for recruiting and retaining health professionals.

SASKATCHEWAN: FEDERAL FUNDS FOR REGINA'S INNER CITY

A package of funds worth \$6.33 million was announced by the federal government on January 30 to address inner city needs in Regina – in particular Aboriginal needs. The National Homelessness Initiative will provide almost \$3.5 million over three years through the recently approved Regina Community Plan on Homelessness to address homelessness and its root causes. The Urban Aboriginal Strategy will provide \$2.25 million over the three years through the Regina Inner City Community Partnership to address the needs of Aboriginal people living in Regina. The Urban Aboriginal Multipurpose Aboriginal Youth Centres initiative will provide \$623,252 to help Regina's Aboriginal young people. A media release on the awards is at <http://www.gov.sk.ca/newsrel/releases/2004/01/30-028.html>.

NEWFOUNDLAND TO CLOSE TWO YOUTH OPEN CUSTODY GROUP HOMES

In what may be a measure of the impact of Canada's new Youth Criminal Justice Act which took effect April 1 2003, Newfoundland and Labrador announced on January 29 that it will close two of the province's eleven open custody youth group homes. The two facilities, in Whitbourne and Gander, have low occupancy rates. According to the provincial government the new federal legislation favours community-based alternatives such as probation and community service. The funds saved by closing the group homes will further this national direction and be used to support more social work positions. The province says a decline in youth crime has also contributed to low occupancy rates.

YUKON OPENS NATIVE TEACHER TRAINING TO NON-NATIVES

In what can be interpreted as either a program expansion or a program shortcoming, Yukon announced on January 27 that it will open 6 of its 15 annual Yukon Native Teacher Education Program positions to non-Natives while preserving all First Nations cultural content in the curriculum. Through a contract with the University of Regina, Yukon pays for 15 native teacher training positions each year. Most years fewer than 10 are filled. First Nations applicants continue to have priority for the positions.

TEEN SMOKING A MAJOR PROBLEM FOR NWT

On January 22 the Northwest Territories released the results of a survey showing that 26% of NWT youth smoke – well above the national rate of 19%. The 2002 NWT School Tobacco Survey polled students between the ages of 10 and 17. It showed 17% of children (ages 10 to 14) were smokers, while 42% of teens (ages 15



to 17) smoked. Two of every five youth in the smaller communities are smokers. The average age that children begin to smoke is 12 to 13. More girls smoke than boys and more Aboriginal youth smoke than non-Aboriginal youth. There was no decrease in youth smoking rates from the previous survey in 1999.

In response, the NWT government is developing a prevention strategy to target children aged 8 to 14, when they are most likely to decide to start smoking or remain a non-smoker. A summary of the survey report is a 27 page PDF file at

<http://www.hlthss.gov.nt.ca/content/Publications/reports/Tobacco/TobaccoSurveySummaryReportJan2004.pdf>.

CMAJ ARTICLE: CARE CONTINUITY NEEDED

The results of a study entitled *Adverse events among medical patients after discharge from hospital*, published in the February 3 edition of the *Canadian Medical Association Journal*, highlights a high rate of adverse events experienced by patients discharged from a hospital and calls for greater continuity of care to ameliorate or prevent such events. An adverse event (AE) is an adverse outcome caused by medical care.

Researchers prospectively studied patients (average age of 71) discharged home or to a seniors' residence from a Canadian teaching hospital's general internal medicine service during a 14-week interval in 2002. Researchers used telephone interviews and chart reviews to identify outcomes after discharge. Two physicians independently reviewed each outcome to determine if the patient experienced an AE. The severity, preventability and ameliorability of all AEs were classified.

The study found that after discharge, 23% patients had at least one AE, and half the AEs were preventable or ameliorable. Most of the preventable AEs were due to medications, most commonly antibiotic-associated diarrhea. Other preventable AEs were due to therapeutic errors, nosocomial infections, procedure-related problems, pressure ulcers, diagnostic errors and falls. Patients were significantly more likely to experience an AE if they were female, older, had type 2 diabetes, atrial fibrillation, pneumonia, acute renal failure, acute exacerbation of congestive heart failure or long stay in hospital.

The authors say better continuity of care can prevent or ameliorate adverse reactions:

"It is necessary to follow patients more closely after discharge. Monitoring was judged to have been inadequate for each patient with an ameliorable AE and a substantial proportion of those with preventable ones. Interventions to improve monitoring could include enhanced communication with community care providers, better integration of home-care services with hospital care, hospital-based follow-up clinics and early telephone contact."

The *CMA Journal* article is at <http://www.cmaj.ca/cgi/content/full/170/3/345>.

BC EXAMINES IMPACT OF FALLS BY ELDERLY

On January 30 British Columbia's provincial health officer released a report, *Prevention of Falls and Injuries Among The Elderly*, providing 31 recommendations aimed at groups ranging from physicians, nurses and community health workers to hospitals and geriatric care facilities, as well as regional health authorities and the provincial Ministry of Health. The report points out that if the target of a 20% reduction in falls was achieved, it could result in 1,400 fewer hospital stays, 350 fewer elderly people disabled, and savings of \$25 million a year



in reduced health-care costs. The report proposes five key strategies to identify and reduce the risk of falls in the elderly:

- detailed clinical assessments for seniors who have fallen or are at risk
- maintenance of physical activity for seniors even after a fall
- modifications in the home (such as grab bars in bathtubs) and in the community (such as repairing sidewalks) to reduce contributing factors
- Vitamin D and calcium supplements
- reduction of prescribed medications that contribute to falls.

The report is available as a 96 page PDF file (it takes a while to load) at <http://www.healthplanning.gov.bc.ca/pho/pdf/falls.pdf>.

UK: OMBUDSMAN RULING FAVOURS ALZHEIMER CARE

In what Alzheimer groups consider a landmark decision, the UK's Health Ombudsman has ruled that a 63 year old Cambridgeshire man is entitled to in-home care funded by the National Health Service (NHS) to provide respite for his wife, who is his main caregiver. Barbara Pointon lodged a complaint on behalf of her husband Malcolm, claiming NHS assessment process for home care coverage is skewed toward acute care and toward physical disabilities rather than mental ones. The NHS denies its assessments are biased. It appears Ms. Pointon would have been given respite if she had been a nurse, but the NHS disqualified her because she is not a trained caregiver.

Said Neil Hunt, chief executive of the UK Alzheimer's Society:

"For too long people with dementia have been discriminated against. You would expect people with dementia to receive health care on the NHS for free, as Alzheimer's is a physical disease of the brain for which there is currently no cure. Yet people with dementia have been forced to pay for care that should be available free on the NHS. This ruling breaks new ground by requiring the psychological, and not just physical needs of people with dementia, to be taken into account and has implications for thousands of people living at home and at residential care homes."

BRAZILIAN PRESIDENT PROPOSES ARMS SALE TAX

Sin taxes are not new, but Brazil's President Inacio Lula da Silva has proposed a new twist – a tax on international arms sales, with the proceeds channelled to a special fund to tackle global poverty. The Presidents of France and Chile and UN Secretary-General Kofi Annan support da Silva's idea. Calling it the "Lula Fund", French President Jacques Chirac has already set up a working group including representatives of the International Monetary Fund and the World Bank to explore the concept. Chirac says international weapons sales generate revenue of about \$900 billion a year.

Kofi Annan supports the Lula Fund as a way to help meet the UN Millennium Development goal of cutting world poverty in half by 2015 – a utopian goal that seems more distant given a lag in contributions to the Millennium Fund from donor nations.



Da Silva's idea may founder on a history of resistance – largely but not only from the US government – to anything that looks like an international tax. The US has opposed the Tobin tax, a proposed excise tax on cross-border currency trading. The Tobin tax is meant to dampen currency speculation and thereby prevent or lessen the impact of international financial crises. It is named after its originator, James Tobin, a Yale University Nobel-laureate economist. Canada supported a Tobin tax through a House of Commons vote in 1999 *"That, in the opinion of the House, the government should enact a tax on financial transactions in concert with the international community."* Then Finance Minister Paul Martin and most Liberal and NDP MPs voted for the motion.

Other innovative ideas are under consideration to bolster the Millennium Fund, including a British proposal to create an International Finance Facility (IFF). This global body would solicit and receive long-term donor commitments from wealthy nations, comprising a series of pledges for a flow of annual payments to the IFF. The IFF would then use this money to leverage additional funds from international capital markets through bond issues. IFF would exist for about fifteen years, with the period for repaying its borrowing lasting for about thirty years. Grants made by IFF to poor nations would be based on 4 to 5 year disbursement programs to avoid the instability that shorter-term grants produce. Recipient nations would agree to anti-corruption, pro-stability policies and to transparency in economic and corporate policies to achieve this.

IFF's proponents argue there is compelling evidence that well conceived aid programs can pull nations from poverty to something approaching prosperity, citing:

- Uganda, which has reduced extreme poverty from 55% to 20% since 1992 and has doubled the enrolment of primary school children within three years, with aid contributing over 50% of the budget
- Vietnam, where economic growth supported by aid has contributed to a halving of poverty in the past 15 years and a two-thirds reduction in child mortality.

A UK Government web site on IFF is at http://www.hm-treasury.gov.uk/documents/international_issues/global_new_deal/int_gnd_iff2003.cfm#Section_1.

SWAZILAND TO EDUCATE AIDS ORPHANS

In Africa, coping with AIDS means dealing with far more than the disease. Swaziland's government, for instance, has announced it will pay school fees for all AIDS orphans in the country. While teachers are paid government salaries, other school costs are covered by student fees in Swaziland. Critics doubt the country can fund the initiative. According to United Nations estimates, almost 39% of Swazi adults are HIV-infected, up from 4% a decade ago. Swaziland's national emergency response committee on HIV/AIDS says that by 2010 there will be 120,000 orphans in Swaziland – but because of AIDS there may be fewer than 900,000 people in the whole country by then. Swaziland faces a record budget deficit and has undergone a severe famine. With a 40% unemployment rate in the formal sector and 80% of Swazis living as peasant farmers on communal land, taxpayers are rare.



CHINA TO CHANGE POLICY DEVELOPMENT

China seems willing to explore just about any way – short of democracy – to open the country up to new ideas. Its most recent initiative is described in a February 2 editorial in the newspaper *China Daily*, considered an organ of the Chinese government. According to the editorial, China's policy development is seriously flawed:

"The biggest problem in China's current policy-making lies in its willfulness. Policies and personnel change frequently, with no accompanying continuity. Shortcomings in policy-making have caused enormous damage to the country. Besides the poor quality of some policy-decisions, lack of solid institutional foundations, including policy-making consulting, hearings, assessments and a system of responsibility is the major reason for the flaws."

The editorial proposes enlisting Chinese intellectuals in policy development:

"Establishment of a brain trust, or policy-making consulting system composed of experts in various fields, would be a good start. Such a system would serve as a bridge between policy-making bodies and professionals, and as a conduit for experts and scholars to better serve the government. Currently there are about a million high-level intellectuals in China, including scientists, engineers and professors. Many of them.... are also anxious to participate in the discussion and management of governmental affairs. An independent consulting system composed of these experts would greatly facilitate official policy-making. The policy hearings should be attended by experts and those the policies may affect before and after their issuance. A system based on that principle would first ensure the rationality of the policies and avoid major loopholes. The hearings would also be a democratic process, making policies that represent the interests of the majority of the people they affect."

The editorial is at http://www1.chinadaily.com.cn/en/doc/2004-02/02/content_302175.htm.

FRANCE, GERMANY APPEAL TO RUSSIA TO SIGN KYOTO

The Kyoto Protocol to curb greenhouse gas emissions remains in limbo. Since the treaty only comes into effect when a number of countries accounting collectively for a designated percentage of total greenhouse emissions by developed countries ratify the Protocol, Russia is the only non-signatory that can push the treaty over the limit (the US, a major greenhouse gas producer, has refused to sign).

On February 2 the environment ministers of France and Germany issued a joint appeal to Russia to ratify the Protocol. Russia has dragged its feet for months on ratification. In response to the French and German appeal Russia's Deputy Foreign Minister said noncommittally that Russia *"would determine its attitude toward the Kyoto Protocol based on national interests. As we examine this question, we are making sure that our country does not end up in a disadvantageous situation compared to other countries, both signatories and non-signatories to the protocol"*.

IN MY HUMBLE OPINION: SELF-EXILED ORGANIZATIONS

In last week's *Import* I wrote about the concept of absorptive capacity – the ability of an organization to recognize the value of new, external information, to assimilate it and to apply it to organizational ends. I suggested that many community-based nonprofit organizations cannot preserve or increase their absorptive



capacity because they cannot find or get the administrative or technical resources they need to scan the external world and to incorporate the best of the external world into themselves.

I also suggested, however, that an organization needs more than the technical capacity to absorb things into itself. It also needs **motivation** to identify and incorporate new information and resources.

Within the zoo of organizational types that feed on the landscape, one type in particular lacks much motivation to increase its absorptive capacity. I call these organizations **self exiled organizations**. We've probably all seen such organizations. We may even have worked in one of them or served on its board.

The self exiled organization takes as its motto the phrase "nolo me tangere" (don't touch me). Its relations with the outer world are governed by five unarticulated assumptions:

- everything is a threat
- no one understands us
- we must be in control
- we are morally superior
- everyone else lies.

A self exiled organization is often driven by good intentions. It may have a clear and admirable vision of what it wants to achieve and it pursues the vision with zeal. Sometimes the self exiled organization is a logical response to its environment – when what it wants to achieve, for instance, is beyond the pale of conventional thinking and threatens current thought. Under these conditions the world may be the enemy and head-butting a path through it may be the sensible course of action.

But many self exiled organizations do not fit this pattern. They ought to rely for their future wellbeing on building pathways to kindred spirits, making deals, incorporating new ideas into themselves. But they choose not to do so, relying instead on their five unarticulated assumptions to get them through the day.

Sometimes they are self exiled because their leaders choose to lead them in that direction. Such an organization may have a strong, even a charismatic, leader adept at rallying the troops. This leader may be nurturing within the organization and arrogant outside it. Sometimes the leader is also the organization's founder – someone who had to rely on head-butting at the start, but who now lives in an environment where, unbeknownst to the leader, building bridges, not empires, is the way to survive. In a few instances an organization may be converted into a self exiled organization by a new CEO who offers messianic promises, or by a board chair who hijacks the organization without having to live with the long-term results of the hijacking.

The mirror image of the self exiled organization is **the engaging organization**. Its motto is "let's make a deal". It is realistic, not naïve. It has six characteristics:

- it is pragmatically goal-directed
- it is alert to, and responsive to, its environment
- it believes in calculated trust
- it believes in calculated partnership



- it believes in calculated flexibility
- it is willing to follow and to lead.

The urbanist Jane Jacobs in her book *Systems of Survival* talks of the phenomena that can lead organizations down either of these two paths. She talks of two moral syndromes underlying organizations and systems:

- the **commercial moral syndrome** – the “trader mentality” that believes that only by making deals can one accomplish one’s ends
- the **guardian moral syndrome** – the mentality that shuns trading and exerts prowess.

An organization may be a bit self exiled and a bit engaging, although one usually predominates. But in a world in which non-profit human service organizations are seldom capable of meeting the needs of their clients by working in isolation, I would bet on the engaging organization as the winning model.

John Butler, The Agora Group

Note: for a perspective on Jacobs’ moral syndromes and for an exploration of a third syndrome, see *Skillful-And-Clever: The Makers*, an article by John Butler at <http://www.consultant-network.ca/agora/articles/maker.htm>.

FROM THE QUOTES VAULT

“So, how do we assess Jean Chrétien’s legacy in health care? To speak in terms of highs and lows, the pinnacle of Chrétien’s term as Prime Minister was surely the establishment of the Romanow commission, which despite a lack of immediate action will certainly provide a longer-term influence on the scope of federal health policy. The lowest point was the lowering of tobacco taxes in 1994 in response to smuggling concerns – a major backward step in combatting the leading cause of preventable death. But, to take a wider view, it must be said that Chrétien consistently appeared to stand behind Canadian values in health reform and has protected solidaristic financing in Canadian medicare. This is not an insignificant achievement, given the strong forces in favour of partial privatization of the system. However, he and his government were prone to a kind of manic-depressive cycle in their handling of medicare, overcompensating for periods of harsh fiscal retreat with large bursts of federal funding, handed over as appeasement to the provinces and without conditions attached that would have galvanized structural reform.”

from the commentary *Chrétien’s prescription for medicare: a green poultice in lieu of accountability* by Terrence Sullivan and Colleen M. Flood, published in the February 3 2004 edition of the *Canadian Medical Association Journal*. The full Commentary is at <http://www.cmaj.ca/cgi/content/full/170/3/359>.