



Import



A WEEKLY REVIEW OF DEVELOPMENTS IN HEALTH AND HUMAN SERVICES

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Vol. 3, No. 7

February 26, 2003

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 AWARDS MRI/CT SCANNER CONTRACTS

After a bidding process that was contentious because opponents saw it as unwarranted involvement of the private sector in health care, Ontario's Minister of Health and Long-Term Care has announced the recipients of contracts to operate five new magnetic resonance imaging (MRI) machines and five new computerized tomography (CT) scanners under the Independent Health Facilities Act:

- Kingston MRI Inc. will provide MRI service in Kingston
- KMH Cardiology & Diagnostic Centre will provide MRI service in Vaughan and Kitchener
- DC DiagnosticCare Inc, will provide MRI service in Ajax and Mississauga
- DC DiagnosticCare Inc. will offer CT scanning in Huntsville, Ajax and Mississauga
- Superior Imaging Inc. will provide CT scanning in Thunder Bay



The request for proposals for a Brantford CT machine was cancelled because the bid price was too high. Instead Norfolk General Hospital will be approved for a CT machine.

A Ministry media release on the award says the new machines will provide expanded medically necessary services starting this spring at 36% less than the cost of providing the same services in hospital. The media release and background are at <http://ogov.newswire.ca/ontario!/GPOE/2003/02/21/c2902.html?lmatch=&lang=e.html>.

ONTARIO TO PHASE OUT PRIVATE CANCER SERVICE OPERATOR

Fifteen days after the Ontario government announced \$70 million in new funding for cancer services, Cancer Care Ontario (CCO) announced a change in the management of the after-hours clinic located at the Toronto Sunnybrook Regional Cancer Centre. The clinic has been operated since January 2001 by Canadian Radiation Oncology Services (CROS), a private firm established by a former senior official of Cancer Care Ontario. The after-hours service was meant to curb the flow of cancer patients to US facilities in the absence of timely treatment in Ontario, and in May 2001 Cancer Care Ontario announced the practice of sending patients to the US had ceased.

As of September the clinic will be operated jointly by Toronto Sunnybrook Regional Cancer Centre and Durham Regional Cancer Centre. Said Dr. Alan Hudson, CEO of CCO, *"A lot has changed since the CROS opened. Today we have more funding for new equipment, additional professional staff as well as the capital funding for expansion of regional cancer centres in areas of high population growth. These initiatives would not have been possible without government investment."*

A CCO media release on this return to the public sector fold is found at <http://www.newswire.ca/releases/February2003/25/c3991.html>.

TERRITORIAL PREMIERS CUT DEAL WITH OTTAWA

After failing to get the recent First Ministers' conference to agree to a special health assistance fund to help Yukon, Northwest Territories and Nunavut, the three territorial premiers announced on February 20 that they had struck a deal with Prime Minister Chrétien. Under the deal the territories will receive a "floor" of \$60 million for a special health fund, and a personal commitment from the Prime Minister to find a more equitable long-term fiscal funding arrangement. The territories had argued that per capita payments disadvantage them, given their small populations but heavy burden of ill health, as well as delivery challenges in light of the vast areas they cover. The \$60 million will be split equally among the three territories.

MONTREAL: SUPER-HOSPITALS ISSUE HEATS UP

The Quebec government's plans to build two super-hospitals in Montreal – the McGill University Health Centre and Centre hospitalier de l'Université de Montréal – is sparking continued debate in the province. Formal approval to build the two hospitals has been slow coming as the estimated costs of the facilities near the \$4 billion mark. On February 14 Quebec Premier Landry blamed the slowness on the federal government's failure to provide the province with enough money for health care. Montreal Metropolitan Board of Trade has issued a warning that delays in approving the super-hospital projects could jeopardize 25,000 jobs and \$3.5 billion in economic spinoffs.



Recently Shriners International threatened to close its Montreal children's hospital and relocate in Ottawa, London or Toronto unless the Quebec government speeds up approval of the hospitals. The Montreal Shriners Hospital treats 7,000 children annually for severe burns and bone diseases and conditions such as spina bifida, limb shortness and club foot. The Shriners had planned to close the current Montreal facility and co-locate with the McGill super-hospital. The Shriners say they will make a final decision on relocation in April.

However, on February 19 former Parti Quebecois health minister Denis Lazure joined the Quebec-based Coalition of Physicians for Social Justice and a number of Quebec architects in opposing the super-hospital plan. Opponents argue that renovation of existing hospitals and construction of specialty pavilions is more cost-effective, and that the government should not cave in to threats from the Shriners.

QUEBEC WOMEN'S SHELTERS START ROTATING SLOWDOWNS

On February 24, Quebec's women's shelters stated a series of rotating slowdowns, providing only emergency services in designated communities, to pressure the Quebec government into increasing funding for the shelters from \$29 million to \$60 million per year. Shelter staff will accompany abused women to medical or legal appointments, do assessments of abuse cases or conduct violence prevention programs, said Lucie Henault, president of the provincial federation of women's shelters.

ALBERTA TO CREATE RURAL HEALTH STRATEGY

On February 13 Alberta announced the creation of a committee to help develop a rural health strategy for the province. The committee, chaired by MLA Dave Broda, comprises six MLAs, four representatives of regional health authorities, and one member of the health and wellness ministry. The committee will review previous studies and seek the input of stakeholders on areas that touch rural needs, such as consistent standards for accessing emergency and acute care, primary health care and workforce initiatives, and the use of technology to improve the delivery of health care to rural Albertans. The committee will report to the Minister of Health and Wellness at the end of May.

ALBERTA ESTABLISHES BARB TARBOX AWARD AND SCHOLARSHIP

Barb Tarbox, an Edmontonian diagnosed with terminal lung cancer in September 2002, has been crossing Canada for the last few weeks, educating young people about the dangers of smoking. Tarbox, who started smoking in grade 7, hopes to reach 50,000 students with her message. To honour her work the Government of Alberta has established the Barb Tarbox Award of Excellence in Tobacco Reduction, and an annual scholarship in her name.

The award will be presented to organizations and individuals that show continued effort to reduce tobacco use at the provincial, municipal, or community level with a focus on youth. The first awards will be given out at World No-Tobacco Day on May 28. The scholarship will be awarded to an Alberta youth who has shown leadership in the area of tobacco reduction.

The scholarship and awards will be funded by donations that can be made through the Alberta Alcohol and Drug Abuse Commission at <http://corp.aadac.com/whoweare/Donations/index.asp>.



SPORT MINISTERS AGREE ON FITNESS TARGETS

At their annual meeting on February 21, The federal Secretary of State (Amateur Sport) and provincial and territorial ministers responsible for sport, recreation and fitness set a national target to increase levels of physical activity by 10% in each province and territory by 2010. They agreed to focus efforts on increasing physical activity among children and youth, and to undertake research to establish valid and reliable national baseline data for this group. They also agreed to address accessibility barriers that hinder Canadians' ability to be physically active. Efforts will focus on less active groups such as children and youth, women and girls, low-income individuals, Aboriginal Peoples, persons with disabilities and older Canadians. They committed to use promotional and educational strategies to increase physical activity and participation in sport and recreation.

Ministers also agreed to develop a draft comprehensive policy against doping in sport by 2004. They also approved an *Action Plan for the Canadian Strategy for Ethical Conduct in Sport*. The plan outlines initiatives to elevate ethical considerations and practices in sport at all levels, to build capacity to address underlying causes of unethical behaviour, to provide a framework to identify and address emerging issues, and to coordinate efforts at enhancing the effectiveness of existing and future activities.

CANADA: WOMEN UNIVERSITY GRADS FEEL LESS JOB SATISFACTION THAN MEN

A study of quality of work deficits among knowledge workers, released on February 21 by Canadian Policy Research Networks (CPRN), shows that while job satisfaction has improved among knowledge workers, significant gaps exist between the satisfaction of male university grads and female grads. According to the study, women grads show less job satisfaction than men on several key dimensions:

- one-third of women graduates report a job-quality deficit in the area of work/family balance
- one-quarter say commitment and respect on the job falls short of expectations
- one-quarter receive lower pay, benefits and security than desired
- one in seven is dissatisfied with the level of communication in the workplace.

Quality of work deficits are higher for both men and women who are high school graduates or less, and are about equal for both genders.

According to CPRN's media release on the report:

"Job quality deficits, and, in particular, the gender nuances in that regard, are especially relevant in the context of an aging workforce and the prospect of a wave of baby-boomer retirements later this decade. As predicted skill shortages emerge, quality of work issues will be decisive for employers who seek to attract and retain skilled employees in an ever more competitive job market."

The report, *Men's and Women's Quality of Work in the New Canadian Economy*, can be accessed in full and summary form through CPRN's home page at <http://www.cprn.org/cprn.html>.



BC BUDGET: LITTLE HEALTH DETAIL, BUT SOME IMPROVEMENTS

BC's budget, released on February 18, gives little in terms of specifics on health, saying instead that future announcements will be made when the impact of new federal funding for health is better known. The budget did, however, highlight a few changes:

- The Michael Smith Foundation for Health Research (BC's provincially-mandated health research organization) will receive an \$8 million grant for research to improve the effectiveness of health care reforms.
- BC's six Health Authorities will receive \$15 million in grants to support development of electronic health records systems to improve the quality and continuity of care.
- The Ministry of Community, Aboriginal and Women's Services will increase by 50% the number of child care spaces eligible for subsidy assistance in the coming year.
- The Ministry of Children and Family Development will invest \$10 million in an Early Childhood Partnership Fund, with the United Way and Credit Union Central BC, and will award up to \$11 million more a year to help school-aged children with autism spectrum disorder.

BC's budget documents are at <http://www.bcbudget.gov.bc.ca>.

BC REVAMPS PHARMACARE

British Columbia has revised its Pharmacare program to reduce premiums for lower-income residents of the province and to raise premiums for those with higher incomes. According to a February 24 government media release on the changes, about 280,000 low-income B.C. families and seniors who face high prescription drug costs will pay less, and young families with lower incomes will be supported with their drug costs. To protect seniors and those who will turn 65 soon, financial assistance will be available under a seniors' Fair PharmaCare program. To use the new Fair PharmaCare program, BC families will need to register to be eligible for financial assistance.

According to the release, PharmaCare costs have increased by about 147% over the last decade in BC and are projected to grow 487% cent over the next two decades.

The media release is at http://www2.news.gov.bc.ca/nrm_news_releases/2003HSER0013-000192.htm.

NEWFOUNDLAND APPOINTS INUIT MINISTER

As part of a cabinet shuffle, Newfoundland and Labrador has appointed its first Inuit cabinet minister. Wally Andersen, Member of the Legislature for Torngat Mountains, becomes Minister of Labrador and Aboriginal Affairs. Anderson has been active in the Labrador Inuit Association, and he was honoured as Citizen of the Year in 1983 for his dedication to the youth of Happy Valley-Goose Bay.

Approximately 4,000 Inuit live in Labrador, mainly in five coastal communities: Nain, Hopedale, Postville, Makkovik and Rigolet. Labrador's Inuit have survived despite remarkable obstacles. During the influenza pandemic of 1918-19, one third of Labrador's Inuit died within a two week period. The population also survived severe cultural dislocation in the 1950s when residents of two northern villages, Okak and Hebron, were forced to



resettle in larger towns after church, health and government officials decided their social and economic welfare would be improved by living in larger centres.

Newfoundland signed an agreement in principle with the province's Inuit in 1999 to settle land claims. The agreement also stipulates a substantial degree of Inuit self government, framed within a Labrador Inuit Constitution covering Nunatsiavut (the Labrador Inuit territory) that will take effect when a final detailed agreement is signed.

NOVA SCOTIA SETS MENTAL HEALTH STANDARDS

Saying it is the first province to establish mental health service standards, on February 21 Nova Scotia released *Standards for Mental Health Services in Nova Scotia*. The document provides standards for "core" mental health services including promotion/ prevention/advocacy, community mental health supports, inpatient services and specialty services (eating disorders, and sex offender treatment). The document is found as a 67 page PDF file at <http://www.gov.ns.ca/health/downloads/standards.pdf>.

SASKATCHEWAN BOOSTS ABORIGINAL HEALTH RESEARCH CENTRE

On February 20 Saskatchewan awarded \$2.725 million over six years to the province's new Indigenous Peoples Health Research Centre to support research in areas of Aboriginal health including chronic diseases, Indigenous healing, health delivery, disease prevention and environmental health. It will also increase opportunities for people of Aboriginal ancestry to pursue health-related research and training. The provincial funding augments a \$3-million grant over six years to the centre from the Canadian Institutes of Health Research, through its Institute of Aboriginal Peoples Health.

The centre is run by the Saskatchewan Indian Federated College (SIFC) in partnership with the University of Regina and the University of Saskatchewan. SIFC, created in 1976, is now a world leader in Aboriginal education and has entered into over twenty-five agreements with Indigenous peoples' institutions in Canada, South and Central America, and Asia. It has also signed agreements with academic institutions in Siberia, Inner Mongolia and Tanzania. Its web site is at <http://www.sifc.edu/default.htm>.

MANITOBA MOVES TO PROTECT LAKE WINNIPEG

On February 18 Manitoba announced a six-point plan to protect Lake Winnipeg:

- establishment of a Lake Winnipeg Stewardship Board to identify actions to reduce nitrogen and phosphorous to pre-1970 levels in the lake (a reduction of 13% or more)
- measures to protect natural growth along the Red and Assiniboine rivers to prevent erosion and reduce nutrient run-off into the rivers
- an expanded soil testing program to ensure proper rural and urban fertilizer use
- a new sewage and septic field regulation that will outline clear standards for the placement of systems
- a shoreline protection project in partnership with Manitoba Hydro to halt erosion
- commencement of cross-border nutrient management discussions (Lake Winnipeg, the world's tenth largest freshwater body, is particularly vulnerable to agricultural runoff.)



The lake's future is still clouded, however, by US plans to divert water in North Dakota that now flows southward so that it flows northward, as an irrigation source for arid northeastern areas of the state. This project would divert water from the Missouri Basin into the Red River basin, flowing into Lake Winnipeg and potentially carrying pollution and invasive species from the US into the lake. In October 2002 Manitoba launched a lawsuit against the US Secretary of the Interior and Bureau of Reclamation, claiming the US unilaterally decided the project did not violate the Boundary Waters Treaty of 1909. Manitoba also claims the US has done an inadequate environmental impact assessment of the project. Despite Manitoba's concerns backed by the Canadian government, the US has started work on the project, although it is a scaled-down version of the "Garrison Diversion" planned several years ago – a project that was reduced because of cost implications, not because of Canadian sensibilities.

SINGAPORE TO CHANGE TRANSPLANT LAW

Faced with an acute shortage of donors for organ transplants, Singapore hopes to amend its Human Organ Transplant Act (HOTA). The current law is an "opt-out" law, allowing transplantation of organs from deceased Singaporeans without express prior approval (but forbidding organ removal when a person has expressly opted against it). However, the law only applies to kidneys removed after brain death from accidental causes. The amendments would allow organ removal after all incidents of brain death, and would expand the law to include liver and cornea removal. Both the current law and its amendments exclude Muslim Singaporeans from the Act.

Singapore's government has initiated a public consultation process on the amendments. As well, the country's National Kidney Foundation has mounted a major public awareness campaign, including door-to-door canvassing by volunteers, to convince Singaporeans that the amendments are worthwhile and will not result in inferior medical care or premature declarations of death simply to facilitate organ retrieval.

JAPANESE HEALTH GROUPS OPPOSE USER FEE HIKE

The Japan Medical Association, the Japan Nursing Association, the Japan Dental Association and the Japan Pharmaceutical Association have joined forces to oppose a government move to increase the percentage of medical costs paid by most Japanese employees from 20% to 30%. The Medical Association in particular is pressuring candidates in upcoming municipal and prefectural elections to voice their opposition to the national government's plans for the hike. In October 2002, the government raised the percentage that elderly patients pay toward care, allegedly resulting in a decline in health care use that has threatened the economic viability of some Japanese hospitals. The Japan Medical Association has also called on the government to give greater support to health cooperatives that often provide services that keep user fees lower than the fees paid in mainstream medicine, through economies of scale. Speaking to the JMA's House of Delegates in October 2002, JMA president Eitaka Tsuboi said:

"The health care costs that are footed by the public in the form of taxes and insurance premiums should be appropriately used to maintain the health of the people and to guarantee a safe and sound society. It would not be an exaggeration to state that measures aimed at reducing health costs in order to cover a deficit produced by failed economic policies, and politics that put a price on human life, preclude Japan as a modern welfare state."

Japan's current health care woes are part of a larger problem. Plummeting post-war birth rates in the 1940s and 50s led Japan to become the first major "super-aged" nation. Over the last few decades, Japan's traditional



reliance on middle-aged female family members as caregivers to older generations has abated as women pursue other roles or expect government programs to provide care. More recently, an economic downturn has eroded the willingness of firms to subsidize social and health services for employees.

Two incisive articles on the social support challenges faced by Japan can be found in the April 2002 English-language edition of the Japan Medical Association Journal:

- *Social Security Viewed from a Demographic Perspective: Prospects and Problems* by Naohiro Ogawa
- *Agenda for Japanese Social Security* by Yoshinori Hiroi.

Both can be accessed at <http://www.med.or.jp/english/pdf/jmaj/v45no04.pdf>.

US: DISABILITY GROUPS UNITE ON POLICY

In the face of growing local, state and national financial retrenchments that threaten service for people with disabilities, two major US disability groups – Arc of the United States (devoted to issues affecting people with developmental disabilities) and United Cerebral Palsy Associations (UCP, dedicated to the social inclusion of persons with disabilities) – agreed on February 4 to form a Public Policy Collaboration (PPC) to enhance both organizations' ability to advocate for services and supports for people with disabilities. PPC will have 8 full-time employees working in specific areas of public policy including employment, education, social security, health, housing, and disability rights. PPC will also produce a series of communication vehicles to keep affiliates, the general public and government officials informed about issues affecting people with developmental disabilities, cerebral palsy and related disabilities.

US BLOCKS GLOBAL DRUG DEAL

World Trade Organization (WTO) informal talks on expediting access by poorer countries to drugs at affordable prices have collapsed in the face of continued US rejection of any relaxation of drug patent rules that goes beyond drugs for HIV/AIDS, malaria and tuberculosis. Also at stake in the recent WHO talks in Tokyo was an accord that would allow poor countries without domestic drug industries to set aside patent rights and import vital medicines to tackle epidemics. The US argued that some countries might deny they had any domestic pharmaceutical industry simply so they would qualify to import drugs cheaply from other countries that do have drug industries and that produce drugs more cheaply than multinational drug companies do. Current WTO regulations mean developing countries can only import generic drugs from a limited number of sources.

Brazil had floated a compromise that would have allowed the World Health Organization to act as arbiter in disputes over whether nations had pharmaceutical drug-making capacity, but in the face of US intransigence, Brazil's compromise was not even debated. A number of WTO officials claim the US position may lead to the total collapse of WTO in the near future.

During the last presidential election in the US, the Republican Party received \$US 60 million in donations from American pharmaceutical companies.

AFGHANISTAN: THE MISERY CONTINUES

Afghanistan still struggles to recover from its past. A recent World Health Organization (WHO) analysis suggests tuberculosis remains a major concern in the country, with an estimated 150,000 people suffering from TB, 70,000



new cases annually, and 20,000 deaths per year (but estimates remain very rough for the nation, since many areas are isolated or unsafe for humanitarian officials).

In many countries TB is fuelled by poverty and malnutrition, and these seem to be contributing factors in Afghanistan. What is unique there is the proportion of women infected by TB. In other parts of the world TB is most often found in young men, but in Afghanistan 70% of the cases are female. Some NGOs say Afghan women are prone to TB infection because they are segregated, have several and frequent deliveries, are often undernourished and live in close quarters.

Dr. Sarah Morgan of the Swiss-based NGO Medair, which has worked on TB in Afghanistan since 1997, says the biggest challenge is access to diagnosis and treatment. Describing access as "appalling", Morgan says, "*There aren't clinics, there aren't roads. People don't have the ability of getting to clinics to be diagnosed. There are large pockets of the population that are not reached at this moment in time. For them, the only option is to travel to Kabul.*" Ataulah Zarabi, a national TB expert for WHO, says no more than 15% of Afghans have access to diagnosis and treatment.

WHO's long-term objectives for 2005 are to detect 70% of all cases, treat 85% of these cases, and cut the prevalence of TB in Afghanistan by half. Canada has been a major donor of funds to combat TB in Afghanistan, having given \$2 million last year for this purpose through the Canadian International Development Agency.

Meanwhile, on February 22 and 23 a major donor conference took place in Tokyo to elicit contributions toward disarmament, demobilization and reintegration of former combatants in Afghanistan. This comes on the heels of a US contribution of \$US 60 million and a Japanese contribution of \$US 35 million toward reintegrating former combatants into a more peaceful society. However, reintegration is an uphill battle since, according to UN estimates, 90% of the country is still run by militias with little or no loyalty to the central government. As well, despite repatriation of 26,000 internally displaced Afghans, another 27,000 internal refugees – mainly Pashtuns who fled the Uzbek- and Tajik-dominated north when the Pashtun-dominated Taliban fell – live in the Zhare Dasht camp near the southern city of Kandahar. The camp was built in the middle of a minefield and its residents have little choice but to rely on help given in the camp (although they have received mine safety education to help avoid fatalities).

NEW ZEALAND TO LAUNCH "ANTI-SMACKING" CAMPAIGN

According to New Zealand Cabinet documents, the government will launch a campaign to persuade New Zealand parents not to use physical discipline with their children. It will focus on positive parenting and alternatives to physical punishment, using a national media campaign and targeted promotion for several communities. Social analysts say this may be a precursor to a change in Section 59 of the Crimes Act, which provides a defense for parents using "reasonable" force against their children. New Zealand's government has been ambivalent about changing the law in the face of polls that show New Zealanders favour a degree of corporal punishment. However, Section 59 has been criticized as a violation of UN conventions on the rights of children.

US CITIES OPPOSE IRAQ WAR

On February 21 Los Angeles became the largest US city to join 107 American communities whose city councils have passed resolutions or sent letters to President Bush opposing unilateral war on Iraq. Los Angeles joins Atlanta, Chicago, Des Moines, Washington, Austin, Philadelphia, Milwaukee, New Haven, Syracuse, Cleveland, San Francisco, Atlanta, Santa Fe, Jersey City, Portland Oregon and many others in this burgeoning movement.



Detroit's council, for example, unanimously passed the following motion (typical of many of the stronger motions passed by some US cities):

"WHEREAS President Bush has outlined reasons why the United States is justified in taking military actions against Iraq, and

WHEREAS A military attack on Iraq would be out of proportion to other existing threats of war and violence.... and

WHEREAS President Bush's statement that Iraq is a threat justifying war is false. Eighty percent of Iraq's military capacity was destroyed in 1991 according to the Pentagon. Ninety percent of materials and equipment required to manufacture weapons of mass destruction was destroyed by United Nations inspectors during more than eight years of inspections. One infant out of four born live in Iraq weighs less than 2 pounds. Any threat to peace Iraq might become is remote, far less than that of many other nations, and

WHEREAS An attack on Iraq will make attacks in retaliation against the U.S. and governments which support its actions far more probable for years to come.... and

WHEREAS A United States war on Iraq will only further compound the suffering of innocent people already under the silent siege of economic sanctions and weekly bombings....

BE IT THEREFORE RESOLVED That the Detroit City Council joins with organizations across the country in opposing U.S. war on Iraq. We urge negotiations with the United Nations and the United States with Iraq."

The House of Representatives of Hawaii has also passed a resolution expressing "*strong concerns and reservations for a unilateral United States military solution, such as a preemptive strike on Iraq with only the support of Israel and the United Kingdom in the face of opposition and reservations from world public opinion, including that of the American people.*"

Many municipalities oppose war on the grounds that it will divert funding from solving urban issues, and that it will divert federal taxes paid by municipal residents. A recent analysis done by the US National Priorities Project (NPP), for instance, estimates the war's cost at \$100 billion, and says taxpayers in Los Angeles will in effect underwrite \$834 million of the war cost through their federal taxes. NPP claims the war cost would be three times what the US federal government spends on K-12 education, or enough to provide health care to all uninsured children in the US for 5 years, or more than four times the US's total international affairs budget.

According to *Cities for Peace*, a web site that encourages and tracks municipal anti-war actions, six Canadian cities have passed similar motions: Dieppe, Peterborough, Port Elgin, Québec City, Sackville and Vancouver. Montreal also passed a "peace motion" on February 24. The *Cities for Peace* web site is at <http://www.ips-dc.org/citiesforpeace/index.htm>.

NEW GUINEA: A DIFFERENT APPROACH TO LAW

In Papua-New Guinea, where western models of law are relatively new, a movement to create law-and-order committees in remote communities has taken hold. While major crimes are still subject to formal national laws and police forces, other laws are generated by communities themselves.



In the Eastern Highlands community of Kefamo, the town's new Law and Order Committee recently launched "Operation Klinim Hauslain" to set in place these local laws. Among the new rules and penalties:

- trespassing: a fine. Failure to pay will result in two-week's imprisonment
- gambling: a fine or two week's imprisonment
- stealing: a fine or two week's imprisonment. The fine for locals is one third higher than it is for "foreigners" (non-locals)
- marijuana cultivation: a raid will be done on the person's garden and a referral made to police
- all school children to attend school. Failure by parents to send their children to school will see parents spend one night in police cells.
- illegal settlers will be evicted from customary land
- landowners are banned from selling customary land to foreigners
- all pigs must be kept within a fence. Owners will be fined if their pigs are loose.
- people using bushes as toilets will be fined
- There will be 24 hour surveillance in the area and "new faces" will be questioned.

The sale of customary lands to outsiders, while not forbidden by national law, has become an issue in many rural areas. Said Kama village spokesman Samson Warizopa at the ceremony marking the new laws, "*Today's generation is spoilt and has not realized that the land sold was achieved by fierce battles and loss of many lives. Young people should realize that their land was their heritage and birthright and any decision they make will impact later on in their lives.*"

A FEW WORDS ABOUT WORDS

If most of us know about the "Pidgin English" spoken in New Guinea, the Solomon Islands and Vanuatu, about all we've heard is that the phrase "human being" in pidgin is "long pig", a throwback to the days of cannibalism. But this amusing and untrue story hides the complexity and ingenuity of one of the world's most fascinating forms of English. Pidgin (more rightly called "Tok Pisin") was developed over a century as British sailors and a welter of tribes in New Guinea, each tribe speaking a different language, tried to find a way to talk to each other. The result is a language highly pragmatic and effective – the one common language spoken in all parts of New Guinea, and the official language of the nation of Papua-New Guinea.

The Australian Broadcasting Corporation (ABC) has regular broadcasts in Tok Pisin, and while the broadcasts (in spoken or written form) seem to non-Pisin speakers more like a word puzzle than a language, a dip into this cousin of our own language is interesting.

The February 22 ABC newscast, for instance, carried a story that in our version of English would begin:

"Britain's Foreign Affairs Office has advised all Britons in Iraq to leave the country". In Tok Pisin, it emerges as: *"Offis blong Foran Affeas blong Britain ibin tokim ol pipol blong em long Iraq long imas lusim dispela kantri kuik"* (or phrased as a mix of the two forms of English, it might look like this: *"Office belong Foreign Affairs belong Britain he been talk all people belong his land in Iraq land he must lose this-fellow country quick."*



If you'd like to experience Tok Pisin (audio or in transcript), go to <http://www.abc.net.au/ra/tokpisin>.

OUR READERS SAY...

In response to last week's editorial describing Bill, a neighbour who received little help from his neighbourhood in addressing his drinking problem, a reader wrote:

"Too often we ignore the agonies of others. We attend our churches and see ourselves as 'good people'. Good people would not have taken their cars to a hurting man so that a bottle of rye would be our cost. The cost to Bill was his life. And his 'caring community' walked by, satisfied with a smart deal. This is a sad commentary on our sense of community."

Another reader wrote:

"Yes, no one helped Bill, and many probably rationalized that in some way... but no one helped Bill's wife and kids either"

Editor's note: The reader is right. For more than a decade before Bill died, most of us treated Bill's wife and sons with the same kind of circumspect but distant cordiality usually reserved for the recently bereaved – the cordiality that never mentions the cause of the bereavement. Within a year of Bill's death, all his family members left the neighbourhood. Bill's wife, by all accounts, is happy living in another community.

IN MY HUMBLE OPINION: WORDS AND POLITICS

Governments in Ontario and Quebec will likely call elections soon, and that's usually a pretext for rhetoric – most of it obfuscatory, some of it eloquent but meaningless, and a little bit of it both truthful and incisive. And some of it will just sound like the Tok Pisin we describe earlier in this edition of *Import*.

Governments usually have an edge in the wordsmithing game, since well before an election they have a chance to choose the names of programs and initiatives meant to bolster their chances of reelection. Whatever one thinks of the "Common Sense Revolution" some years ago in Ontario, one must at least acknowledge that those three words elicited an almost pavlovian response among voters fed up with what didn't seem to make sense and what never seemed to change things. Never mind that politics seldom makes "common sense" because of necessity it tries to reconcile the irreconcilable, or that a good politician usually makes changes in tiny increments rather than quantum leaps. The phrase worked.

In Ontario, the buzz phrase for the governing party is clear – "experience for the road ahead", not a surprising phrase for an incumbent party. This phrase wraps itself around Ernie Eves like a freshly warmed blanket, and we will be invited to join Uncle Ernie inside the blanket, a world away from revolutions, commonsensical or nonsensical. Uncle Ernie, a small-city guy who understands big cities too, and he understands about your mother's arthritis and your brother's colon cancer. Look for more denim shirts than Bay Street banker suits for the next little while. However, the Tories will also try to appeal to their right-wing constituency through their carefully crafted double **double entendre** phrase "Keeping Ontario on the Right Track". On the Ontario PC web site, this is the phrase that leads the viewer into the place on the site where you can donate to the party.

Another health care phrase one can expect to hear repeatedly from both Eves and Health Minister Tony Clement is "pragmatic", a phrase Clement has used often over the last few years to distance himself from the claim that he is nothing but a right wing "ideologue".



Ontario's Liberals are already using their own **double entendre** phrase to woo voters – “Leadership that works for you... for a change”. The Liberals seem to subscribe to the belief that all God's children gotta have a plan, and the Liberal campaign will be replete with the word “plan” along with the requisite bullet points (a nine-point plan for small flat stones, a six point plan for hangnail rehabilitation, and on and on). The plans will come across as deadly earnest, befitting the personality of Dalton McGuinty. But the term may backfire if there is neither Eves-type in-the-loop cosiness nor Harris-type out-of-the-loop North Bay rebel to augment the technical coldness of plans (let's face it, few people cuddle up to a planner).

The NDP's theme, “brighter ideas for a better future”, is likely an attempt to position the party as the thinking voter's option (the party's home page already leads the reader to a policy section called the Brighter Ideas Home Page). And already, the party tries to cushion any fear of ideology by using the phrase “positive and practical” to describe just about everything.

The problem with the Liberal and NDP approaches is that they are both based on the premise that the voter will decide who to vote for based on which party has the most logical and inoffensive approach to the future. But it is possible that we will vote viscerally – not out of the visceral anger that fueled the Harris victory several years ago, but out of an emotional sense that we need a warm blanket in a very cold world.

John Butler, The Agora Group

FROM THE QUOTES VAULT

“The men who run the world are democrats at home and dictators abroad. They came to power by means of national elections which possess, at least, the potential to represent the will of their people. Their citizens can dismiss them without bloodshed, and challenge their policies in the expectation that, if enough people join in, they will be obliged to listen.

Internationally, they rule by brute force. They and the global institutions they run exercise greater economic and political control over the people of the poor world than its own governments do. But those people can no sooner challenge or replace them than the citizens of the Soviet Union could vote Stalin out of office. Their global governance is, by all the classic political definitions, tyrannical.”

George Monbiot in an editorial, Out of the Wreckage, in the Guardian, February 25 2003