



Import

A WEEKLY REVIEW OF DEVELOPMENTS IN HEALTH AND HUMAN SERVICES

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Vol. 4, No. 6

February 19, 2004

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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CANADA RELEASES FLU PANDEMIC PLAN

The Government of Canada has released its revised influenza pandemic plan, spurred in part by experience with SARS. Flu pandemics occur about three times each century, some as severe as the 1919 pandemic that killed 40 million people world-wide.

Canada's flu pandemic response will be coordinated by the Pandemic Influenza Committee comprising representatives of the federal government and all provinces and territories, reporting to their deputy ministers of health. The plan specifies the responsibilities of federal and provincial/territorial authorities in the pre-pandemic, pandemic and post-pandemic periods.

When a flu pandemic strikes it will take up to four months before a vaccine is developed to combat the specific flu strain. Even then, vaccines may initially be in short supply. The plan identifies priority populations to be vaccinated:

- **Group 1:** Canada's 600,000 health care workers
- **Group 2:** Canada's 1 million essential service workers (police, fire-fighters, armed forces personnel, elected officials, essential government workers, disaster services personnel, utility



workers, funeral service/mortuary personnel, people who work with institutionalized populations such as corrections workers, and people who are employed in public transportation and movement of essential goods such as food)

- **Group 3:** over 9 million people at high-risk of severe or fatal outcomes, including long-term care residents, people in the community with high-risk health conditions, people over 65, children aged 6 months to 23 months and pregnant women
- **Group 4:** approximately 8.7 million healthy adults
- **Group 5:** children aged 24 months to 18 years, since they are at lowest risk of developing severe outcomes from influenza.

Prioritizing families of health workers was considered, but separating out these families was considered logistically unfeasible and ethically unjustifiable.

Even before a vaccine is developed, antiviral drugs can reduce symptoms in flu victims if administered within 48 hours of onset of symptoms. The plan prioritizes groups to receive antivirals if they are in short supply but does not call for stockpiling of antivirals before a pandemic, even though the plan says *“current supplies of antivirals in Canada (and outside of Canada) are very limited and surge capacity is negligible”*. The plan calls for more study of the “supply” dimensions of antivirals. During a pandemic, all antiviral supplies will be government-controlled to avoid misuse (for people whose symptoms have existed for more than 48 hours for instance).

The plan estimates 34,000 to 138,000 Canadians will need hospitalization during a pandemic if the attack rate is between 15% and 35%, and says that:

“there will be an increase in physician visits, hospitalizations and deaths putting the healthcare system under extreme stress.... resources from other jurisdictions cannot be depended upon for meeting additional requirements during a pandemic.... The demand for medications, medical/surgical and other supplies will increase substantially around the world and across the country. Suppliers may experience difficulties responding to increased demand, due to staff shortages, raw material shortages and transportation disruptions. Additionally, because most medications, equipment and supplies are produced outside of Canada, there will be barriers to obtaining supplies which include embargoes of medications, cross border issues and transportation issues due to staff shortages.... The pandemic will likely occur in successive waves of approximately six to eight weeks duration in any one community followed by a recovery period of unknown duration. Between the waves substantial resources will be required to “catch up” with elective procedures, delayed treatments for cancer or cardiac care and other treatments. Maintenance on equipment, restocking of supplies, and other activities necessary to recover and prepare for another pandemic wave will need to occur during this time frame”.

The plan says every possible space in hospitals should be used for patient placement, beds in facilities other than hospitals will be needed for patients not suffering from flu, a bed availability tracking system will be needed, and local sources of supplies should be developed in case the central supply distribution system breaks down. Since many health care workers will become sick, health facilities will need to use



volunteers, retired health workers and administrative, research and education staff to provide direct care. Many “scope of practice” rules will need to be waived to make best use of resources. The plan also raises the possibility of forcing health professionals to work:

“Health care workers and others may refuse to work during a pandemic due to changed job responsibilities, fear of infection, family responsibilities or other reasons. However, the Subgroup notes the extreme difficulty of enacting or enforcing such legislation and would strongly encourage the jurisdictions to review all other methods of obtaining health care workers, in advance of a pandemic.”

The plan cites the need for high support levels for health care workers during a pandemic, including:

- ensuring food and services are available to health workers on the job
- emotional /grief counselling to reduce staff loss from grief or traumatic stress
- family care for children, seniors and sick family members who do not need hospitalization, although this poses infection control concerns if children or the elderly are gathered together for group care
- job protection for workers who move from other jobs during the pandemic, and for spouses giving family care on behalf of health workers.

The plan also addresses management of mass fatalities during a pandemic: *“Since it is expected that most fatal influenza cases will seek medical services prior to death, hospitals, nursing homes and other institutions (including non-traditional sites) must plan for more rapid processing of corpses”*. Funeral homes could have about six months work within a 6- to 8-week period. The plan asks funeral homes to plan for extra workers during a pandemic (for example, volunteers from service clubs or churches for tasks such as grave-digging). Crematoria should look at their surge capacity. Most crematoria can handle one body every four hours and might run 24 hours to cope with demand. The plan also suggests temperature-controlled temporary morgues such as refrigerated trucks, cold storage lockers, arenas and curling rinks.

The flu pandemic plan is at <http://www.hc-sc.gc.ca/pphb-dgspsp/cpip-pclcpi>.

BC RELEASES HEALTH AUTHORITY PERFORMANCE ASSESSMENTS

On February 6 British Columbia's Health Services Minister released the *Report on Health Authority Performance Agreements 2002/2003*. It assesses the first complete year of operation for the BC's six new health authorities. This was also the first year in which performance agreements existed between health authorities and government. The agreements hold health authorities directly accountable to the provincial government for delivery of health care services. The report focuses on the five priority areas outlined in performance agreements and in the ministry's service plan:

- acute care redesign
- home and community care redesign
- mental health care reform
- public/population health improvements



- support and administrative services.

A media release on the report says, *“Initial data in the report finds BC is in line with national and international health care trends, including a decrease in acute care bed use in hospitals, increasing use of day surgery and more home and community care clients remaining in their homes instead of entering residential care facilities”.*

The report is available as a 35 page PDF file at <http://www.healthservices.gov.bc.ca/socsec/pdf/haagreement0203.pdf>.

AUTO WORKERS BOOST NUNAVUT KIDS’ SERVICES

Children in four schools in Iqaluit, Nunavut’s capital, have continued access to breakfast and school programs thanks to a \$50,000 donation made in February by the Canadian Auto Workers (CAW) and to the efforts of volunteers who run the programs.

This grant is the latest in a number of funding initiatives by CAW’s Social Justice Fund, a little known component of the union’s social action activities. In 2002 over 200 firms and organizations contributed to the Fund. Some are outright donations but many are “negotiated” donations, emerging from CAW contract negotiations with employers in which the employer pays into the Fund an amount per hour worked per worker. CAW says its Social Justice Fund is a feature of more and more CAW collective agreements and is *“a mark of our commitment to the idea of social unionism”.*

Another of the Fund’s initiatives is its Landmines in Action program, a three year integrated anti-landmines program in Mozambique. CAW funding for the project was matched by the Canadian government’s Canadian Landmines Fund. The funds are administered by Cooperation Canada-Mozambique (COCAMO), a coalition of Canadian development agencies, church groups, labour social justice funds, solidarity groups and affected communities. De-mining activities are carried out by 36 manual de-miners (four sections of nine de-miners each) with a Land Rover and a medic for each section. The work is based on a new concept called “proximity de-mining” – small-scale removal of mines in areas near local communities, with priorities defined by the communities. Handicap International says about 20 people step on landmines every month in Mozambique, and 60% die because they lack access to health services. There are an estimated 3 million unexploded landmines in Mozambique.

The program also helps fund Transit Centres in three cities to offer transportation, food, and shelter to landmine victims who come from outlying areas for prostheses and physiotherapy at orthopedic centres in the cities. CAW also supports public education activities by the Maputo municipal council and Handicap International, and a project to record landmine-related songs on cassette and video clips to integrate landmine awareness into Mozambique’s popular culture. CAW says the involvement of local communities in decision-making will be important in determining the success of its programs. CAW also funds anti-malaria work in Mozambique, including support for the Centre for Continuing Education in Health in Massinga (the Massinga Centre), a pilot for developing and promoting health education by training individuals to identify the first stages of malaria and to give first line aid to people in their communities.

The Social Justice Fund also funds an annual 3-week work visit to Guyana. In 2003 the visiting team included a 12-member medical team, five Canadian aboriginal youth who did a cultural and gardening



exchange with Guyanese Amerindians, five Israelis who teach first-aid in developing countries, a youth leadership group and a professional development group that facilitated local business leadership skills and teacher skill enhancement. The medical team worked with local nurses to hold daily clinics at the 30-bed Bartica hospital and visited 7 river communities, serving 1,000 patients.

The Fund's web site is at <http://www.caw.ca/whatwedo/socialjusticefund/index.asp>.

VALUE-BASED INVESTMENT: IT PAYS

Over the past few decades there has been increased interest in the developed world in investing in firms with good social and environmental track records. Some investment funds and mutual funds have been created specifically for investors who don't want "dirty profits". But some people investing in those funds assume the price for investing only in clean companies is a lower rate of return on investments.

Data suggest, however, that over a ten year period investors in clean companies reaped a higher return on their investment. The data derive partly from the Domini 400 Social Index. The index, created by the social research firm KLD Research & Analytics, measures the performance of 400 publicly traded US corporations that pass multiple social screens. The screens eliminate companies that derive 2% or more of sales from military weapons systems or derive any revenue from handgun or ammunition production, manufacture of alcoholic or tobacco products, or gaming products or services. They also eliminate electric utilities that own interests in nuclear power plants or derive electricity from nuclear plants in which they have an interest. The screens also evaluate companies' records in areas such as the environment, diversity, corporate citizenship (support for charities for instance), employee relations and product characteristics, and whether they do business with repressive regimes such as Burma. The screens then exclude companies whose records were, on balance, negative and includes companies whose records were, on balance, positive. A company need not be perfect to be included, but it has to be judged to do more good than harm.

The index that results from these screenings comprises 250 companies included in the Standard & Poor's 500 Index, 100 other large companies not included in the S&P 500 but chosen because they providing wide industry representation, and 50 additional companies with particularly strong social characteristics.

The results of social screening systems such as Domini 400 help large investment companies develop special value-based portfolios for customers, but also help small investment clubs and individual investors.

The "bottom line" – over a 10 year period Domini 400 companies gave a combined return on investment of 11.8% compared to 10.9% for firms included in the Standard & Poor's index of 500 companies (an index that does not involve social screening).

Further information on the Domini 400 is at http://www.domini.com/Social-Screening/creation_maintenance.doc_cvt.htm.

CANADA PROVIDES AID TO HAITI

As Haiti sinks into chaos as a result of a rebellion against President Jean-Bertrand Aristide's government, Canada has announced an emergency aid package for the country. The World Food Program will receive \$800,000 from Canada and the International Red Cross will receive \$350,000. This augments \$20 million



Canada already provides in aid to Haiti. At present, however, aid agencies in Haiti cannot deliver aid to many parts of the county because of the rebellion.

Ongoing (as opposed to emergency) Canadian aid to Haiti goes toward increasing agricultural productivity, reducing water-borne disease, supporting reproductive health, providing medical kits for rural areas, assisting HIV/AIDS treatment centres, rebuilding rural schools, supporting small-scale initiatives by grassroots Haitian organizations (mainly in education and agriculture) and empowering Haitian women.

While deploring the current violence in Haiti, countries able to intervene militarily – France and the US – are reluctant to intervene, in part because the Aristide government has a reputation for corruption and human rights violence, while rebel leaders are themselves identified with previous violence against civilians.

Foreign Affairs Minister Bill Graham announced Canada might send 100 police officers to Haiti if a political solution is reached. In the 1990s Canada was one of several nations that helped Haiti train its police force, but some have criticized Canada for removing its trainers before Haiti's police were fully functional. Said Lloyd Axworthy (director of the University of British Columbia's Liu Institute for Global Issues and former Foreign Affairs minister) in January this year, *"We've all been so cowed by anti-terrorism paranoia that we are not coming to the assistance of troubled countries in our own backyard. We've got a country teetering on the edge that should be subject to the criteria of the democratic charter, but it has been put on a shelf and we are letting Haiti disintegrate."* According to the RCMP officer who was in charge of the Canadian component of Haitian police training, Canada's training mission ended in 2001 when the Aristide government said it had no money to fund cadets or to recruit officers.

JAPAN TO UPDATE CHILD ABUSE INVESTIGATION LAWS

A committee of Japan's ruling Liberal Democratic Party has issued proposed revisions to the child abuse law that would allow police to forcibly enter homes where abuse is suspected and where parents have refused on-site inspections by a child consultation centre. The committee will submit its revisions to the Diet as a legislator-sponsored bill, after securing support from other parties.

While police can enter homes under a separate law, the committee says children will be better protected if such a clause is included in the abuse law. Japan's current child abuse law allows officials of child consultation centres to investigate homes where abuse is believed to occur, but they are often barred entry by family members.

Under the revisions, police could forcibly enter homes when heads of child consultation centres judge it is necessary to immediately take children into protection. The committee's revisions would also widen the scope of cases in which the public must inform child consultation centers of suspected abuse cases. Under current law, people must only come forward when they actually see a child being abused. The committee proposes that people be required to report signs of probable abuse such as bruises, scars, sudden and extreme weight loss and crying, even if they have not witnessed actual abuse. The revisions would also oblige schools and child welfare facilities to teach and advise parents and children about the need to prevent abuse.



In another Japanese development related to children, a new private university – Yashima Gakuen University, slated to open in Yokohama in April – will be the world's first university devoted to educating parents on the theory and practice of child-rearing. It will use broadband telecommunications in classrooms so parents who cannot be present on campus can take courses at home through broadcasts of lectures and seminars. It will also offer on-site discounted child-care services for students. The university expects a first-year enrolment of 1,200. Among its inaugural faculty will be the president of an elementary school in Tokyo, a probation counselor who rehabilitates troubled youth, and the head priest of a Tokyo Buddhist temple.

The university will have only one department – lifelong education – but students can choose one of two majors: family education, or education on human development.

During classes, faculty will accept real-time questions via cell phone, e-mail and computers, even from students in the classroom, especially when sensitive issues are raised. Students' in-class computers will have software allowing them to click on a "comprehension button" during the classes. The button, through which students can rate their degree of understanding on a scale from 0% to 100%, will allow teachers to immediately grasp student responses on a real-time basis. And since students will be asked to gauge their level of comprehension every 10 minutes or so, teachers and students should be able to maintain a high alertness level in classes.

The university's conceptual father is Hirohito Wada, chairman of the university board, who came up with the idea when he was as president of a correspondence high school for dropouts and truants. Says Wada, *"I realized that parents whose children came to our school had just as much passion about education and affection for their kids as those whose children had no problems at school. But they felt isolated because they had so little information about what they could do at home."*

WHO ISSUES HEALTH SYSTEMS PERFORMANCE ASSESSMENT BOOK

The World Health Organization has released an on-line book on assessing health systems, intended to strengthen the foundations for evidence-based policies aimed at health systems development. The book, *Health systems performance assessment: debates, methods and empiricism*, draws on regional and international meetings of experts on health system assessment. It contains chapters on measuring health systems efficiency, measuring the responsiveness of health systems, effective coverage in health systems, stewardship, statistical strategies for cross-population comparability, fairness in financial contributions, measuring health inequalities, measuring and summarizing health, national health accounts, patterns of global health expenditures, monitoring health financing, developing health financing policies, defining and measuring health system coverage, monitoring the provision of personal and non-personal health services, and vaccination coverage.

The chapter on stewardship, for instance, looks at elements in a health system that include agency governance but that go beyond it to include policy formulation, planning, creating incentives and using information. It describes stewardship this way:



"In describing stewardship, the participants referred to it metaphorically as a combination of three elements: glue that holds the elements of the health system together, oil that keeps it running smoothly, and energy that gives it (ethical) direction and momentum."

The section identifies 23 tasks comprising stewardship, under three headings:

- formulating health policy
- exerting influence
- collecting and using intelligence.

For readers interested in health system issues that transcend individual agencies and that address system coherence, the book is worth a browse or a read. It can be accessed at <http://whqlibdoc.who.int/publications/2003/9241562455.pdf>. It takes a while for the file to load, and readers must click on chapter headings to load the chapters.

US MAY MOVE ON HEALTH FOR KIDS WITH DISABILITIES

The US Congress may resurrect a stalled bill, the Family Opportunity Act, that would allow low-income families that do not qualify for Medicaid to buy coverage through the program for children with severe disabilities. A revamped version of the bill would allow families with annual incomes that do not exceed 250% of the federal poverty level to buy coverage for children with severe disabilities through Medicaid, and would let Medicaid charge eligible families 7.5% of their incomes for coverage. The original bill was shelved because its price tag was \$7.9 billion over 10 years.

CALIFORNIA TO CONSIDER DRUG REIMPORTATION FROM CANADA

California is the latest in a string of US states and municipalities that are considering drug reimportation from Canada, despite US Food and Drug Administration (FDA) opposition. On February 12 five members of the State Assembly introduced a package of bills to lower drug prices, including a bill requiring the state Board of Pharmacy to create a website that compares prices between American and Canadian pharmacies and links consumers to Canadian pharmacies the Board has certified as safe.

US federal law prohibits individual Americans from importing prescription drugs from other countries, but the U.S. Food and Drug Administration has yet to prosecute anyone for ignoring the ban. FDA officials say Canadian drug standards are very similar to US standards, but that some drug makers in countries such as Romania and Pakistan funnel products through Canada without observing safety standards. On February 17 FDA and the California Pharmacists Association launched a campaign to convince Californians not to reimport prescription drugs from Canada.

AIDS DRUG PRICE QUADRUPLES IN US

In a move that fuels concerns about the ethics of drug firms, Abbott Laboratories has quadrupled the price of its HIV drug Norvir after learning that the drug improved the effectiveness of newer drugs when included in the drug cocktail often prescribed for people with HIV. Abbott has produced Norvir since 1996, but Norvir was eclipsed by newer, more effective drugs until its power to enhance other drugs was discovered. In



December 2003 the price for Norvir was upped by Abbott from \$2.14 per pill to \$10.71, making the annual cost of Norvir for a typical AIDS patient about \$7,000.

In a strongly worded January 2 letter to Abbott, the American Academy of HIV Medicine said, *“Your regrettable decision to increase the price of one drug by 400% in the face of current desperate attempts to contain costs and expand access to those who depend upon these therapies is contemptible”*.

On February 4 Abbott replied to a deluge of protests by making minor concessions (agreeing to provide free Norvir to more patients who cannot pay), but without rolling back the bulk of its price increase for Norvir.

US: RELEASED PRISONERS FACE HEALTH CHALLENGES

The US has one of the world’s highest imprisonment rates, but cash-strapped states are releasing prisoners to reduce correctional system costs. The recently released results of a Rand Corporation research project say released prisoners are sicker than other Americans, posing challenges for health and other helping systems.

The Rand report cites Bureau of Justice Statistics data indicating almost 25% of state prisoners released by year-end 1999 were alcohol-dependent, 14% were mentally ill, and 12% were homeless at the time of arrest. Because these data are self-reported, they likely underestimate the true prevalence of these conditions

The study shows that over the past 10 years the number of state prisoners released each year has grown, with releases concentrated in California, Florida, Illinois, New York and Texas. The length of prison time served has increased, as well as the number of released prisoners who are ex-drug offenders, “churners” who cycle through prison and parole, and unconditional releases. Compared with ten years ago, fewer offenders take part in educational or vocational programs to prepare them for reintegration.

Prisoners due to be released had much higher rates of tuberculosis, HIV/AIDS and Hepatitis C than the general US population, and a higher asthma rate. The report is pessimistic about American society’s ability to help released prisoners:

“Ex-offenders rely heavily on the public sector for health care services; however, they will be returning to communities and neighborhoods with limited health care resources at a time when the public health system and America’s ‘safety net’ are severely strained.”

The research summary is at <http://www.rand.org/publications/RB/RB6013>.

LITTLE GUYS WIN IN INDIA PESTICIDE DISPUTE

In a David-and-Goliath story, David won. The Indian non-government environmental organization Centre for Science and Environment (CSE) conducted a study in 2003 showing high levels of pesticide residue in bottled soft drinks in India. The drinks are often bottled in India by multinational beverage firms. CSE mounted an advocacy campaign after the study, and despite opposition from beverage companies the Indian Parliament’s Joint Parliamentary Committee examined the issue and released a report early in 2004. Said the report:



"The Committee would, therefore, conclude that CSE stands corroborated on its finding pesticide residues in the carbonated water.... The Committee also appreciate the whistle blowing act of CSE in alerting the nation to an issue with major implications to food safety, policy formulation, regulatory framework and human and environmental health.... The Committee note with deep concern that the soft drink (Carbonated water/Sweetened Aerated water) industry in India with an annual turnover of Rs. 6000 crores is unregulated.... What further dismays the Committee is the fact that whatever action has been taken recently by the concerned Ministries is only as a result of the findings of an NGO with respect to the presence of pesticides in the soft drinks rather than any systematic approach based on scientific studies. For instance the Ministry of Health and Family Welfare which is a nodal Ministry for laying down standards of safety for all food items suddenly became alive to the entire issue only after Centre for Science and Environment NGO based in New Delhi published its report on the presence of pesticides in soft drinks."

The JPC calls for stringent final product standards for carbonated beverages, and says it is *"prudent to seek complete freedom from pesticide residues in sweetened aerated water"*. Its report took a tough line on the promotional blitzkrieg adopted by soft drink multinationals. JPC says claims made by these companies in recent ads are misleading and that such "misinformation" should not be allowed.

OIL POLITICS: CENTRAL ASIA THE NEXT FLASH POINT?

A tragedy of the twentieth century – and increasingly of the twenty-first century – is the death and misery that the politics of oil impose on people in places as diverse as Nigeria, Ecuador and Iraq. For that reason, *Import* covers oil-related stories when oil is a threat to the world's health and wellbeing. Current geopolitical rivalries in Central Asia may carry that misery into new places.

A little-publicized but intense conflict has arisen between the US and Russia over sizable oil deposits in Russia and in Central Asian republics bordering on Russia that were once reluctant parts of the Soviet Union and before that, parts of the Czarist Russian Empire.

After 9/11 the US increased its overtures to Central Asian Republics to secure US military bases in these countries, but also to influence oil production and distribution in the republics. As part of its strategy the US has encouraged Central Asian oil fields to send their oil through pipelines that do not cross Russian territory. One route lets Central Asian oil flow via a pipeline across the Republic of Georgia (which developed its oil policy in the late 1990s with advice from a US consulting firm, and where US troops are now stationed) to the Black Sea, then by tanker to the Ukrainian port of Odessa so it can be piped through Ukraine to Poland and to refineries in other Central European countries. But this pipeline is such an expensive delivery route that even US-owned oil firms in Central Asia do not use it. The pipeline is, in effect, empty.

Hereby enters a second-string proposal to avoid sending oil across Russia – a US-backed pipeline across Turkey. This week an international lenders' syndicate signed an agreement to provide \$2.6 billion to build the pipeline.

Russia's nightmare is a scenario in which it cannot get its own oil to markets (including hungry lucrative US markets) cost-effectively unless it ships oil through countries friendly to the US and unfriendly to Russia.



The nightmare is made worse because Russia sees its burgeoning oil industry as an antidote to its profound economic problems. In the last few years Russia has pursued three strategies to avoid the nightmare. It has strongly supported oil exploration in the Barents Sea north of Russia's mainland – oil that can be shipped directly from Russia by tanker. Russia also stopped using a major pipeline that had its terminus in Latvia (no great friend of Russia), and has built a new pipeline spur and terminus located entirely on Russian territory, allowing oil to be tanked directly from Russia via the Baltic. The government has also exerted more control over Russia's own oil companies – firms that were, until recently, notorious for corruption and for ties with US interests (the CEO of Yukos, a large Russian oil firm, was arrested in 2003 on charges of tax evasion and fraud).

Russia's most destabilizing gambit – one it feels it must use because of US attempts to control Russian and Central Asian oil distribution – is an emerging alliance with Iran to open a short, cheap pipeline south from the Caspian Sea to an Iranian port. Even Central Asian countries friendly to the US (as well as US oil firms in these countries) might use this pipeline because it is a low cost route that makes the US-backed trans-Turkey pipeline obsolete even before it is built.

Given the strategic importance of a trans-Iran pipeline to Russia, one can expect closer ties between Iran and Russia – an alliance likely to annoy the US since Iran remains, in US officialdom's eyes, a member of the Axis of Evil. Added to this is the possibility (described in an earlier edition of *Import*) that one or more Central Asian governments could be toppled by increasingly militant Islamist fundamentalist groups. New Islamist governments in these republics could support themselves with oil revenues, despite US opposition, by sending oil to market using the Russia-Iran pipeline, with support from Iran and Russia (even though Russia fears Islamist insurgency in the Central Asian republics, since it could spread to Russia's Muslim minorities).

This looks like a mere geopolitical chess game, but such games in the oil world often lead to destabilization and misery that we never see at our local gas pump.

IN MY HUMBLE OPINION: ABOUT A FRIEND

In one month St. Patrick's Day will have come and gone. Each St Patrick's Day from now on will be a day of sadness and celebration for me. It was on that day, less than a year ago, that I last celebrated life with my friend Owen Lawlor. Within weeks of the event, Owen died of a chronic heart condition.

No one should publicize his own grief without good reason. I do it in this column because Owen, warts and all, was a lesson as well as a person.

Some background. Owen Lawlor was a Northern Irish Catholic born and raised in Belfast. He was trained as a theatre manager but his career in that field did not last long. Alcohol soon became, for Owen, more reliable than his job or his family. Owen once described himself as a punch-happy Belfast drunk, but when I met him he had been sober for years thanks to Alcoholics Anonymous and his own gritty determination.

One afternoon many years ago I was working at my desk as Executive Director of the Peel District Health Council. A well-dressed man with a determined jaw appeared unannounced in my doorway. He introduced himself as Owen Lawlor and asked what I would do to help him get a detox centre for Brampton. I gave my off-the-shelf explanation that the DHC was a body of local citizens that advised Ontario's Minister of



Health, if he wanted a detox centre he must submit a proposal, and he would need to “make a case” to the health council. At that point Owen decided he had a full-blown bureaucrat on his hands and he harangued me with rising passion about the need for detox in Brampton.

After ten minutes of his diatribe I said – *“Mr. Lawlor, if you just want to yell at me about this, fine – but I won’t even pretend this is a conversation between us”.*

Then Owen smiled – an affable, intelligent, crafty smile so many of us came to know and appreciate. We had broken the ice and from then on we had a conversation – a series of conversations over months in fact, as he worked to understand how passionate local citizens could make their case to a government agency like mine. Owen and his friends made a case for detox and made it well. The District Health Council endorsed the proposal. When money was available a year later, the Ministry funded it.

As time went on I got to know Owen and his family better, including his beloved wife Bernie and two children of whom he was deeply proud. He and I made the transition from adversaries to colleagues to trusted friends, with a shared penchant for late night conversation at a Swiss Chalet near his home (many dreams and plans we hatched and shared there, over quarter-chicken dinners. I made fun of his accent and of the pig valves that had been implanted into his heart. He called me a “bloody git” but offered to make me an honorary Irishman if agreed to act as if I was civilized).

Owen became a justice of the peace in Brampton and he brought to the bench the same passion for the outsider that had driven him to argue for addiction services. He loved this work and he cared deeply about people who appeared before him in court who were there not because of their own failures, but because of the failures of our common humanity. I was honoured several years ago when Owen asked me to help a group concerned about the needs of young people of African-Canadian and Caribbean-Canadian heritage. Mind you, I didn’t feel honoured at the time. Knowing I was a consultant, Owen insisted that I write a proposal for the group for free or face “dire consequences”. I caved, wrote the proposal for free, and later joined the project’s steering committee.

Owen’s passion did not spring from the theoretical. He wanted a detox centre because he hauled drunks from snowbanks in Brampton and believed they deserved better. He argued for the needs of Caribbean-Canadian kids because he faced them daily in court – and watched their mothers sitting in court, filled with love for their children and fear for the future. The tipping point for Owen was a young man who stood before him in court one day. Owen asked the young man what he wanted to do with his life. The young man said he wanted to be a veterinarian, but most of all he wanted to “go to the other side”. Facing a young man whose greatest hope was for death, Owen made a commitment to build resources in the community that would make life a better alternative.

And it was through Owen that I got to know Marvin Morten, one of Ontario’s first provincial court judges of African-Canadian descent. Raised in Parkdale under horrific circumstances, Marvin (standing six foot seven and built like a football player) had a promising career ahead of him as a young thug. But he decided to pursue education and a law career instead (with help from his own community). The kid from Parkdale became a judge, a community activist and Brampton’s citizen of the year for 2003 – a man so connected to those around him that his judge’s office is filled with teddy bears so people who visit him will not be intimidated by his size or title.



No wonder he and Owen were fast friends. No wonder they changed the community in which they lived.

One year ago Owen asked me to take part in a St. Patrick's day celebration he was organizing for the Rotary Club to which he and Marvin belonged. He asked me to recite the poem *The Old Woman of the Roads* written by the Irish poet Padraic Colum. I had recited it once before at the club, not knowing it was his wife Bernie's favourite poem. He asked me to recite it again as a tribute to Bernie. And after the poetry and the toasts Owen and his son John – both with beautiful voices – sang *Danny Boy* well enough to bring a tear to the eye of an unrepentant Englishman like me.

I was going to say that was the last time I saw Owen. That would be untrue. I see him in my mind's eye every day. I see him whenever I am lucky enough to plot on behalf of a changed world with our mutual friend Marvin. And I will miss him every St. Patrick's Day.

The lesson in the life? A bit of Owen was always the outsider, the self-professed punch-happy Belfast drunk. But the Owen I knew and respected was a man who turned private pain into public good. Every community has its Owen Lawlors and its Marvin Mortens.

It would do us all well to find them, to learn from them, to heed them, to support them.

John Butler, The Agora Group

FROM THE QUOTES VAULT

"We are going to be governed whether we like it or not: it is up to us to see to it that we are governed no worse than is absolutely necessary. We must therefore concern ourselves with politics, as Pascal said, to mitigate as far as possible the damage done by the madness of our rulers."

Pierre Elliott Trudeau

*"Och! But I'm weary of mist and dark,
And roads where there's never a house nor bush,
And tired I am of bog and road,
And the crying wind and the lonesome hush!
And I am praying to God on high,
And I am praying night and day
For a little house – a house of my own –
Out of the wind and rain's way."*

Padraic Colum, from *The Old Woman of the Roads*