Tok Blong Pasifik

A Quarterly of News and Views on the Pacific Islands

November 1993, #45

VICTORIA, B.C., CANADA

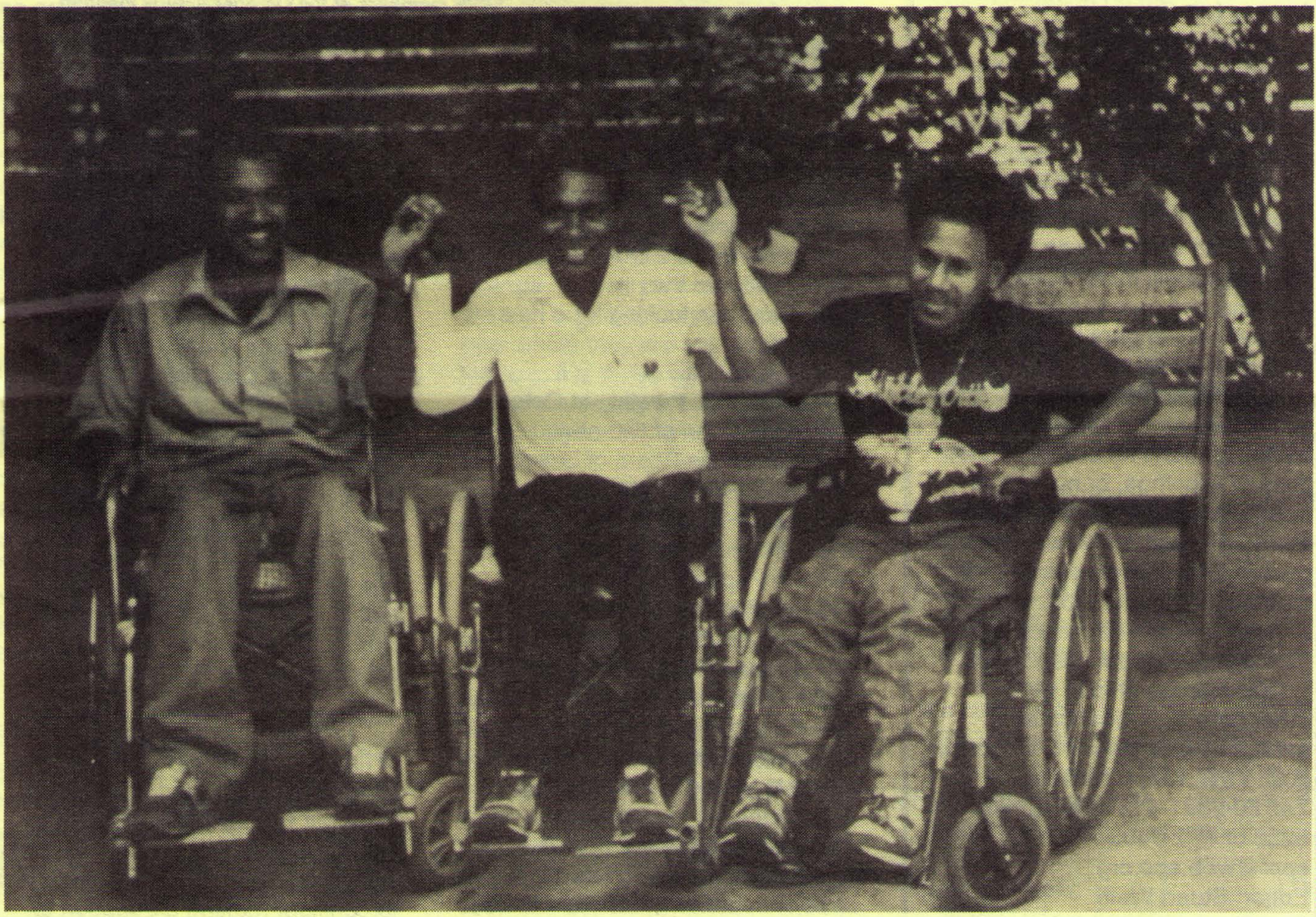

Photo: Linda Hill

Addressing the Needs of Disabled People

Featuring ...Profiles - Three Who Are Making a Difference

...Love Thy Neighbour - Disability in South Pacific Countries

...Addressing Disability in Kiribati

...Rehabilitation in the Solomons

...Reaching Out to the Disabled in Papua New Guinea

...Women with Disabilities

About this journal...

Tok Blong Pasifik is a phrase in Pidgin, a language used in some parts of the Pacific. An equivalent expression in English might be "news from the Pacific". ***Tok Blong Pasifik*** is published quarterly by the South Pacific Peoples Foundation of Canada. SPPF gratefully acknowledges financial support for the publication from the Canadian International Development Agency (CIDA).

SPPF's major aim is to promote awareness of development, social justice, environment, health and other issues of importance to the peoples of the South Pacific. Through this journal, SPPF hopes to provide Canadians and others with a window on the Pacific that will foster understanding and promote action in support of Islanders in their struggles for development.

We welcome readers' comments on the journal, as well as suggestions for articles, selections of clippings, or notices of materials of interest. We reserve the right to edit material. Views expressed do not necessarily reflect those of SPPF or of CIDA.

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SPPF Update

A New Name, New Faces and Programme Plans

You may have noticed that the journal has a new name. ***Tok Blong SPPF*** is no more; long live ***Tok Blong Pasifik***! But don't worry, you can expect the same quality of ***Tok Blong*** between the covers. For some time now, we've received suggestions, particularly from our Pacific friends, that we should change our name and the name of the journal. The ambiguity of "SPPF" in the journal name, and the confusion created by our name (both with the FSP organisation and with "foundation" when we're not primarily a funding organisation) were suggested as good reasons to make a change. So we've renamed the journal and are looking for a new name for SPPF.

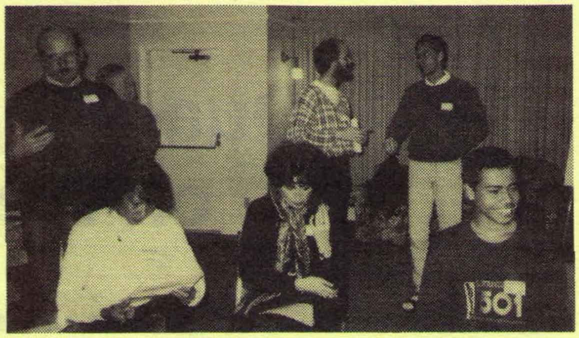

Photo: Celia Esmonde

SPPF members at the October annual meeting

Our annual meeting in October saw the election of two new members of the Board of Directors. Eta Epp is Fijian and has lived in Canada for 10 years. Debbie Leach is a nutritionist who worked for 4 years in Papua New Guinea. Reelected to further Board terms were Jim Boutilier (President), Elaine Monds, Chris Morgan, Mike Mullins (Treasurer) and Gayle Nelson. Continuing Board members are Celia Esmonde, Alison Gardner (Secretary) and Renee Pahara.

Another new face here is Andrea Clark. Andrea has been hired to coordinate our 1994 Pacific Networking Conference and an associated programme and tour with the resource people. The conference dates are May 6-8 and the theme will be land issues. A priority for this year's tour will be to visit with Aboriginal communities and groups. So please mark this on your calendars. Call or write Andrea if you'd like further information or want to get involved.

Margaret Argue and I spent a good part of the past three months travelling within Canada and internationally. I visited Vanuatu and Fiji and was able to meet with many of our friends and new contacts. Margaret was off in October to Europe where she attended the Europe-Pacific Solidarity Seminar in Brussels. This is Europe's version of our annual Pacific Networking Conference and provided an opportunity to meet representatives of European groups interested in the Pacific. Margaret also travelled to the Netherlands and Geneva to meet with other non-governmental organisations. One unfortunate result of all this travel is that we're late again in getting ***Tok Blong*** to the printers. Hopefully, we can be back on schedule for the February issue.

Like many groups in these times of financial constraint, we're struggling to raise the funds needed to keep our programmes going. You will find a donation section on the inside back cover. We encourage you to consider making a donation to SPPF and/or to donate a ***Tok Blong*** subscription to someone.

Finally, from the Board and staff of SPPF, let me extend you our best wishes for the season and the new year.

Stuart Wulff
Executive Director

In This Issue....

A New Dawn for Pacific People with Disabilities?

Miracles don't always arrive with thunder, lightning and a blare of trumpets. Sometimes they steal in quietly, but leave lives transformed forever. A year ago, while visiting Solomon Islands, I had the opportunity to see one such miracle. Joyce, a young girl from Western Province, has mild cerebral palsy. This need not have left her severely disabled. In countries with relatively well-developed services, her situation would have been diagnosed at an early age and she would be walking. But in Solomon Islands until recently, such services did not exist. Joyce spent the first years of her life crawling, the horizons of her life severely limited. Now that has changed. Solomon Islands has been developing both centre-based rehabilitation services and a community based rehabilitation (CBR) programme. Joyce was seen during a CBR workshop in Gizo. Arrangements were made for her to spend several weeks in a rehabilitation programme at Central Hospital in Honiara. Joyce made rapid progress and, when I saw her, she was already learning to get around on crutches. I heard recently that she has continued to do well back in her village. Thanks to this small miracle, her life has been transformed for the better.

Life has not been easy for most Pacific people with disabilities. Attitudes towards disabled people have generally been negative and services have been minimal or nonexistent. Fortunately, this is beginning to change. The story of Joyce has an increasing number of parallels in other parts of the Pacific. Education about the rights, needs and potential of people with disabilities has started to change attitudes. Programmes are being developed to rehabilitate and support people with disabilities. While the general situation is still poor and much remains to be done, changes for the better are happening.


Photo: Stuart Wulff

Joyce Limpane upright and making progress on her crutches

Perhaps the most significant aspect of these trends is that people with disabilities are themselves in the forefront of the movement for change. In their personal lives and through organisations and programmes which they are starting and leading, it is those with disabilities who are creating the conditions necessary for improvements in their own lives. Through education, advocacy, rehabilitation services and personal support, they are making a difference.

Women with disabilities are doubly disadvantaged, discriminated against both as women and as people with disabilities. They are the poorest of the poor and are particularly vulnerable to abuse. A personal testimonial on page 19 gives some sense of the agony experienced by one disabled woman who experienced abuse. However, even she concludes on a note of hope. Among others, the story of Toufau Amos on page 4 shows that women with disabilities are asserting their rights to a better life.

This issue of ***Tok Blong*** also includes two articles on important economic developments in Fiji, the proposed new copper/gold mine at Namosi (with its Canadian-affiliated developer) and the challenges facing the important sugar industry.

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All in a day's work

by Toufau Amos

"I think we, the disabled people, have often developed our skills as part of our personal survival", said the youthful-sounding receptionist.

Throughout Vanuatu's health centres, people hear this sweet and gentle voice from the Health Department's main office in Port Vila. Many wonder who she might be and some who visit the main office marvel at the person they always hear over the telephone and tele-radios in the Health Ministry.

She is 28-year-old Leitangi Solomon. Born without limbs, she has been disabled since birth. With her confidence and energy, she acquired skills in switchboard operation and has been a receptionist since she graduated from the Suva Crippled Children's School in 1982. Leitangi has two wheelchairs - one with a motor and another for use as an office chair. She travels to work every morning using the motorised wheelchair and then transfers to the office wheelchair. She is very self-sufficient and doesn't need any assistance to get around. Despite her daily duties on the receptionist's desk, and having to call out over the tele-radio, she is always full of smiles. Through her punctuality, good attendance and performance she is an asset to the Ministry.

Because she is permanently confined to her wheelchair, Leintangi devotes her time to her job and working environment. She is an intelligent woman and everybody trusts her. She loves her job and says that she feels as normal as any other person when working. She stresses that disabled people do not want special treatment and feels that an employee with a disability who is motivated on the job is as cost-effective as the next employee.

Leitangi, who doesn't know anywhere else apart from her work environment and home, makes a hobby of meeting new people every day. "Meeting new people always gives me new stories about other parts of the world that I am part of", concludes the vibrant Ms. Solomon. [Reprinted from Women's News, July 1992]

Photo: Women's News, 7:3, July/92

Leitangi Solomon at work in Port Vila

As Able as an

by Leonard Williams

I come from the Florida Islands in Solomon Islands. In 1982, I traveled to Honiara to see what town life is like and joined the Australian High Commission as an office orderly. In 1984, I took an appointment with Honiara Consumers Co-operative Society. Eventually, I was influenced by town life and became involved in drinking and parties. In May 1985, I got involved in a fight and was stabbed, injuring my spinal cord. I was left paralysed in both lower limbs, binding me in a wheelchair for the rest of my life.

Despite being in a wheelchair, I did not give up. I was determined to achieve a bright future. While deserted by friends and relatives, I was comforted by many genuine new friends, especially a disabled person like myself. These new friends helped me to accept my fate and achieve positive attitude changes.

I was admitted to hospital for six months and to the polio hostel for a further six months. I learned how to help myself and become self-supporting. I consider it to be my turning point. I learned to accept the circumstances and realise that life is worth living, rather than continue with the same old bad habits.

In June 1986, I was re-employed by Honiara Consumers Co-operative Society. Six months later, I was promoted to a senior supervisory level. This was a challenging position, but I was found to be capable. My integration in the field of employment has made me feel proud to be as able as an "able person". I was active in co-operative advocacy for able and disabled communities. In 1989, I achieved a

Making a Difference

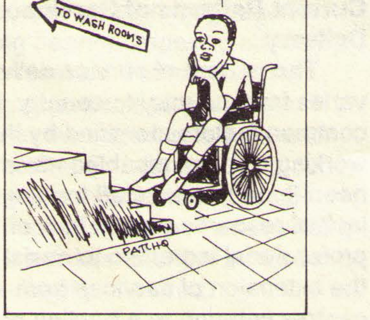
"Able Person"

further step forward. I got married to Grace, an able lady from Temotu Province.

My interest in the field of community based rehabilitation (CBR) came about through reading of books and brochures about CBR and the involvement of disabled people in programmes that have developed in other countries. Being disabled influenced me to try to do something for the future betterment of disabled people in Solomon Islands. My wife and I applied to the Institute of Child Health in London to take their diploma course for teachers and planners of CBR. We were offered a place, but funding was not available. Through the efforts of Save the Children Fund Australia, funding was obtained and we were able to undertake the training.

I successfully completed the course in 1993, scoring an A in the final examination. A diploma has been awarded to me and my wife received a certificate of attendance.

Disability issues in Solomon Islands are complex. There is a fundamental need for a trained person who is disabled to address the issues that have an impact on the lives of the disabled and their communities.



Working with the Disabled in Vanuatu

by Arthur Simrai

I was born on Malekula Island in Vanuatu. I am disabled, but I am independent and have a job. At the age of six, I got poliomyelitis. When I recovered, I realised that I could not walk, run or play like my brothers and sisters and friends. My parents and I were very sad.

A Catholic priest asked my parents to send me to school. They told him that it would be difficult, but the priest insisted. During the first year, my parents carried me to school on their backs every day. The priest ordered a wheelchair from Australia. The following year I used the wheelchair to go to school. After my fifth grade, I was sent to Santo to complete my sixth and seventh grades. During my school days I had many friends. They were kind and very helpful. This made me forget that I was disabled because I learnt the same subjects, they took me around and we enjoyed ourselves together.

After my schooling, I went home. In 1978, I was chosen to attend a co-operative secretary course. Then I managed a cooperative store at my home village from 1980-88. In 1989, I was sponsored to go to New Zealand to learn English. I enjoyed myself so much that I forgot about my disability. I continue to study English. I am interested in speaking English because, when I travelled overseas, I met many friends but could not converse in English because I was educated in French.

In 1991, I was employed by the Vanuatu Society for Disabled People as a fieldworker. I travel every month from island to island helping my fellow disabled persons.

I spend three weeks in the field and come back to the office on the fourth week. When I go out, I talk to key people in the villages (local government secretaries, church leaders, women and youth leaders, health workers, teachers and chiefs) about the work of the Society. The health workers help me by providing information about people with disabilities. My work is to identify a person with a disability, then assess and develop a programme if he or she needs one. When a programme is needed, I have to discuss with members of the family what is needed. If they agree, then I teach them. They are the ones who continue with a programme when I leave.

During my tours, I realised that my disability didn't hinder me. I travel everywhere with my wheelchair by boat, plane or truck. I find that people are always willing to help.

I find that most people with disabilities are either neglected or overprotected. They are not sent to schools and are not even involved in home and community activities. When I was in New Zealand and Japan, I found that disabled people there are treated differently. They are well cared for by their families. They attend schools, play sports and are employed. In fact, if the disabled here are trained and educated, they will be able to do many things by themselves.

Although I am disabled, I am quite independent. I have a job and a flat of my own. During my home visits, I encourage my fellow disabled friends to make use of services provided, receive training and if possible find employment, and at the same time to fight for our rights.

"Love Thy Neighbour"

Disability in South Pacific Countries

by Penny Price

Penny Price is the consultant in charge of the AIDAB Childhood Disabilities South Pacific Project 1991-94, based in Fiji. She is on leave from her position as Lecturer in Special Education at Macquarrie University in Sydney, Australia. She has been involved with disabilities programmes in Fiji and Cook Islands since 1988.

Disability has always been present in Pacific cultures, as it has in countries all over the world, but changes are taking place in how communities view and treat people with disabilities. Services are being provided and expanded; in some countries, governments are acknowledging some responsibility for this section of the community and their special needs. There is certainly room for improvement in the services provided for disabled people and their families in Pacific countries - but there is room for hope as well.

The dimensions of disability in the Pacific are not known. United Nations figures for developing countries world-wide suggest that 150 million of the 1.4 billion children in the world are disabled and 120 million of these are in developing countries. Surveys are expensive and difficult to conduct in remote islands with tiny, isolated communities. In the last few years, surveys have been conducted in the southern Cook Islands, in Western Samoa and in one province of Solomon Islands; but in speaking to medical officers involved or in following up the families identified in the Cook Islands, it becomes evident that the surveys have under-identified the number of families in need of special help.

It is fortunate that service provision has not waited for adequate survey data. Whether the figure is 5% or 10% of the total population, there is a pressing need to provide assistance to improve the quality of life for children and adults with disabilities. Indications are that disability is increasing rather than decreasing, that malnutrition and poverty are worsening and other causes such as meningitis, cerebral malaria, folic acid and Vitamin A deficiencies, low birth weight and prematurity, alcohol, STDs and accidents are still common.

Historical Patterns of Service Delivery

In most Pacific countries, traditional attitudes to disability have ranged from resigned acceptance and provision of basic care within the extended family, to rejection and neglect based on fear and belief that the condition was visited on the family by supernatural powers in retribution for past deeds. Increased community awareness about the physical causes of disability is eroding some of these negative beliefs, but passive acceptance is still very prevalent amongst parents in contrast to the advocacy and demand for services so evident in other countries.

Initial services have tended to be established by NGOs (non-governmental organisations) such as the Red Cross and others established specifically to provide centres for the education and care of disabled children. Services have tended to reflect the decade in which they were established, following closely the changes in emphasis that have taken place in more developed countries in the last 30 years. Thus Fiji, where services were established in the 1960s, has a number of schools for children with a wide range of disabilities, with little integration of different types of disability and little integration with regular education, although there are strong pressures for change at work. There is some government support for these schools and services, but a resistance to accept responsibility for the education of these children as a right, as it is accepted for non-disabled children.

Cook Islands is an example of a country where services were not started until the early 1980s and where services for adults and pre-school children preceded services for school age children. A review of the regular education system from 1989-91 resulted in a Ministry of Education commitment to education of all children aged 3-15 years, including those with disabilities. Now the Cook Islands Society for the Disabled runs services for disabled babies and their families, and for pre-school children at their centre in Tupapa on Rarotonga, but school age children are integrated in a special unit in one of the four primary schools. The government is fully responsible for their teachers and educational programmes. Cooperation between government and non-government agencies is seen at its best in Cook Islands. Change is more difficult to achieve when a rigid pattern of separate services has been established, yet change is essential if a more modern approach and comprehensive service delivery is to be established.

Current Patterns of Service Delivery

The pattern of service delivery varies from country to country, but common factors identified by those working with the disabled are a need for improved staff training, a lack of resources and a lack of professional expertise to assist with the extension of services from small centres catering to a fraction of the disabled population to coordinated services reaching all the disabled. This is particularly true for outer islands and remote locations. Another concern is the need for advocacy to governments to help establish a joint approach to disability including early identification of disabled children, community education to promote prevention of disability where possible and acceptance where it is not, education and training for the disabled, and acceptance of disabled people into family and community life and activities.

Inactivity on the part of some agencies and governments is frequently the result of ignorance - lack of knowledge as to the nature of the problem and possible solutions - rather than unwillingness to take action to improve the quality of life of disabled members of the community.

In the 1970s and early 1980s, centres were established to provide education for disabled children in Western Samoa, Tonga, Solomon Islands, Vanuatu, Kiribati, Tuvalu and Cook Islands. Services in Fiji had begun earlier with the placement of Frank Hilton (funded by AIDAB, the Australian International Development Assistance Bureau), who has since become known as the "grandfather of special education" in Fiji. AIDAB has played a significant role in the development of disability services in the region. From 1979-1985, a series of six month training programmes was run in Fiji for staff from the centres in Western Samoa, Tonga, Papua New Guinea, Vanuatu, Solomon Islands and Tuvalu. Some of the teachers attending these courses had previous training and experience, but for many it was their only training. In 1989, there was a short course on sign language for teaching hearing impaired children, held in Western Samoa, but few training opportunities have been offered in the region since the mid-80s. The Pacific Island Council for the Blind, formed in 1991, has been active in training as well as assisting with the establishment of services for the visually impaired.

The AIDAB Childhood Disabilities South Pacific Project, started in 1991 and funded through 1994, provided a one year Certificate Level Training Course in Early Intervention for 18 teachers in Suva in 1991-92. This led to development of the Early Intervention Centre in Suva as a model centre for training of teachers in the region. Teachers from Cook Islands, Solomon Islands and Tuvalu have attended training periods up to 12 weeks. Plans are in place for teachers from Kiribati, Tonga and Western Samoa to attend in 1994. All these countries have received regular consultancy visits to assist in the development and extension of services for disabled children, and in advocacy for governments to play a more active role in disability service provision.

The centres established earlier are all functioning with the exception of Vanuatu and the addition of Kiribati. Vanuatu has changed its service provision model from centre-based to a totally community based service, with one community based rehabilitation (CBR) worker for each region of the country. Kiribati now has a well developed centre-based service which grew out of a voluntary programme which ran in Betio after school hours. Kiribati caters to relatively large numbers of visually impaired because of the high incidence of Vitamin A deficiency, as well as hearing impaired and other disabilities. The centre caters to children from pre-school age to young adults and plans an extension of services to disabled infants and their families, home visiting and development of community based services on Tarawa and eventually the outer islands. Advocacy for government involvement is on the agenda.

Tuvalu operates a small centre on Funafuti which caters to children and adults both in the centre and in the community, with a field worker who implements community based assistance to disabled families in the outer islands. Recent discussions with government have led to the possibility of a closer working relationship and there are plans for health worker training in early identification of disabilities and a cooperative effort in extending services on the outer islands.

Solomon Islands has a centre for handicapped children in Honiara, with a "baby" programme run by a Japanese volunteer physiotherapist and monthly community visits to outer areas of Guadalcanal. Recent approaches have been made to the Ministry of Education for assistance with salaries and scholarships for training; the Ministry is considering registration of the centre as a school. A second major project in Solomon Islands is the joint Ministry of Health and Save the Children Fund (Australia) CBR project which is in the early stages of development. The objectives of this project are to train rehabilitation aides in community based service delivery over a nine month period and then

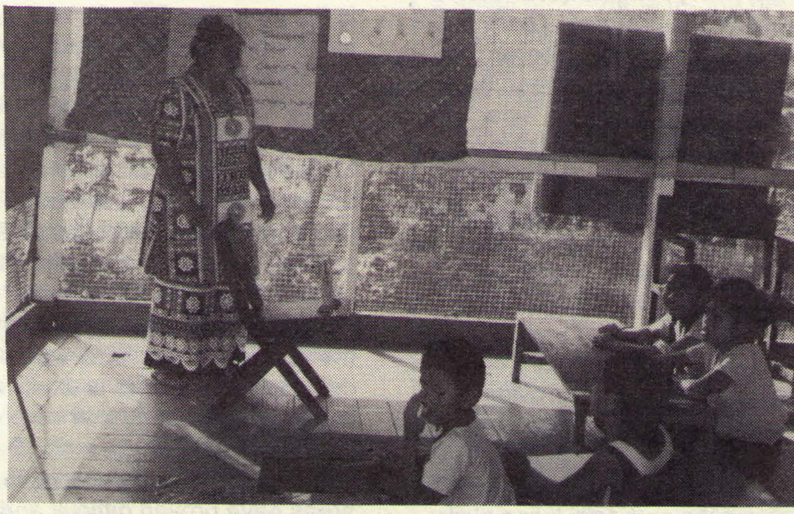


Photo courtesy Vaiana Otto

Handicapped children doing their lessons with teacher Vaiana Otto in Western Samoa

Photo: Vaiana Otto

Deaf children learning signing in Western Samoa

to have a field placement during which they will train village health and community workers in their region, for which they will provide supervision and support. This is an ambitious project in line with the development in Vanuatu and following the direction advocated by the World Health Organisation for CBR service development in developing countries. The joint funding and close cooperation in implementation between government and NGO is particularly encouraging and an example for other countries to follow.

Services for the disabled in Tonga are under the umbrella of the Red Cross, as are the centres in Solomon Islands, Kiribati and Tuvalu. There are separate centres for hearing impaired (catering to 13 children) and other disabilities. The Ota Centre caters to more than 100 children and young adults in a comprehensive programme. There is a full-time home visiting programme and small centres have been established on Va 'vau and Ha 'apai, although the latter is foundering for lack of financial support and both require more training and support than the Ota Centre is able to provide. There is also a large residential centre for disabled adults, the 'Alonga' Centre, under the patronage of the Queen of Tonga, on acres of land which provide agricultural activity for many of those attending. Other activities include traditional Tongan handicrafts and domestic and daily living skills. The Ministry of Education caters to slow learning children within the regular school system, but does not take responsibility for the education of any disabled child unable to fit into this setting. No financial support is provided for training or salaries. The Ministry of Health has just embarked upon a programme to develop CBR services throughout Tonga and sees this being done with a cooperative approach between government and the NGOs currently involved in disability service provision. This is a very encouraging development in a country where there has been little response from government in the past to pleas for financial and other forms of assistance.

Western Samoa has a similar service pattern, with two NGOs providing services for physically and intellectually disabled children and a recently formed organisation, PREB, catering to the visually impaired. Cooperation between the three organisations is increasing and joint approaches to government may be more successful in eliciting support than separate initiatives have been in the past. The Director of Education has expressed his ministry's commitment to increasing responsibility for the education of all children, including the disabled. The Ministry of Health is responsive to the idea of running workshops for health workers to increase their capacity to identify and refer disabled infants. The Director for Women Affairs was supportive of the possibility of training women development officers to work with health workers and other community workers in village CBR work. So far attempts to provide services in outer areas have proved difficult and require a more coordinated approach and organised system of support. There is a need for sustained advocacy to capitalise on the recent interest of relevant ministries.

Cook Islands, as mentioned earlier, has been a Pacific leader in government responsibility for disability service provision. It is probably the only country in the region which has included disabled children in their "education for all" policy. It has provided scholarships for special education training in New Zealand and has cooperated with the Cook Island Society for the Disabled in planning service provision since 1989. The Ministry for Health and the Ministry for Internal Affairs have agreed to train their personnel in order to spread outreach services for the disabled in the outer islands. The Director for Internal Affairs has suggested that disability should become an area included in the Community Development Training Programme being implemented throughout the Cook Islands. Services have developed steadily over the past five years, staff training and stability have been achieved, and programmes are available for infants and their families, children and adults in Rarotonga; some services have begun operating in the outer islands of Aitutaki and Mauke, with further developments planned for Mitiaro, Atiu and Mangaia over the next two years. Cook Islands has a relatively small population, but the islands are spread over more than a thousand miles and travel costs present an enormous problem in establishing and supporting CBR services in the northern group islands. What is needed is for these services to become an integral part of government services on the islands, with government responsibility for their maintenance. It is possible that this will be achieved in Cook Islands.

Fiji has a large population and many services for disabled children, organised by a variety of NGOs but with Ministry of Education support for salaries and other costs. One of the problems in Fiji is the lack of coordination of services with each

NGO "doing its own thing". Bodies such as the Special Education Teachers' Association and the Fiji Disabled Peoples Association have the capacity to bridge the gaps in communication, but further work is needed. There are services for adults in the form of a rehabilitation centre in Suva. Save the Children Fund (U.K.) has been involved in training health workers in early identification of disabilities and physiotherapist aides in outreach services to young disabled children and their families, but delays in government acceptance of responsibility for the salaries of these workers jeopardises the viability of this work. In 1993, the National Council for Disabled Persons was formed, a statutory body charged with policy formulation and overseeing the development of comprehensive services for disabled persons in Fiji. Hopefully, this will see increasing acceptance of responsibility by government and more cooperation between government and NGOs.

Looking to the Future

Considerable progress has been made in several countries and the quality of service provision is improving, but there is still a pressing need in most countries for a plan to extend services in a coordinated manner, reaching all sectors of the population where disabled people are found. There is a need for a lifespan approach, not the piecemeal development which has tended to follow the interest patterns of those establishing the services, particularly in the NGO sector. Governments need a means to become better informed about the reasons for providing services to this sector of the population and the rights of disabled persons as pronounced by international organisations such as UNICEF and WHO; they need professional advice and technical information on how to establish appropriate services and what services are needed. As stated earlier, attitudes towards disabled people are changing, in the Pacific as elsewhere in the world, and a failure to increase government involvement may be due to lack of expertise and relevant professional knowledge as much as to an unwillingness to become involved. Aid organisations need to pay careful attention to this factor if they hope to achieve their goals.

Coherent service development would include:

- Community disability awareness education, including education for prevention of disabilities
- Health worker training in early identification of disabilities and how to assist families with a disabled member
- Early intervention services, including home visiting, programmes for babies and their mothers and caregivers, developmental pre-school programmes, and family support and counselling
- School age services, including appropriate education in separate or regular schools and appropriate provision for slow learning children in regular schools
- Services for older children and young adults, including training in vocational, daily living, leisure and community involvement skills
- Coordinated CBR services in the local community setting in all villages, remote locations and outer islands, through training of personnel from government, health, education, community development, women's and church groups, and through educating families and communities to support and involve disabled children and adults in the community.s

Such coherent service development will require joint commitment and responsibility from governments, NGOs, communities, families and disabled persons themselves working together. Appropriate levels of training will need to be developed to enable all people involved in service provision, from policy to village implementation level, to have the necessary knowledge, skills and attitudes to assist disabled people to achieve the fullest possible participation in family and community life.

Canada Fund Support for the Disabled

People with disabilities in Fiji, Kiribati, Tuvalu and Western Samoa have received assistance through the Canada Fund, a small pocket of Canadian aid dollars specifically for the Pacific administered from the Canadian High Commission in Canberra.

In Fiji, the Fund contributed to the pool of funds providing the first buildings for schools for the disabled in Nadi and Levuka. Excellent community support, demonstrated by local cash contributions, made the Canadian aid assistance stretch even further.

In Kiribati, the Fund enabled the two and a half year old Kiribati School for the Deaf in Betio to carry on after the departure of its Australian volunteer founder. Canadian aid dollars covered the salary for the trained i-Kiribati teacher, transport for the children and renovation of the building currently being used by the school. The Department of education has indicated that if the pilot project is successful, it will consider absorbing the centre and assume responsibility for recurring costs. The Centre has expanded beyond its original programme for the deaf only and has moved into new quarters donated by the government.

In Tuvalu, the Red Cross has a small programme for the disabled. The Canada Fund helped its head teacher to attend an early intervention training course in Fiji as well as provided sports equipment for adults in training for entry into the disabled Olympics.

The Fund has also contributed to Western Samoa's three services for the disabled, a school for the blind, a centre for the intellectually handicapped and the Lota Taumafai School which caters to the deaf and physically disabled.

Addressing Disability in Kiribati

by Margret Winzer

Margret Winzer teaches in the Faculty of Education at the University of Lethbridge. She has visited Kiribati as part of her research on global approaches to dealing with disabilities.

World wide, the problems of disability are enormous. The United Nations, the World Health Organisation (WHO) and other interested groups estimate that at least 500 million round the world are disabled in some way. In the Third World, ten to twenty per cent of the total population suffers from some disability. In 1981, UNICEF estimated that of the 150 million disabled children, 120 million live in developing countries. Yet WHO estimates that, among all the millions of disabled children and adults in the world, only one to two per cent have access to any rehabilitation or restorative services.

Kiribati is a Pacific island nation that lies just below the Equator, stretching from Christmas Island to the main atoll of Tarawa. The nearest neighbours are hours away by aircraft. Since gaining independence from Britain, Kiribati has struggled with the problems that affect most new nations and that focus on economic and social parameters. For all new nations, the struggle to provide universal schooling, at least at the elementary levels, is paramount. In a general sense, universal primary schooling is in place on the islands of Kiribati. Education is provided by the government and by a number of different religious groups and non-governmental organisations (NGOs). This includes early childhood services.

Once universal schooling is in place, it is common to see governments turn to the education and care of children with disabilities. The most common model that has emerged from studies of developing nations is for government to slowly assume responsibility that was initially handled by private agencies and NGOs. Programmes for students with disabilities usually are preceded by or are established in parallel with enabling legislation, or mandates and accompanying prioritisation of needs.

Photo: Margret Winzer

Blind children making music in Kiribati

General need for special services

The education and training of children and youth with disabilities constitutes special education. In the most general terms, special education is education that is individualised and adjusted to accommodate the unique learning needs of children and youth who are, in some domain of their functioning, above or below what is considered normal in their culture and social context. Areas of need include the physical, intellectual, communicative and social aspects of functioning. Therefore, special education is directed toward individuals who may have sensory disabilities such as deafness or blindness, mental disabilities, various physical and health disabilities, and emotional, behavioural and social deviations.

It is only very recently that the concepts and practices of special education have impinged on the consciousness of educators, school officials, policy makers and researchers in the world arena. Special education services received considerable attention as a result of the International Year of the Disabled in 1981 which sparked interest in both the welfare and the education of people with disabilities around the world, Further impetus has been lent to special services by the enormous need.

Among the huge number of disabling conditions seen world wide, the majority arise from causes that are largely preventable. For example, leprosy, tuberculosis and poliomyelitis, major causes of locomotor disabilities, are preventable. Many of the causes of severe visual impairment and blindness such as trachoma, water-borne blindness (onchocerciasis), and vitamin A deficiency are preventable through sanitary conditions and adequate childhood diet.

The prevalence of disability in both the developing and the developed world could be dramatically decreased through prenatal care, adequate maternal nutrition, appropriate child nutrition, sanitary conditions and universal childhood vaccination.

The case of Kiribati

Like every other nation in the world, Kiribati is no stranger to disability. No data from epidemiological surveys or observation have been collected, however, so it is difficult to even estimate prevalence or pinpoint the major conditions and their etiologies. It does seem that blindness resulting from vitamin A deficiency is a major disability on the islands of Kiribati. A lack of vitamin A leads to dryness of the eye (xerophthalmia), followed by softening of the cornea (keratomalacia). Failure to consume foods such as fish, vegetables, eggs, and others rich in vitamin A may result in this problem. The first two years of life are the most critical years. The first sign of the problem is night blindness and sensitivity to light. As it progresses, a white foamy spot on the white part of the eye appears. The eyes lose their shine and become rough and dry. The cornea becomes scarred, impairing vision, and finally softens and ruptures, leaving the victim totally blind. In the early state, the condition can be reversed with vitamin A therapy. However, once blindness occurs, sight cannot be restored. The child will be blind throughout life.

On Kiribati, the government is still struggling to provide universal elementary education. It has not yet turned its attention to the education and care of children with disabilities. In fact, to insert special services into a relatively new system of universal education is difficult, if not impossible, at this time. A programme on Kiribati has been initiated by the Red Cross with some assistance from the Canada Fund. It is led by an Australian volunteer with assistance from a number of local women. Obviously, this initial attempt can service only a small number of students from a restricted location. Nevertheless, the start is promising from a number of points of view.

First, any services will assist the individual children and their families. The school staff are working with a number of blind children and others with hearing impairments and intellectual disabilities. Preschool-aged children also are served. On a broader scale, the initiation of such services will, however subtly, alter public perceptions of the place of disabled persons in society. Also it will bring the needs of these children to the attention of the Department of Education and others involved in schooling and rehabilitation.

Under the aegis of the Canada Fund and with the assistance of Diane Goodwillie, I was fortunate in being able to visit Kiribati late last year. While there I met with Meme Tong, the director of the Red Cross, Trish Lee, the Australian volunteer, local teachers and a number of the children who were being served or

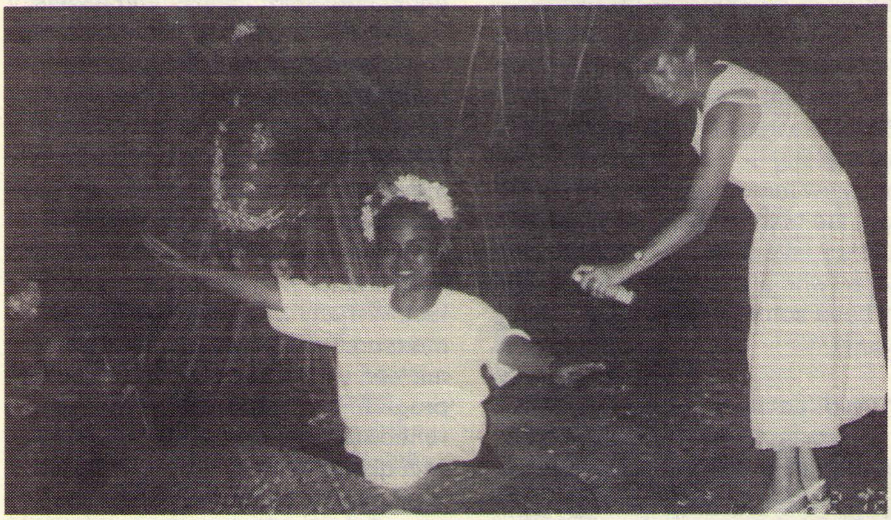


Photo courtesy Margret Winzer

A handicapped dancer performing in Kiribati. She is "assisted" by a mosquito raider.

Preventing Blindness from Vitamin A Deficiency


Not enough Vitamin A can cause night blindness

Micronesia has some of the highest rates of Vitamin A deficiency in the world. An early symptom is night blindness, i.e. when a person can't see well in darkness. If not treated early, the condition leads to softening and cracking of the cornea (eye surface) and eventually blindness. A lack of Vitamin A also causes children to grow slowly and can leave both children and adults more susceptible to other diseases, like cancer.

In 1989, the Foundation for the Peoples of the South Pacific (FSP) coordinated a Vitamin A deficiency study in six islands of Kiribati, finding that 14.7% of children aged 6 months to 6 years exhibited symptoms of Vitamin A deficiency. This is nearly ten times the level which the World Health Organization considers a significant public health problem.

The increase in Vitamin A deficiency is mainly related to changes in people's diets. Tinned beef and fish, many processed foods and soft drinks are a poor replacement for the traditional foods which were rich in needed vitamins and minerals. The good news and the flip side of this cause to the problem is that it can be prevented by eating the right foods. Good island food sources of Vitamin A include fresh fish and most fresh green, orange and yellow fruits and vegetables. As Vitamin A dissolves in water, it is best to use methods of cooking which don't involve boiling and throwing away the water.

International Organisations Provide Support for the Disabled

Disabled Peoples' International (DPI) & the Coalition of Provincial Organizations of the Handicapped (COPOH)

DPI was formed in the early 1980s as a global alliance of and for people with disabilities. It brings together national non-profit, self-help organisations of the disabled in countries around the world, including several in the Pacific. DPI plays a strong role in international advocacy on behalf of people with disabilities and facilitates international sharing of information and ideas. For more information contact: DPI, 101-7 Evergreen Place, Winnipeg, Manitoba, R3L 2T3, Canada

COPOH is a Canadian coalition of people with disabilities. It was active in DPI's formation and, through this involvement, COPOH members became interested in international links. This led to the initiation of COPOH's International Programme in 1985. COPOH facilitates links between disabled peoples' organisations in Canada and other countries. COPOH has also developed resource materials (See page 30). For more information contact: COPOH, 926-294 Portage Avenue, Winnipeg, Manitoba, R3C 0B9 Canada

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Calling All Disabled Women Poets!

COPOH is collecting poems from women with disabilities for an anthology. The booklet will feature poetry from disabled women in developing countries and Canada to illustrate the common barriers and oppression experienced by women with disabilities, as well as the hope and strength shown by them. The project has already received poems from many countries, but is looking for more, including from disabled women in the Pacific.

Please submit (before May 1994) 1-6 poems on any subject, in English if possible, and a 5-line biography. If you've translated the poem into English from another language, please also include the original version. Send to: Diane Driedger, Editor, The Voice of Women with Disabilities Poetry Project, COPOH, 926-294 Portage Avenue, Winnipeg, Manitoba, R3C 0B9. Canada. FAX:(204) 942-4625

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would be served in the programme. We discussed many aspects of special education from school plant to curriculum to using sign language in Gilbertese.

From that busy week of visits and discussions, two particular incidents stand out. The first was a visit Trish Lee and I paid to an apparently deaf child, probably about six years of age, in a small village on Tarawa. The purpose of the visit was to try to determine, by the crudest means, whether the child did, in fact, have a hearing loss. The second was to demonstrate to Trish some simple techniques to assist speech and language development.

When we arrived in the village with our hastily gathered box of toys and noise makers, mother sat us in the village meeting house to work. Things did not go so well there. A dozen or so of the village children became fascinated by the lesson and the more they pressed their noses to the fence, the more reluctant our little client became. Finally, she let out a mighty whoop at the observers and came to a dead stop. Although we could not determine the extent of any hearing loss in the child, there was certainly nothing wrong with her sound-making equipment!

Probably the most encouraging aspect of the entire visit was a workshop I gave to a large group of teachers on simple identification procedures for hearing loss in children. One of the local teachers interpreted the information into Gilbertese. I still am not sure how she made my dry statement about chronic otitis media so interesting but her translation certainly drew many chuckles. It also meant the teachers returned to their schools a little more aware that children who are not performing well may have some physiological difficulty.

Future directions

Informing the public of the causes of disabilities and implementing preventative measures is an important health thrust. The high rate of vitamin A deficiency in Kiribati leads one to the conclusion that preventative measures should form the keystone of any policy.

Another task for educators and the public health system is the identification of children already suffering conditions that impair their learning and behaviour. Through workshops, for example, teachers can learn the simple physical signs that may indicate that a child is suffering from a visual, hearing or learning impairment.

The earlier the identification is made, the easier it is to help the child and ameliorate some of the consequences arising from a disability. Community health workers can be trained rapidly to pick up the signs of disabilities simply by observing a child and talking with the parents. They can also be taught to use simple tests (for example, clapping hands, noting reflex responses in infants) or even using Snellen charts (E version) for visual acuity assessment.

Education is important. The school, small as it is and restricted in its clientele, bodes well for this aspect. However, from my own observations and conversations with Ms Lee, it seems that resources and materials are a major problem. Apart from such basic necessities as paper, pencils and crayons there seems to be a shortage of books, other supplies and more durable equipment such as toys and easels.

It appears that there exists a need in Kiribati in three closely related areas - special education, rehabilitation and preventative measures. In most countries with an emerging interest in assisting their disabled populations, we find these three intertwined components. In fact, in many areas, preventative measures are paramount, supplemented by special education programmes for children and rehabilitative programmes for adults with disabilities.

Rehabilitation in the Solomons

by Diana Yates

Rehabilitation in the Solomon Island began way back in the 1960s when Sister Jane Burleigh, an American physiotherapist, and Dr. Tony Cross, a surgeon from Great Britain, were involved in rehabilitating people disabled by polio. Sister Jane set up a physiotherapy department and trained six locals to assist her and carry out rehabilitation services at the National Referral Hospital in Honiara after she left in 1980. Expatriate physiotherapists continued to carry out these services with the help of locally trained staff. They concentrated mainly on providing adaptive equipment such as crutches and prosthetics. Meanwhile, several Solomon Island students were awarded physiotherapy scholarships and proceeded overseas to study.

In 1988, a physiotherapy post was established in one of the provinces and staffed by an Australian physiotherapist. Services began to expand to include training of other health workers on the basic concepts and techniques in physiotherapy, participation in school health education programmes and visiting of people with disabilities in their own environment. The physiotherapist also assisted the Disabled Persons Rehabilitation Association to register people with disabilities through the health centres, and assist rural people with disabilities to make contact with charitable organisations like the Red Cross to seek welfare assistance, as well as to attend the only special school in the country.

In 1989, Justina Radcliffe and I graduated from Fiji School of Medicine and joined the Physiotherapy Department at the National Hospital. After two months, I was sent to the Province of Malaita to replace the Australian physiotherapist who had left the country at the end of 1988. Outreach programmes to provincial centres, schools and villages to teach health workers, student nurses, school children and local communities increased and treatment of hospital patients was strengthened. Because of the expansion of services and a broader vision of needs, the name of the department changed from Physiotherapy to Rehabilitation and other disciplines of rehabilitation were recognised as being important.

In some rural areas, people with disabilities are neglected or not well looked after. One young lady with cerebral palsy died of dysentery. Her parents had died and she was staying with relatives. Because of their need to care for their own children, work in the garden for survival and other things to do, taking care of her was becoming a burden and she was being neglected. Water and toilet were also far from the village. Her relatives did not want her to be in their modern house and perhaps soil it. People in the community tried to help by building a hut for her and taking turns in bringing her food, but this assistance was not sustainable. I met this lady during a community visit and we gave her a good bath. Before we left, we asked her relatives to keep her in their home, until we could find other means to improve her condition of living, but they refused. After some time however, they agreed to keep her in their kitchen, but after we left she was taken back to her hut. This hut was full of frogs, her own waste, and at night, fowls. On the day we arranged to have a community meeting for her in the village, we were told that she had died of dysentery during the night. Nobody, not even the registered nurse who lived in the same village, knew about her illness until a few hours before she died.

The rapid change in society due to Western influence contributes to suffering from disabilities. Money and material things are becoming very important to the lives of people who once enjoyed working in the garden, fishing for a living and helping one another.

There are other people with disabilities, however, who are well looked after by their families. One

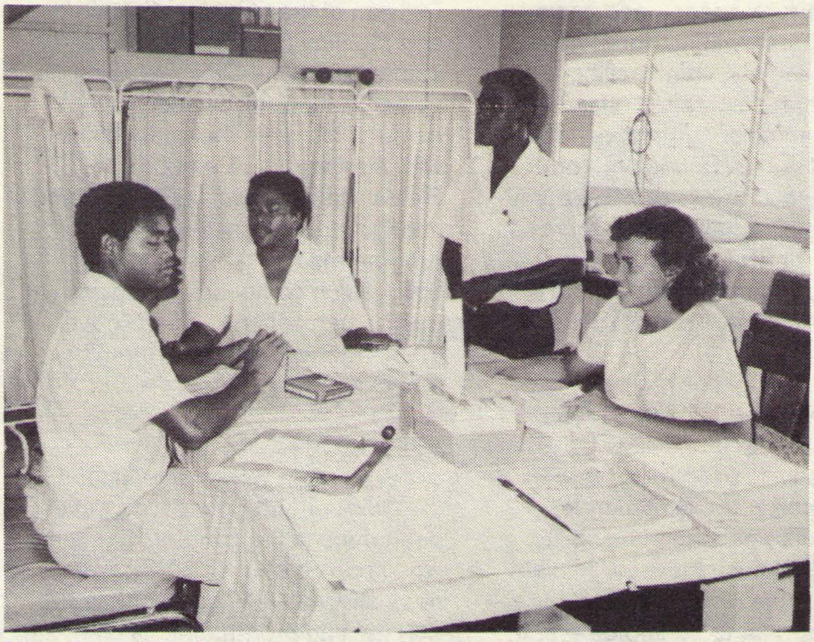


Photo: Linda Hill

Diana Yates with other staff of the Rehabilitation Division of the Ministry of Health in Honiara, Solomon Islands

Working together in Solomon Islands. Community based rehabilitation is something based in the community and must grow from that community.

Photo: Linda Hill

family tried their best to provide for their child and the occasional visits we made encouraged them. An indoor swing made from a parallel bar and an old tire was made for this child. Village children helped to make it and wanted to use it too. As a result they became friends of the disabled child. This same child also learned to open the food safe and to feed herself.

Other people with disabilities who live in rural areas need assistance such as clothing, food, housing, water supply, toilet facility, etc. Because of the scattered islands and economic constraints, an institution would not solve this problem. Thus a need arose to develop community based rehabilitation services so that rehabilitation could reach those in rural areas. As a result, I was sent overseas for training.

Save the Children Fund Australia and the Ministry of Health did a four month feasibility study on disabilities in 1991. It found that 3-5% of people in the Solomon Islands have some kind of disability. As a result of this study, the Ministry of Health approved a proposal for a CBR programme to be implemented.

The development of CBR programmes in the Solomon Islands is seen as part of a system of rehabilitation services where community resources will supplement government resources and institutions like the rehabilitation department, the Red Cross Centre, and health workers who will provide technical expertise, guidance and encouragement. The CBR programme is a partnership between the NGO sector and the Rehabilitation Division of the Ministry of Health and Medical Services. It is a subcommittee of the Disabled Persons Rehabilitation Association (DPRA). As such it shares the same office with the Disabled Persons Rehabilitation Association and functions to strengthen DPRA. The programme has a management body which comprises non-government organisations and the government organisation. The committee meets once monthly to discuss CBR issues.

A few CBR workshops funded by the Cumberland Foundation have been done in the country. These workshops create disability awareness and will be integrated into the CBR training programme. A one year training programme for rehabilitation aides who will be doing rehabilitation activities in rural areas is slated to start in early 1994. At the moment, we are working on the training curriculum and pilot CBR activities through volunteers who are interested in working with people with disabilities. Some of the activities include rehabilitation at home, making simple seats and assisting with the building of houses.

Our most recent activity was building a house for a person who suffered from leprosy. He had one of his legs amputated. While he was in hospital, his house was destroyed and his gardens became overgrown with weeds. Two community meetings were held with his church and a youth group had committed themselves to help rebuild his house at a new site. After a few days of work, the group slowly left to do their own work, leaving the house unfinished. A new group, comprised of a family from the village, a neighbour, a polio survivor who is currently working for the Rehabilitation Division of the Ministry of Health, a driver for the Ministry and myself took up the task of rebuilding his house. We hope to install a toilet and a well for him too. The toilet and well facilities will be provided by the Environmental Health Division of the Ministry of Health and Medical Services. Pacific Timbers (Honiara) Company donated timber for the house and drums for the toilet were donated by the Shell company. Participation of the polio survivor was the highlight of the event. It gave encouragement to the rest of the team.

This story shows how rehabilitation in Solomon Islands has moved out from the hospital and into the community. Many people are involved in working together from paid workers to families, neighbours, community groups and people who are disabled themselves.

Village Based Rehabilitation on the Weather Coast of Guadalcanal

by Joseph Ganigoai

Joseph Ganigoai and his wife, Mary Joseph Ganiva, are the first Community Based Rehabilitation (CBR) workers at the village level in Solomon Islands. They work in Gheana District on the remote Weather Coast of Guadalcanal, the site of the CBR Pilot Project. Their district is a two hour truck ride from Honiara followed by two hours in an outboard-motor canoe. To get from village to village Joseph and Mary walk on bush trails for up to six hours over rough ground cross-hatched by rivers, ravines, cliffs and high hills.

I had never heard of Community Based Rehabilitation until Romano Vaolu, a Mobile Team Leader for Solomon Islands Development Trust, told me about a CBR workshop. He asked for volunteers interested in helping people with disabilities to come to this workshop in his village for a week in August 1992. After I heard his story, I thought about it for a full day and then talked with my wife. We decided to attend the workshop so that we would know a little about helping disabled people.

At the workshop we came to know Diana Yates and other resource people from the Rehabilitation Division in the Ministry of Health and Medical Services. These good people and Romano gave us their time to help us understand what CBR means. At first I thought it was some kind of organisation coming to help people with disabilities, but later I understood that CBR is something that is based in the community and must grow from the community. Mary and I went back home and tried to apply what we learned, but it was a little hard since it was so new to us. In our communities, people usually aren't willing to visit and talk to people who have disabilities so nothing much happened.

A couple of months later Diana Yates came back with more resource people and gave us another week of training. One of the resource people who taught us a lot was John Aligabatu who is disabled himself from polio. During this training we got more information and ideas. Things began to become clear so I told my wife, "This time we'll go home and try our best to get CBR going in our area." We started out with our home communities of Fox Bay and Wanderer Bay because we knew they would be supportive. We talked to people with disabilities, their families and the village leaders. As a result of our preaching, people started to say, "Hey, this is a good way for communities to help people with disabilities. We have lots of disabled people in our area, but we don't really know them. Now we know how to include them and treat them the same as anyone." Village children and adults began going to visit the different people with disabilities to story with them and to try to make them happy. For example, we have one man in our village who learns slowly and cannot talk. In the past he was mostly ignored. If he visited a house and asked for food, people would chase him away. Now when he goes walkabout, people greet

Photo: Linda Hill

Coastline on the remote Weather Coast of Guadalcanal, site of the Community Based Rehabilitation pilot project in Solomon Islands

Photo: Linda Hill

Joseph Ganigoai "storying" with a man who has disabilities related to leprosy

him and they invite him into their homes to visit and eat with them. This hasn't changed his disabilities but it has helped him to be happier and, now that he has friends, he is no longer so frightened of everyone. In the same village there is a little boy with cerebral palsy who used to lay on his back all day, but now he can roll over and is beginning to crawl. In another village there is a little girl I am working with who is learning how to sit up. With exercise her legs are getting much straighter. Her parents do most of the exercises, but other people come to visit and help. There is another man with leprosy who was living by himself way up in the bush and not doing very well because of a bad sore on his leg. We helped him get to the clinic for treatment and now he is living with a relative nearby. All the neighbours are helping him with daily bathing and dressing so that his sore will heal quickly.

Now that Diana and other staff are coming back to our area every month on tours, the communities are starting to understand what CBR is all about. Diana comes to follow up on patients, check if Mary and I are doing our work, teach us new physiotherapy exercises and give us other advice about how to help the people with disabilities and their families. This support from Honiara has helped the community members believe in what I am teaching and is helping to build trust that CBR is here to stay. I am now working closely with our village health worker and the health clinic to link CBR with local health services. We will be travelling to the bush villages together, especially to visit people with leprosy. In April I arranged for Diana and her team to visit our local primary school where they explained CBR and helped the students understand what it feels like to have a disability. Since that time the children have begun to play and story with other children who have disabilities and help them with their exercise programmes. Last June a local teacher, a family with a deaf child and I had the opportunity to go to the Red Cross Handicapped Centre in Honiara to attend a deaf sign language workshop. This was very helpful for the little deaf girl and will also help us learn how to communicate with other deaf children in our area.

Mary and I now work with about fourteen people who have severe disabilities and need a lot of help and with about ten more people who have mild disabilities and don't need too much help, but like the encouragement we give. Now that things are going well in Fox Bay and Wanderer Bay, Mary is taking over the support work for people in that area and I am starting to visit the outlying areas along the coast and in the bush to help them get CBR going in their villages. I think that in the future CBR will continue to grow because it helps people communicate together and understand each other. Community Based Rehabilitation is really helping us to live the words of a favourite Solomon Island song and become 'one big happy family'.

We are one big happy family
God's family
God's family
We are one big happy family
God's family are we.
She is my sister
He is my brother
Our father in Heaven loves you and me.

Photo: Linda Hill

Mary Joseph Ganiva and the grandmother of a young boy inflicted with cerebral palsy help the child through massage, exercise and stimulation. The little boy used to lay on his back all day but now he can roll over.

George Lale's Story

Solomon Islands Community Based Rehabilitation in Action

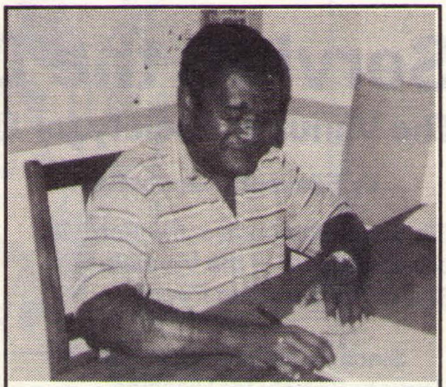
by Linda Hill

For the past 2 years, Linda Hill, a CUSO (a Canadian development organisation) cooperant, served as the Senior Rehabilitation Officer for the Solomon Islands Ministry of Health. Her work took her out of Honiara, the capital of the Solomon Islands, to many rural areas and outer islands of the country.

George Lale lives in his family village in Temotu Province. He has been profoundly deaf since he was a child. George has built his own house and helps others to build theirs. He can be counted on to help with village work such as fishing, clearing land for gardens, cutting copra and harvesting ngali nuts. At the end of most days, George joins other young men in the area for a game of soccer. On special occasions, he dons his elaborate Santa Cruz dance costume because he is one of the main dancers in the traditional three day, non-stop dance festivals for which Temotu Province is famous. About once a week George gets together with his friend John Peter Metouna, an Assistant Health Education Officer in Lata, to talk in sign language and practise reading and writing. One evening a week, the two of them teach a sign language and communication skills class to participants in Lata's adult education programme. The teaching and reading and writing practice are recent additions to George's life.

Deafness makes it very difficult to learn spoken languages and learn to talk. While George can lip read some words, he can't follow a long story because many sounds look alike on the lips. Until recently, he never had the opportunity to learn to read and write. One of the biggest barriers faced by deaf children in the Solomon Islands who live outside Honiara is access to school and therefore to literacy. In places where deaf children go to school together such as the Red Cross Centre in Honiara, complex sign languages have grown up complete with thousands of hand-signs and hand shapes that show the letters and numbers. Children who attend school at the Centre communicate in this way and learn to read and write. But in rural areas deaf people like George are usually limited to simple messages through actions and gestures and they are isolated from language.

All this changed for George in January 1992 when deaf college lecturers from Australia ran an immersion sign language workshop in Temotu. George attended the workshop as did his friend Peter. Since then, they have attended two more immersion sign language workshops. These workshops have opened doors into the world of words and literacy for George and other deaf Solomon Islanders. Through learning sign language and teaching it to others, George and Peter are reaching across the communication barriers of deafness and providing true-life examples of community-based rehabilitation in action.



Nelson Rofo of DPRA Solomon Islands

Disabled Persons Rehabilitation Association of Solomon Islands (DPRA)

DPRA was established in 1985 as a registered charitable association made up of people who have a concern for the well-being of disabled people in Solomon Islands. The goals of DPRA are to enable disabled people to achieve maximum independence through rehabilitation, and to promote and advance the interests and well-being of disabled people themselves. The association is playing an important coordinating role in the new community based rehabilitation programme in Solomon IslandS. For more information, contact: Disabled Persons Rehabilitation Association of Solomon Islands, PO Box 331, Honiara, Solomon Islands. Tel 677/20717 Fax 677/21339

Photo courtesy Linda Hill

From left to right, Linda Hill, deaf signing trainer from Australia and George Lale at a signing workshop in Solomon Islands

Serving the Disabled in Vanuatu

The Vanuatu Society for Disabled People

by Elizabeth Gambetta

Elizabeth Gambetta is the Port Vila based Director of the Vanuatu Society for Disabled People.

Since its inception in 1984, the Vanuatu Society for Disabled people (VSDP) has been working on behalf of the hearing, visually, intellectually and physically impaired citizens of Vanuatu. It is a nationwide, non-governmental, non-profit making organisation established to facilitate the fullest possible integration of and participation by people with disabilities in all aspects of life in their communities. VSDP also assists with prevention of disability through public education and early intervention, and collaborates with government and other non-governmental organisations to ensure that the disabled have the same rights as other Vanuatu citizens.

Support for disabled people in Vanuatu did not begin with VSDP. Before independence in 1980, the Red Cross Society had programmes to assist people with disabilities. It concentrated mainly on providing mobility aids such as wheelchairs, meeting basic needs such as food and clothing, and doing some home visits. The Red Cross was able to do little in the way of therapy or identification of people who had disabilities, particularly in rural areas.

In 1984 a group of concerned individuals formed a branch within the Red Cross named Handikap Grup Blong Vanuatu. The major orientation was still welfare, but some physiotherapy, speech therapy and teaching of literacy and numeracy skills were provided. Further changes came in 1986 when the group became autonomous from the Red Cross and set up office in a house donated by the government. It was apparent by then that a staff person was needed to coordinate the society, but funds were lacking. In 1989 the Australian Overseas Service Bureau funded an Australian volunteer to work as the director, with responsibility for developing the organisation and seeking funding to employ staff and support programmes.

The society was registered as an independent charitable organisation in 1989, the Nakato Society. "Nakato" means a hermit crab. The name was chosen by disabled people who compared themselves to the hermit crab without a shell and saw the training and support provided by the Nakato Society as the new shell which would enable them to do things for themselves, just like a hermit crab with a new shell. However, the general public has not seen this point and expressed concern that the "Nakato" name presented a degrading image of disabled people. The name was changed in 1992 to Vanuatu Society for Disabled People. Throughout these years, the programme was centre-based, with the centre open to the public two mornings each week. There was also a weekly session for deaf clients and caregivers. In 1990 a special education teacher and a local counterpart to the director were hired.

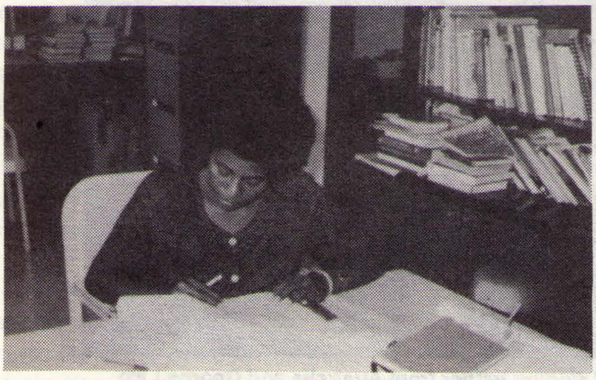


Photo: Stuart Wulff

At work in the office of the Vanuatu Society for Disabled People in Port Vila

The Society took the big step of moving its programme from being centre-based to community based rehabilitation in 1991. With this change, four field officers were hired and immediately went into a year's training programme. Now they spend three weeks per month in the outer islands and the fourth week in the Port Vila office writing reports, discussing problems and sharing information and new ideas. Among their success stories is the programme developed for a 13-year old girl who could neither walk nor use her hands. After a year's therapy designed by the field worker and involving the girl's mother, she is now able to walk. They have seen great progress in a 14-year old boy who was considered by his parents to be too slow (intellectually impaired) to be given any responsibility and independence. After three months he was able to do many things for himself. A 9-year old boy who could not walk is now walking as a result of simple therapy and exercises.

Such progress has given the field workers credibility, motivation and confidence to carry out their responsibilities. While some clients do not progress they have found that if support and effort is given by families and communities, the people with disabilities will progress quickly. On the whole, the community based rehabilitation programme is moving ahead successfully.

VSDP has also organised two successful overseas trips for disabled people. The 1991 trip, funded by the Rotary Clubs of Port Vila and Noumea, was to the first ever South Pacific Games for Disabled Persons in New Caledonia. The second trip, in 1992, was to the annual Rotary Handicamp in New Zealand.

Although the society is still in its early stages, much has been achieved, though much work remains to be done to help disabled people. These achievements were made possible through the efforts and cooperation of local and international organisations and individuals, whom the society thanks very sincerely for their contributions.

Graphic: Balance, Sept/92

Sexual Abuse of a Disabled Woman

Anonymous

I have been disabled from birth. When living with my family seven years ago, I had been going through a life that tormented and disabled me more than I am now. I was living with my older sister, her children and her husband. Both my sister and her husband worked, so I was left at home to take care of the children.

While my sister was still at work, my brother-in-law would come home early with an excuse of a headache, but instead he would force me to have sex with him. I was terrified, unable to defend myself against such a situation, helpless and everything just went blank. These happenings were going on for a year and it seemed that I just cannot do anything to help myself so I became submissive each time he came for me. Telling my sister about it all was not my intention as I would never be believed and of course I would be creating a fuss and causing a rift in the home. No one knew of the horrible scenes that were happening in the house until my pregnancy was discovered.

I am very tiny compared to my other friends with disabilities. I cannot stretch my legs so I walk on my feet with my legs bent and my bottom almost touching the floor. Could you ever imagine or believe that with my disability, would somebody in their right mind take advantage of me and go as far as hurting me sexually. I did not, as I saw myself as non-existent, a burden to society and nothing to look at.

During my pregnancy I was asked a lot of questions which I did not answer truthfully, but one day I broke down and told them all the story about my brother-in-law. No one believed me. They all blamed me, it must have been me who made him do things to me. I was the one to blame, so for my sins I was put into hard labour. I had to walk all the way to the river to wash everyone's clothes, cook, clean and every other possible household duties one can think of. My disability did not even bother them at all. I was nothing special to them. I was totally degraded, but my willpower to live kept me going until the day I delivered my baby girl.

Then to add to my traumatic life, my baby was taken away from me after 3 days of being close together. To my knowledge my child has been taken away overseas. I was seen as an unfit mother, due to my disability. My other qualities did not count. Soon after being discharged from hospital I was referred to a safe house where I now live with my other sisters who have some sort of disability.

Life took on a dramatic change for me. The bathroom, the toilet, the living room and the women I'm staying with are so different. The atmosphere was no comparison to the surroundings that I was accustomed to before. I have even taken positive steps to re-do my life. I never had an education so I did not speak a word of English, but now I speak it as well as any of you do. I have had no formal therapy to ease the images of my abusive years, but I do try and cut it completely out of my life. This does not help heal me as things are still vivid in my memory, but it is the beginning of a new life for me. [Reprinted from Balance, September 1992]

I am a Woman

by C. Hibbard

Although I am disabled
I am not an in-complete-woman
I can feel what every woman feels
I felt the stirrings of my babies as I carried
For Nine months.
I felt the joy of giving birth
Watching them grow and protecting them from
the dangers they faced as they grew.
Although I am disabled
My disability does not mean I must be tied to
my stove or sink because people assume that is
all I can do.
I value my freedom as a woman
Tho' I am sitting in a wheelchair
I am free to choose what I wish to do
Tho' barriers block my path
Those barriers will be removed
I refuse to be held back because I am disabled.
I am free
I am a woman you see.

[Reprinted from Balance, September 1992]

Women's Group Addresses Needs of Women with Disabilities

The **Women's Group of the Fiji Disabled Peoples Association** works to raise awareness of issues related to women with disabilities. For example, three members attended a Pacific sub-regional workshop on women in development and presented information about issues affecting women with disabilities. The group also tries to promote skills training and education for women with disabilities. Central to FDPA and the international movement of disabled peoples are the principles of independence, integration and equality. The Women's Group works for the rights of their members, as women and as people with disabilities.

United Blind Persons of Fiji - Perfect Participation and Equality

by Angeline Maharaj

The Fiji Association of the Blind, established in 1987 by visually impaired persons to serve as a consumer advisory group, changed course in 1991. New goals and strategies were designed which led to the association's new name, United Blind Persons of Fiji (UBP). UBP opened an office at the FDPA's premises in March 1992 and employed Angeline Maharaj, a low vision young woman, as its administration officer.

UBP sees itself primarily as an advocacy group that addresses issues to facilitate provision of equal opportunities and full participation of blind and other disability groups in society. The association also promotes blindness prevention and organises empowerment workshops for its members.

United Blind Persons of Fiji can be contacted at: GPO Box 16015, Suva, Fiji. Tel: 679/300616 (Adapted from an article in the June 1992 issue of the FDPA newsletter and a conversation with SPPF's executive director.)

Fiji Disabled Peoples Association An Association of and for People with Disabilities

by Clarence Narayan

Clarence Narayan is the executive officer for the Fiji Disabled Peoples Association. Clarence is disabled.

Fiji Disabled Peoples Association (FDPA) was founded in the late 1970s, originally to deal with sports and social events for people with disabilities. As the Association developed, so did their work and they began to work on issues that affect people with disabilities. They began to lobby for improvement in the areas of public access, housing, training, education and employment.

Seeing the need to address these issues more effectively, the Association looked for funding to run an office and employ staff. The office/resource centre was officially opened in December 1988. Since then staff and members of the Association have worked to raise public awareness and seek equal opportunities for people with disabilities.

The philosophy of the organisation is that ALL people with disabilities should have the same rights and responsibilities as any other citizen of Fiji. All persons, regardless of their disabilities, must have access to opportunities to lead a full independent life and exercise their rights and responsibilities.

The basic objective of FDPA is to provide a public forum through which members of the Association can express views and concerns. FDPA promotes public awareness of the potential of people with disabilities and the barriers that restrict that potential. The Association also works towards improving housing, education, employment and social opportunities for people with disabilities.

FIJI DISABLED PEOPLES ASSOCIATION

FDPA is run by and for people with disabilities in Fiji. There is an elected Executive Committee which manages and oversees the work of the Association. At present there are three staff: the executive officer, the community worker and the office secretary.

FDPA offers some basic services to its members where there is an urgent need and no other group is assisting. A limited range of medical equipment is available to members at a minimal cost. A doctor's letter is needed for the initial provision of this equipment. FDPA also helps people with housing adaptation to make their homes more accessible. FDPA pays for materials while the applicant pays labour costs.

FDPA acts as a referral service for people who need to know information or obtain services from other organisations which assist people with disabilities. The association is building a resource centre where information can be readily available to people; we welcome further material for our resource centre.

Our membership is open to everyone, people with disabilities and those who are temporarily able bodied.

For more information, we can be contacted at: P.O. Box 15178, Suva, Fiji. TEL:679/311203
FAX: 679/301161

Reaching Out to the Disabled in Papua New Guinea

by Rob MacGillivray

Rob MacGillivray went to PNG in January 1991 as a volunteer with Voluntary Service Overseas (VSO), a UK based agency that sends skilled volunteers to developing countries. He served as the first Outreach Programme Coordinator for the Special Education Centre of the Papua New Guinea Red Cross. The article following is the story of the growth and development of that Outreach Programme. Rob returned to the UK in the fall of 1993.

In Papua New Guinea the Red Cross Special Education Centre (SEC) is one of the few organisations serving the interests and needs of disabled people. At the time of its founding, one of the objectives of the centre was to provide a comprehensive service to assist those children with significant developmental disabilities and their families in the Port Moresby area.

In 1991, the centre decided to pursue a more specialised service, offering places only to hearing impaired children. Today pre-school and school age children are taught sign language and vocalisation. The centre follows the PNG community school curriculum and it is hoped that some children will be integrated into the mainstream education system. The older students are offered vocational training and job placements are sought for them.

With the Centre seeing to the needs of the hearing impaired, there remained a void in services for children with other disabilities. A small outreach programme for disabled children had operated until funding ran out 1986 and even after that programme ceased a small part of it continued. A physiotherapist technician, attached to the Special Education Centre, carried on the work by visiting five local children in their homes while another thirty children came into the centre on a weekly basis for physiotherapy.

Things began to change in 1989 when the PNG Red Cross approached Voluntary Service Overseas (VSO) in Port Moresby for funding to restart the outreach programme. Working together, they drew up a project proposal which the British Red Cross agreed to fund for an initial period of two years. A VSO volunteer from Britain arrived in January 1991 to take up the position of Outreach Programme Coordinator.

The aims of the project were identified as:

- To develop a Community Based Rehabilitation Outreach Programme for mentally and physically handicapped children in the National Capital District and Central Province (Central Province, covering 20,000 square miles of savanna and tropical rainforest , has limited road access)
- To assess clients and implement suitable training programmes
- To test the hearing of children and encourage the integration of hearing impaired children into community schools
- To provide locally manufactured specialised aids to disabled children
- To assist in organising appropriate in-service courses for Education and Health personnel.

Temporarily housed in one of the Special Education Centre classrooms, the Outreach Programme set to work. Contacts were made with the Port Moresby General Hospital, specifically with the Department of Paediatric Medicine, to connect the programme with the hospital clinic system and obtain referrals. In order to build a strategy for working both in the National Capital District (NCD) and in the more rural communities, information about the programme was circulated to 95 health clinics and aid posts and 165 community schools. This approach failed as the response rate was only 10 per cent. However,

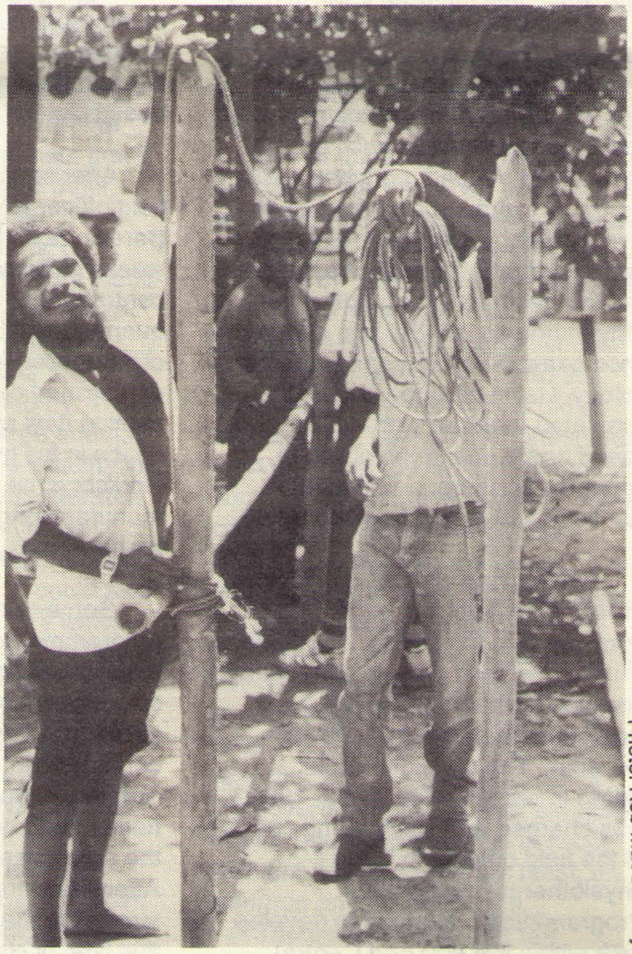


Photo: Rob MacGillivray

Villagers building a set of parallel bars


Photo: Rob MacGillivray

Teaching a young cerebral palsy child to crawl using a suspended sling

by May 1991 63 children with disabilities had been identified through personal contacts in nearby villages and were being visited regularly at 2 to 4 week intervals.

With the completion of the new Outreach Programme building at the end of September 1991, the project was able to start manufacturing low cost aids for disability such as specialised seating, crutches, walking frames and support rings in its own workshop. The specially designed made-to-measure seat serves the needs of profoundly physically handicapped children and is a good example of appropriate technology. Using cardboard cartons laminated together with a flour-based paste and strips of waste paper for finishing, a robust chair can be ready to use in 4 to 5 days.

At the close of 1991, Outreach Programme staff had expanded from one to a total of six: the Coordinator, two field officers, two young disabled men employed as workshop trainees and a physiotherapist. The physiotherapist, slated to leave by the end of 1992, was charged with the training of one of the field officers in basic physiotherapy techniques. Programming continued to develop both within the NCD and Central Province although some rural areas were still waiting for a first visit.

To overcome this problem of lack of service to outlying areas it was decided to place two field officers in rural settings. The areas chosen were Kupiano to the east of NCD and Bereina to the west. Both areas are government stations with many surrounding villages and caseloads of children had already been established there. The Provincial Government agreed to supply housing at nominal rents and funding came from Save the Children Fund. The two officers filling the positions are responsible for their own caseloads and also for manufacturing locally the low cost aids for disability needed by their clients and families.

The Kupiano field officer started work in October 1992. In addition to full responsibility for his own caseload, he teaches signing to hearing impaired children and introduces teachers of the local community schools to sign language. Another aspect of his work is assisting with the organising of locally-based disability groups.

After several months a second field officer was named to the Bereina post. During his first few weeks at Bereina, efforts were concentrated on repair work to his living quarters. He then visited the children who formed the previously established caseload and started accepting new referrals. Using some space in his house as a small workshop, he has now begun the manufacturing of the low cost aids for his clients.

Some referrals coming into the programme from Community School teachers were children who had sensory handicaps. The programme strategy in these cases is to encourage teachers to assist these children by having both special needs and non-disabled children in the same classroom environment. Attempts were made to provide support to the teachers to allow for this type of classroom arrangement but this approach has its difficulties as class sizes are large and teachers have no formal training in teaching special needs children. In spite of these problems, some children both hearing impaired and developmentally delayed have been successfully integrated.

To address the lack of formal special needs training, teachers from the Port Moresby In-Service College make frequent visits to the Special Education Centre and the Outreach Programme and sign language workshops have been started at the College. In addition, two training workshops on the manufacture of aids were held at the PNG Teacher Training College.

The beginning of 1993 also saw the start of new funding from Christoffel-Blindenmission to fund salaries and operating costs for two additional fieldworker positions. These two positions will operate from the NCD and, in addition to carrying an urban caseload, will visit children who live in villages within easy travelling distance from Port Moresby. A workshop manager has also been appointed supported by funding from the British Red Cross. After completing eighteen months of training the two original workshop trainees have moved on to mainstream employment and their places have been taken by three new recruits whose work experience within the Outreach Programme will, we hope, contribute to their future employment prospects.

The ultimate aim for this Outreach Programme is to see itself firmly grounded within the communities it serves. In that way it will expand to serve the needs of people with disabilities and assist them to become full participants in their communities. A larger challenge for Papua New Guinea is to expand such community based outreach programmes for people with disabilities thoughout the whole country.

The Namosi Mine - Fiji's Lottery?

by Dr. Roman Grynberg

Placer Pacific, a subsidiary of Canada's Placer Dome company, is taking steps to develop a massive copper/gold mine at Namosi, near Suva, the capital of Fiji. The proposed project would mine 1,000 million tonnes of low grade ore over 30 years, starting in the year 2000, making it one of the world's larger mines and the biggest economic event in the history of Fiji. Dr. Grynberg, a member of the Department of Economics at the University of the South Pacific in Suva, examines some of the issues related to the mine.

In more developed countries, the state or private firms have huge lotteries that are the constant source of betting and amusement for millions of people. Every week or two, someone wins and it is often millions of dollars. In Fiji, there is no real equivalent. If there was a real lottery, then the newspapers would have, as they do in the West, followed up what happens to these people once they win millions. Generally the tabloid stories make for depressing reading because, despite our daydreams, quick money is usually a disaster. As the Madonna song goes, "Money changes everything".

What this has to do with Namosi will I hope become obvious. I shall always remember the day the Minister for Lands, Ratu Ovini Bokini, got up in parliament and told the nation just how big the Namosi project was going to be. His description made the not inconsiderable hairs on my back stand up because, once he was through, it was obvious that Namosi is not a small mine. It is one of the biggest mines in the world, probably a bit bigger than the huge Bougainville Copper Mine. It is probably the biggest copper mine in Asia and among the ten or twenty biggest in the world. Few people are getting the picture of just how dangerous this could be for Fiji.

Mining Poses Economic Risks

There are two opposite economic dangers with mining. The first is that the government will be in a desperate rush to develop Namosi because, among many politicians in Fiji, it is seen as the saviour of the country from the dismal future of garments and sugar, our two main export sectors. In its rush to develop the deposit, the government may concede too much to the mine developer. As a result, we may get nothing in tax revenue. It must be remembered that the tax on the copper and gold from Namosi is the revenue that the country gets. If we get a poor tax deal, we give away our resources for nothing and repeat the fiscal disaster at Vatukoula.

The alternative is just as dangerous and perhaps worse. Mining and petroleum industries are very dangerous to an otherwise healthy economy. In economics the danger is so well known that we have a name for it, the "Dutch Disease". This name comes from the results of the discovery of natural gas in Holland and the impact that it had on the development of other parts of the Dutch economy. After the discovery of minerals or oil, what often happens is that the resulting boom drives wages and prices up in other parts of the economy. This results in the death of low wage sectors of the economy. This is fine if the deposit is large enough to assure that you will be wealthy indefinitely, but if it is only moderately wealthy like the Namosi deposit, then it could destroy industries such as sugar and garments. It could also destroy the tourism industry which, while it pays relatively high wages, is suffering from competition from other low cost Asian destinations. The mine is then just like winning the lottery, enough to permanently alter a sustainable lifestyle, but not enough to make you rich forever.

The Dutch Disease has happened very close to home, in Papua New Guinea. The plantation sector of the PNG economy has languished for years in large part because the discovery of gold and recent development of oil deposits has pushed up wages in that country to the point that many highlands coffee plantations are seriously threatened. In PNG wages are so high that the development of a viable manufacturing sector is not possible. Rather than being an important contributor to development of the economy, the mining and petroleum sector has effectively destroyed PNG's chance of being what it should be, one of the richest nations of the South Pacific.

Money changes everything. The Namosi mine's 1,000 million tonnes of relatively low grade copper ore will change everything in Fiji. It is the biggest single thing that has happened to Fiji and it will change the entire future of the nation. Fortunately the "Dutch disease" is not like cancer; it is not a terminal condition, but the medicine is tough. Despite some weaknesses, Fiji has a wonderful little economy that has produced the highest standard of living among the nations of the South Pacific. If it is to be saved, there are two policies that are needed to make sure we survive the next 50 years. The first is a commitment by government that the vast bulk of tax revenues from the Namosi deposit will not be allowed to hit the Fiji economy. To do this, we have to do what Kiribati did so successfully, taking all its phosphate earnings from Ocean Island and putting them in an offshore fund. This is called sterilisation in economics and, like its medical equivalent, it is quite painful. What it means is that the politicians agree not to spend the money from Namosi but to turn it into a renewable fund, the much smaller interest from which can be used. To sterilise the $100 million a year that would probably come to the government of Fiji from the mine would require an exercise in fiscal restraint that is, to say the least, uncommon among politicians.

The second thing that the government must do as a bare minimum is commit itself to a policy of stringent wage and price control from the very beginning of construction of the mine to assure that the boom does not cause the private sector to push wages through the roof. The potential for economic destruction from a wage push caused by this mine cannot be overstated. So not only the government but also the private sector must commit itself to not create boom conditions.

There is only one way for the politicians to save this country from a potential economic disaster and that is to commit the country to a path that would see tax revenues from the mine committed to a trust fund so that present and future generations have a chance to gain some benefits from the copper wealth at Namosi. If our leaders fail to have the wisdom and courage to do this now, then they will certainly not do it when the mine is already open in the year 2000. If our leaders fail to sterilise these funds, then we can kiss goodbye to the last twenty years of economic development. In one lifetime, I have seen Papua New Guinea, a country I love dearly, virtually self-destruct under the weight of fast money caused by a minerals boom. Neither I nor anyone else who loves this country would want a repetition in Fiji.

What's in it for Landowners?

Namosi province is among the most pristine and beautiful places in Fiji. In ten years, it will not be that beautiful because there will be two massive pits dug in the mountains to extract the copper ore in the area. There will also be a huge dump site where 100,000 tonnes of rock will be dumped every day and there will be a huge drain pipe down to Navua where the copper tailings will be flushed into the sea. There will almost certainly be a four lane highway built up to the mine from Suva and probably as far as Navua where the port will be. As Placer is not intending to build a big mining town, people will commute from Suva and Navua. As a result, within twenty years there will be substantial housing developments along the road between Suva and Navua. Yet what is hardest to imagine is not just how much the geography will change, but how much the lives of the people of Namosi will change. Their lives will change irreversibly.

If the Fijian government wants to develop the mine, it or the Native Land Trust Board will have to come to an agreement for compensation, in order to give Placer Pacific access to the land that will be needed for the mine to proceed. Under the *1990 constitution, the government* has legal but as yet unclear obligations to the landowners to assure that they benefit from the development. Late last year, Placer submitted to government a package of compensation proposals that would give landowners compensation for the land that would be used. That proposal is based essentially on the PNG formula where compensation is paid on the basis of land used by the developer.

What is particularly fortunate for the government is that the number of people directly affected by the mine is relatively small. As a result, the government and the developer may be in a position to develop a compensation system that pays landowners in ways that generate a sustainable flow of income and avoid future problems. Proposals for compensation to the landowners based simply upon the destruction and use of land are unlikely to work and may lead to similar sorts of difficulties to those that arose on the island of Bougainville with the Bougainville Copper Mine. If anything, the experience of large and long duration mining projects in developing countries is that they result in high rates of population growth among the local population, a total change in life style and almost invariably a decline in subsistence agriculture and a greater reliance on purchased food.

In 1988 I was sent to Bougainville as a journalist for the Times of PNG. On that occasion, I was met by a very angry young man named Francis Ona. He is today the president of what remains of the breakaway Republic of Bougainville and the leader of the violent insurrection against the PNG government. PNG was then, as now, renowned for its outrageous compensation demands by landowners, but the newspaper sent me there to investigate demands by Ona and a group of young landowners for the astronomical amount of 10 billion kina (F$15 billion), which was four times the gross national product of PNG. My discussion with Ona was a classical dialogue of the deaf, he speaking in "islands pidgin" and me *replying in my broken "highlands* pidgin:. But our failure to understand each other was more than just linguistic in nature. What I only began to understand much later was that Ona and much of the younger generation of landowners were saying that they did not want the mine at all. Ona's sister, Perpetua Seroro, basically said precisely that - "We have gotten nothing out of this mine and soon it will close and we will not even get compensation".

Such a position at first appeared incomprehensible because Bougainville Copper Limited (BCL) had been paying millions annually in land compensation as well as royalties to the landowners at Panguna. The bankers in Arawa, the capital of North Solomons Province, confirmed that there were some landowners with savings accounts that had balances of hundreds of thousands of kina in them. The problem was of course how the money had been paid. It was given to the landowners on the assumption that they would, in the Melanesian way, distribute it among their relatives or "wantoks". The rub was that they did not; they kept the money so many of the land users, people who had traditional rights to use the land that BCL was occupying, got nothing. Francis Ona and much of the younger generation which had been born after the mine was built in the 1960s were in that boat. While many of these people had the traditional rights to use this land, they were not landowners and received only what their relatives gave them.

What occurred on Bougainville was the result of a clearly unfair compensation system, combined with massive environmental degradation caused by mining, together with a Department of Minerals which, while being staffed with dedicated officials, was preoccupied with developing mines because that is how the officials were judged. For these government officials, landowners were seen, at best, as obstacles to mine development. These errors resulted at first in an insurrection by Ona and other landowners that shut the mine and devastated the PNG economy, and finally in a violent civil war that continues today and has cost the lives of hundreds if not thousands of Bougainvilleans and Papua New Guineans.

Namosi is very obviously not Bougainville and Fiji is not PNG, but still there are several lessons that arise from the very nasty experience of Bougainville. The first is that you cannot necessarily believe that, by paying landowners, all those adversely affected by the mine will benefit. The second is that compensation to landowners and those in the mine impact area must come in a way that will compensate them for the loss of their lifestyles. The BCL mine effectively destroyed the traditional lifestyles of many Bougainvilleans in the Panguna area and the amount given to landowners for the loss of the land was not even equivalent to what they would have earned if they put the land under cocoa. It was certainly insufficient to assure enough money for them and their children to live in a lifestyle which they felt they deserved given the enormous copper and gold wealth under their feet.

If the government of Fiji proceeds with a land compensation package to landowners and those in the mine impact area that is based on the number of acres taken and trees destroyed, they will be making a principled mistake, not just a financial one. It is entirely possible that the Namosi mine will be sufficiently rich and of sufficient duration that the people of Namosi will be permanently changed and will become fully integrated into Fiji's money economy. However, it is also possible that they or a good portion of them will not be fully integrated, that what will be lost is a subsistence lifestyle, and that it will not be replaced with a lifestyle that the landowners consider to be a clear improvement. Placer and the government must prepare a proposal that compensates for that possible loss because, if fifteen years from now the landowners are not as well off as they are now and they see people making a great deal of money, there may well be trouble. By that time, Fiji will have become very dependent upon copper earnings and the potential for economic dislocation caused by landowner disputes will be substantial.

The best way to guard against this problem is by the establishment of a trust fund that could be used for development projects in Namosi or to pay a flow of income that is at least equivalent to the subsistence income they have now. Fortunately, there are very few people in Namosi and this could probably be done without financially crippling the project. If it is not financially feasible, it will mean that the development would occur at the possible long term expense, rather than benefit, of the landowners. If this project is to proceed with some measure of equity, then the landowners must be better off forever rather than for just the life of the mine because, even if Placer can restore the bulk of the land to its original state when it ceases mining in 2030, it can never restore the traditional life of the Namosi people.

Namosi and the Environment

Recent developments indicate that the government is about to proceed with the Namosi mine. In September, Placer Pacific submitted to government its six volume report, which considers in much more detail than has previously been the case where the project is going. The submission of this report means that, despite what is sometimes said about the project being on hold or "on the back burner", it is in fact full steam ahead. Despite protestations to the contrary, the overriding factor in evaluating the Namosi project will be the economics of the project and regrettably not some of the potential economic and social effects that this mine will have on other parts of Fiji. However, there are potential environmental impacts that the government will have to consider.

Several environmental problems may arise because of Namosi and they are simply not being discussed in the public domain. The most significant is the question of what is going to happen to approximately 98,000 tonnes of tailings that will be created every day from the mine. Tailings are a waste by-product of mining and are composed of sand, silt and clay. At present Placer is proposing to pump the tailings from Namosi down to Beqa passage on the coast, where the tailings will be deposited in the water at a depth of 100-200 metres. The question that arises is whether this is safe, but regrettably the answer will not be known until the time that an environmental impact assessment is undertaken. The problem with this type of tailings disposal comes from the risk that the tailings will not sit still in Beqa passage and that their movement will affect the reef, coastal fisheries in the area and the very important tourism industry which is located along the Coral Coast.

Placer Pacific has a good and professional track record, but its own history with tailings disposal are by no means perfect. Placer has undertaken several projects using similar types of marine waste disposal. In the Philippines for example, at Mardinduque Island, Placer's subsidiary, Marcopper, used marine disposal but in shallow rather than deep water. It was reported that Placer received special dispensation from former President Marcos to use shallow water dumping of tailings. When subsistence fishermen complained, Marcopper was eventually closed for failing to meet pollution standards which called for a reduction of toxic material and metal levels in the tailings. It must be pointed out that this type of shallow water disposal is not being suggested in Fiji.

In PNG, Placer has had a better record when it used deep water tailings disposal at its gold mine on Misima Island, which is more or less the same method proposed for Namosi. While Placer frequently holds up the Misima mine as an example of the success of marine disposal, it might not be a good example if only because the volume of tailings deposited daily in the sea at Misima is much smaller than that which we will have with Namosi. Namosi will produce over five times as much waste as the Misima mine.

If the marine disposal of tailings is so problematic, then the government could consider the possibility of building a tailings retention dam as is done in many other countries. However, the Namosi area is not seismically stable, though this is true of all countries in the area that is known as the "ring of fire" in the Asia-Pacific region. Whenever the suggestion is made that mining companies should build a tailings dam as has been traditionally done in such mining projects, their normal response is to argue that this is not possible because they cannot guarantee that the dam will withstand a major earthquake. As a result, the preferred and coincidentally cheaper option is to dispose of the tailings either into the sea or rivers. Certainly this has been Placer's position at the Porgera and Misima gold mines in PNG. At the Ok Tedi copper mine in PNG, the developers took the same position, with the disposal of all tailings into the Ok Tedi and then Fly River.

It is simply not possible for anyone at this stage to assure that the marine disposal of tailings will be safe and hopefully this will be determined by Placer's environmental impact assessment (EIA). It must be recalled however that it is the mining company and not the government which undertakes and pays for the EIA. What can be said is that, because the company will dispose of the tailings into the marine environment, there is very little likelihood that they will ever be recovered. At first sight this would seem to be the point of the exercise, but the problem is that tailings can be recycled and reprocessed. A substantial proportion of the copper currently being produced in the U.S. comes from the recycling of tailings stored behind tailings retention dams. Even here in Fiji at Vatukoula, Emperor Gold Mines has been recycling its tailings and processing more gold. If Placer disposes of the tailings into a trench several hundred meters deep, it is very unlikely that the tailings will ever be recycled and we will be losing foreign exchange by using such a method of waste disposal.

If one is honest about it, the real issue regarding construction of a tailings dam is not really safety but cost. Some engineers specialised in dam construction dispute the claims of mining companies that it is not possible to build a safe tailings dam in seismic areas such as Fiji. However, what is not disputable is that it costs usually tens if not hundreds of millions to build a tailings retention dam large enough to store that much tailings waste and it means less profits for the company and less tax revenue for the government. Moreover, it can also be environmentally damaging because one sometimes finds that the tailings dam results in contamination of ground water.

Most companies are very happy not to build these dams because it increases profits. Governments don't usually care about the fact that marine disposal of tailings means that there are no tailings to recycle. The reason is that these tailings are normally recycled at the end of the project and this could be anywhere from 30-50 years depending upon copper prices. The one benefit of a tailings retention dam is that, if built properly, it will not result in massive marine pollution. It will however mean that the company will have to occupy far more land and pay more compensation to landowners. It may result in the pollution of groundwater and aquatic environments.

The disposal of wastes is by no means the only environmental issue that the Namosi mine confronts. The generation of power for the mine and concentrator is also an environmental issue of major concern. Placer is considering bringing in coal from Indonesia or possibly from Australia to fire its generators. The alternative which is far more likely is the use of diesel generators. If Placer uses coal, this could have effects upon the environment through the possible creation of acid rain. Company officials say that this will not happen because they will use low sulphur coal, which will not generate the sulphuric acid that causes acid rain.

Whose Interests will be Served?

If these seem the words of a mere Cassandra, then the Fiji cabinet should consider inviting Mr. Peter Tsimalili, the current PNG ambassador to Fiji and former Secretary for North Solomons Province before the civil war on Bougainville, to address cabinet. I am sure he would gladly inform them of what happens to countries that don't listen to the wise words of Madonna, "Money changes everything". In the coming years, we will have ample opportunities to make uniquely Fijian mistakes in mining development. I hope we will at least be original in the mistakes we make and not repeat those of others.

We are in many ways fortunate to have a company like Placer which, despite problems it has had in the past, generally has a good reputation as both a mining company and a corporate citizen. However, Placer like everyone else has its economic interests and it would be a mistake to think that it will not pursue these. The government must have people in place who are experienced enough to deal with large scale mining projects. For the moment, the project is being directed by the developer. There is as yet noone within government who has sufficient expertise to even properly evaluate the proposals that are coming to government. It must surely be an urgent priority that the government appoint a team now to consider the project before the future of Fiji is determined by Placer rather than by the interests of the government and people of Fiji.

[Adapted from several articles by Dr. Grynberg that were originally published in The Fiji Times]

Fiji's Sugar Industry - Moving Towards Reform

by Satendra Prasad

Satendra Prasad is a member of the Department of Sociology and Management and Public Administration at the University of the South Pacific in Suva. This article is adapted from a presentation to the Sugar Cane Growers Council's Sugar Industry Seminar in September 1993.

There is increasing evidence that Fiji's reasonably efficient and profitable sugar industry (for both growers and millers) is set to enter a period of profound uncertainty and large scale decline. A likely fall in the price of sugar, rising land rents, uncertainties relating to renewal of land leases, declining efficiency, rising grower indebtedness and rising production costs combine to make the task of reform and adjustment uniquely complex. Despite this, Fiji's citizens earn more money from sugar than from tourism, garments, gold, non-sugar manufacturing or any other industry and this is likely to remain so in the foreseeable future.

Declining Sugar Prices

At the outset, let me state that some of my calculations are based on figures available from unofficial sources.

Fiji's sugar is sold at different prices to different markets. Of a total production of 365,000 tonnes, 177,000 (48%) was sold to the European Community (EC) under its sugar protocol, through which the EC buys some 1.4 million tonnes of sugar from 12 Asian, Caribbean and Pacific states at a price equal to what it pays its own beet sugar producers. Based on provisional figures, we sold our sugar at a price of $870/tonne to the EC in 1992, which was some 250% higher than the average free market price. With average production costs of roughly $26/ton of cane for a grower, the grower made a profit of $40 for each ton of cane sold to the EC.

In the same year, we sold 117,000 tonnes of sugar to our second largest market, Malaysia, at a price of $347/tonne, a price nearly equivalent to free world market prices. For each ton of cane sold to this market, the grower earned a meagre profit of $3.9/ton. Sales to other markets are also more or less at world market prices.

The average farmgate price for sugar for 1991 and 1992 is almost twice the prevailing free market prices. With a production cost of $26/ton, the average grower would stand to lose $1/ton if all of Fiji's sugar were sold at free market prices over the past two years. This is a key problem for the industry as pressures to reform international trade lead towards a freer international trading environment.

While the EC Sugar Protocol is a somewhat unique arrangement, global pressure is likely to result in a gradual lowering of the EC price, possibly beginning this year. If we did not enjoy preferential access to the EC and were forced to sell that sugar at free market prices, we would have earned $156 million rather than $221 million last year, wiping out 40% of the grower's profit margin. Government revenues from sugar export taxes would have declined by a minimum of $3.25 million.

A more likely and possibly graduated price fall of 15% in the EC market over the next couple of years gives our sugar industry time in which to adjust. We also have the luxury of lessons from the experience of other sugar producing countries as we begin to formulate our response to future market realities. What should make the task somewhat easier is the clear understanding by all partners in the industry that Fiji's sugar industry can barely survive in its current form if it

Photo: Randall Garrison

Lautoka sugar cane processing mill

were to depend on free market prices.

Declining Grower Income

Much has mistakenly been assumed about the success of the Fiji sugar industry. One of the unique strengths of the industry has been its small holder base, through which we have been able to control (and absorb) rising production costs even on relatively poor soils. The average grower cultivated 4.2 hectares of land and produced roughly 150 tons of cane in 1992. Under 1992 prices, his net earnings from sugarcane were $2,000. This earning could be topped by $1,500 if the farmer were also a seasonal harvester and if the household produced say $500 equivalent of subsistence crops during the year. Thus the average sugarcane farmer earned the equivalent of a net weekly wage of $72, below the poverty line.

Additional household incomes from sugar harvesting, subsistence and cash crop cultivation, and non-harvesting related labour is a buffer to the vast majority of canegrowers in Fiji. While such supplementary incomes still were not enough to move them out of their relative poverty, they did provide a somewhat regular source of income and subsistence.

If we sold all sugar to the EC at free market prices, the average grower's total household income would have been reduced to the equivalent of $45 per week. The average size of q grower household is five. By the yardstick of the government commissioned Poverty Task Force's report, over 40% of Fiji's full-time canegrowers already fall below the official poverty line. A 15% fall in prices will immediately move an additional 10-15% of the growers below the official poverty line. Very clearly then, future price falls will inevitably deliver serious economic and social hardship to the canegrowers, whose capacity to absorb price falls is already overstretched.

Grower Indebtedness

Indebtedness on its own in any commercial enterprise is not a negative thing. However, it becomes critical when it compromises an enterprise's capacity to carry out capital investments that are necessary for maintaining or increasing production. Indebtedness has long been recognised as a problem in the industry. In March 1993, 10,569 growers owed $108 million to commercial banks and the Sugar Cane Growers Fund Authority. Roughly one in every two growers is currently indebted to commercial banks, with an average debt of $8,714. What is problematic, however, is that the majority of farmers producing less than 500 tons of cane appear to be perpetually in debt, almost a vicious cycle of borrowing and repayment.

A critical feature of the majority of these revolving debts is that they support subsistence, education, health, social and other needs rather than capital investments (such as purchase of tractors, trucks, new farms, etc.). Unlike other sectors such as manufacturing (where some 1,000 manufacturers have borrowed in excess of $110 million), only a small proportion of borrowing in the sugar industry is directly targeted at increased production, improved farming practises and the like. The problem of reform and adjustment is hence clearly compounded by the acute indebtedness currently prevailing.

Land Rentals

Rentals on all leased land (including leased freehold lands) have become a major portion of overall costs. Land rental increases have been determined as a maximum 6% of "unimproved capital values", which increased from 390 to 1,500% in 1987. Further increases of 80 to 200% in 1992 will have a potentially disastrous effect upon the smaller growers who have been the traditional strength of the industry. Given a decrease in sugar cane prices over the past five years from $52 to $51, a 30% increase in production costs and an inflation increase of over 25%, it is extremely difficult to absorb over 50% increases in land rentals.

The burden of payment of double the annual land rentals in the year of rental re-assessments is perhaps the most crippling aspect of the existing system. A 14 acre native leasehold farmer, producing 350 tons on second class land, for example, typically ends up paying anything from $1,500 to $2,100 during that year, i.e. 20-30% of his net income for the year. This can wipe out his savings or force him to borrow, in which case he may spend the next five years clearing the overdraft before he is due for yet another one!

After all, the landowner and lessee share the same dalo or roti. Any land rental system that inhibits rather than encourages efficiency and increased production will severely undermine the well-being of all.

Reform Inevitable

These are sketches of some critical issues confronting the industry and the grower. Many in urban areas, or even in government, may scantly appreciate that there is no annual cost of living adjustments for the grower, nor annual wage increases, nor merit wage increases, nor periodic promotions, nor any minimum wage guidelines, nor employer contributions to superannuation, but most of all not even security over the very source of his livelihood, the land.

The canegrower has never been a burden to the national economy in spite of all these. He has made by and large his own schools, own water supply, own roads, etc., utilities that others take for granted. Those charting the directions of reform and adjustment would do well to remember that the contribution of growers to our collective well-being and stability throughout the past 110 plus years has been persistently humbling.

Palau Voters Approve Compact
Palau held its eighth plebiscite since 1983 on a Compact of Free Association with the United States. While previous plebiscites saw the Compact defeated, pressure from Compact supporters and the U.S. led to repeated votes (including several other Compact-related ones). This was the first vote under new rules requiring a 50% rather than 75% majority, with 68.3% of votes supporting the Compact (though with a 64.3% voter turnout, a profound change in Palau's status will have been ratified by less than half the voters). The Compact allows Palau to be self-governing and provides U.S. financial aid. However, it gives the U.S. military rights to Palau for the next 50 years; the conflict between this right and Palau's nuclear free constitution, the world's first, had led to defeat of the Compact in previous votes. Domestic and international Compact critics chastised the U.S. and Palauan governments for the prolonged pressure over the years, the blackmail-like insistence that independence was conditional upon dropping the nuclear free provision and allowing a U.S. military presence, and the fact that the "independence" is only partial, with the U.S. retaining significant control over foreign relations.
[From: Pacific Report, 6:22, Nov 22/93; PACNEWS, Nov 17/93]

Rabuka Government Defeated - Fiji Election Called The Government of Prime Minister Sitiveni Rabuka was defeated when it lost a November 29 vote on next year's budget. The defeat came about as a result of the defection of several Government backbenchers, including Rabuka rival Josefata Kamikamica, and two ministers. While dissidents have been pushing for a new prime minister to replace Rabuka since a commission of inquiry into a fraud scandal implicated Rabuka (the allegations have been referred to the High Court for a judicial review), and had hoped that a new PM might be appointed to replace Rabuka, what they got was an election. Despite several challenges by the dissidents, Rabuka has been able to reain the support of his party, the SVT, throughout the series of crises. With that support, Rabuka was able to secure the support of Acting President Ratu Sir Kamisese Mara for a January 19 dissolution of Parliament and late February election. Rabuka remains in the meantime as caretaker Prime Minister. [PACNEWS, Dec 2,3/93; Pacific Report, 6:18, Sep 27/93; Pacific Report, 6:23, Dec 6/93]

Wingti Stages Political "Coup" in PNG, but Faces Opposition Prime Minister Paias Wingti stunned Papua New Guineans on September 24 when he announced his resignation as Prime Minister in Parliament and was re-elected less than five minutes later. The Opposition and most Government MPs were surprised by the move, which had been arranged the previous day with the Speaker and Governor General. The significance of the move lies in PNG constitutional provisions that prevent no-confidence votes for the first 18 months after a Government is elected and for 12 months before the next election (1997). By avoiding a Parliamentary session for the few months not covered by these two periods, Wingti has virtually assured his Government's control until 1997. As the 18 month rule was seen as a way of assuring stability for a reasonable period after a national election, the move has drawn widespread criticism within PNG, public protests and a court challenge of its legality (that was subsequently rejected by the High Court, which found that the resignation and reappointment was legal). The "coup" followed growing criticism of the Wingti Government, including its new Internal Security Act, other limitations to traditional constitutional freedoms and proposals to abolish provincial governments. The internal security measures have drawn increasing opposition, while several provinces had threatened to secede if the Wingti Government proceeds with the abolition of provincial governments. [From: PNG Post-Courier, Sep 24/93; The Review, Oct/93, Pacific Report, 6:23, Dec 6/93]

Bougainville: Edging Towards Negotiations? But More Strong Criticism from International Groups There have been glimmers of hope recently in the search for solutions to the Bougainville crisis, but they remain only glimmers. In early October, the PNG Government announced that it would support support a Pan-Bougainville leaders conference as part of a process to resolve the crisis. PNG also expressed its willingness to finally host an international fact finding mission to Bougainville, as mandated by the ACP-EEC Joint Assembly last year. PNG and Solomon Islands signed an agreement at the end of September to improve their relationship and Australia offered to host peace talks. Unfortunately, two months later little appears to have changed. Pan-Bougainville peace talks scheduled for November 22 were postponed when the PNG Minister responsible for Bougainville Affairs, Michael Ogio, was recalled by Prime Minister Wingti on the day talks were to begin, with no explanation given.

Meanwhile, Amnesty International issued a November report about Bougainville, "Under the barrel of a gun", that is harshly critical of the PNG government and military. The report documents a range of human rights abuses, including sexual abuse, extra-judicial killings and disappearances. The report faults the PNG government for abdicating authority on Bougainville to the military and for restricting access to Bougainville, thus limiting any ongoing scrutiny of human rights on the island. The report also documents and criticises human rights abuses and extra-judicial executions by the Bougainville Revolutionary Army (BRA) and notes the Australian government's role in the conflict as a

matter of concern. The PNG Defence Minister, Paul Tohian, issued a statement saying that the government was appalled by the Bougainville situation and would "fully address the report and its recommendations". Also in November, the international medical aid group, M)decins sans Fronti/res, announced it was abandoning its mission on Bougainville because PNG government and military obstruction had made it impossible to operate effectively. The PNG Government responded by claiming the French team was "arrogant" and that language barriers had rendered the MSF group ineffective.
[From: ECSIEP Bulletin, No 10, Oct-Nov/93; Pacific News Bulletin, 8:11, Nov/93; Fiji Times, Oct 9/93; "Under the barrel of a gun"; Medécins sans Frontiers correspondence; Pacific Report, 6:22, Nov 22/93; Pacific Report, 6:23, Dec 6/93]

South Pacific Becoming Marginalised? PNG May be the Exception Signs of a general marginalisation of the Pacific Islands in the global "new world order" are becoming difficult to ignore. In recent months, the U.S. has closed its Honiara embassy and announced the closure of both its USAID offices in the region (Suva and Port Moresby). The seniority of personnel in the delegations from several countries attending recent Post-Forum Dialogue sessions has been declining. Canada has terminated its well regarded International Centre for Ocean Development (ICOD) and is closing its Canada Co-operation office in Suva effective the end of 1993. While there have been promises that Canadian assistance to ocean and fisheries development in the region will continue, the shape of this support remains unclear and will likely decline in scope due to general pressures on the Canadian aid budget. With a major review of Canada's foreign policy, including aid, about to be initiated by the new Liberal Government, there have been rumours of further cuts in Canadian aid to the Pacific (though no decisions have yet been made). Britain has announced it will likely withdraw from the South Pacific Commission due to budgetary constraints. One notable exception to the general trend is Japan, which has been expanding its aid and commercial presence in the region and has expressed interest in joining the SPC.

The recent Asia-Pacific Economic Cooperation (APEC) forum in Seattle provided important further evidence of an emerging Asia-Pacific economic club that is likely to become increasingly important in world affairs, but also of the fact that the "Pacific" in the title will largely refer to the Pacific Rim and not the Islands. The APEC grouping seems to be taking on a life of its own and the leaders of the 15 "economies" (so called to permit the People's Republic of China, Taiwan and Hong Kong to all participate without running aground on the tricky issues of political status) agreed to meet again next year. The only Pacific Islands participation was from PNG, which was granted membership in APEC at the Seattle meeting. With its resource riches, of interest to other APEC members, PNG is the one Pacific Islands nation which is finding its way into important global fora. While Secretary General Ieremia Tabai represented the South Pacific Forum in an observer capacity, the rejection of his request to present a short statement underlined the view of APEC members (including Forum members Australia and New Zealand) about the lack of importance of the Islands in the global scheme of things.
[From: Washington Pacific Report, 12:5, Dec 1/93; Pacific Report, 6:21, Nov 8/93; Pacific Report, 6:23, Dec 6/93]

Major Kanak Parties Affirm Support for Independence The two main parties in the FLNKS, the Union Caledonienne (UC) and Palika, reaffirmed their support for the independence of Kanaky/New Caledonia during recent party conferences. The UC, which had been seen by some as wavering on the independence question, came out clearly in favour of independence, proposing a negotiated and phased transition to self-determination. The UC also affirmed its support for democratic socialism, a multi-ethnic national community and political pluralism.
[From: Pacific News Bulletin, 8:11, Nov/93; Pacific Report, 6:22, Nov 22/93]

Ban on Nuclear Waste Dumping Adopted A recent meeting of member nations of the London Dumping Convention has passed by consensus a ban on ocean disposal of radioactive wastes. The ban comes after a ten year campaign to secure it and recent ocean dumping of nuclear wastes by Russia. Abstaining from the vote were the U.K., France, Russia, China and Belgium. The U.S. and Japan supported the ban.
[From: Pacific News Bulletin, 8:11, Nov/93]

People The Pacific lost a respected advocate for social justice and a nuclear free and independent Pacific when Bishop Patelesia Finau of Tonga died in October of a heart attack. Bishop Finau was attending a meeting in Niue as chairman of the Pacific Council of Churches when he died. Fiji's President, Ratu Sir Penaia Ganilau, lost his long battle with leukemia in December dying in the U.S. while undergoing treatment. His likely successor is Vice President Ratu Sir Kamisese Mara. PNG has a new leader of the Opposition. Chris Haiveta was elected unanimously this past summer, succeeding Jack Genia who died from complications following malaria.
[From: Fiji Times, Oct 6/93; Victoria Times-Colonist, Dec 17/93; Pacific Report, 6:15, Aug 9/93.

Resources

VOX NOSTRA. The 24 pp quarterly journal of Disabled Peoples' International. Subscription rates: Individuals $15, Groups $25. DPI sends 10 copies to each international regional office (in Thailand, Australia, New Zealand, Fiji, Solomon Islands) for distribution to member countries within the region. For addresses, write to SPPF. DPI head office is: 101 - 7 Evergreen Place, Winnipeg, MB R3L 2T3 Canada. Tel 204/287-8010 Fax 204/453-1387

COPOH (the Canadian Coalition of Provincial Organisations of the Handicapped) distributes its publications free of charge to southern hemisphere groups. A list of titles follows. Write to **COPOH** at 926 - 294 Portage Avenue, Winnipeg, Manitoba, R3C 0B9 Canada. Tel 204/947-0303.

Disabled Women's Issues: A COPOH Discussion Paper. COPOH. 1988. 44 pp. Looks at reproductive rights, violence and abuse, role of the medical profession, COPOH and Women's Issues. Sources included.

Women, Development and Disability. COPOH. 1984. 54 pp. A kit designed with the intent of making disabled Canadians and development educators more aware of the situation of disabled women in developing countries, how their disabilities have been created, and how they are overcoming barriers they face. Includes bibliography and suggested reading list.

Our Own Voices: Personal Lives - Public Diaries. COPOH. 1992. 47 pp. A collection of personal reflections written by disabled persons on different aspects of their lives. Available in French or English.

Organizing Back Home. COPOH. 1988. 83 pp. A leadership training manual for community development, using interviews with disabled women who are in leadership roles. Bibliography.

Disabled People in International Development. COPOH 1991. 69 pp. A booklet designed to create "an increasing awareness of disabled persons in the development process for both the disabled persons community and non-governmental organisations involved in international development".

Women and Disability: An Issue. Produced by the Melbourne-based Women with Disabilities Feminist Collective with the help of other disabled women in Victoria and South Australia. 75 pp. For further information, contact: Women with Disabilities Feminist Collective, c/o COSHG, 247 Flinders Lane, Melbourne, VIC, 3000 Australia.

Project PROJIMO: A villager-run rehabilitation program for disabled children in western Mexico. The Hesperian Foundation, Box 1692, Palo Alto, CA 94302, USA. A report on a successful villager-run rehabilitation project that challenges the argument that rehabilitation services for disabled children are too expensive, require too much sophisticated skill, and provide too limited benefit to be included in primary care at the family and village level.

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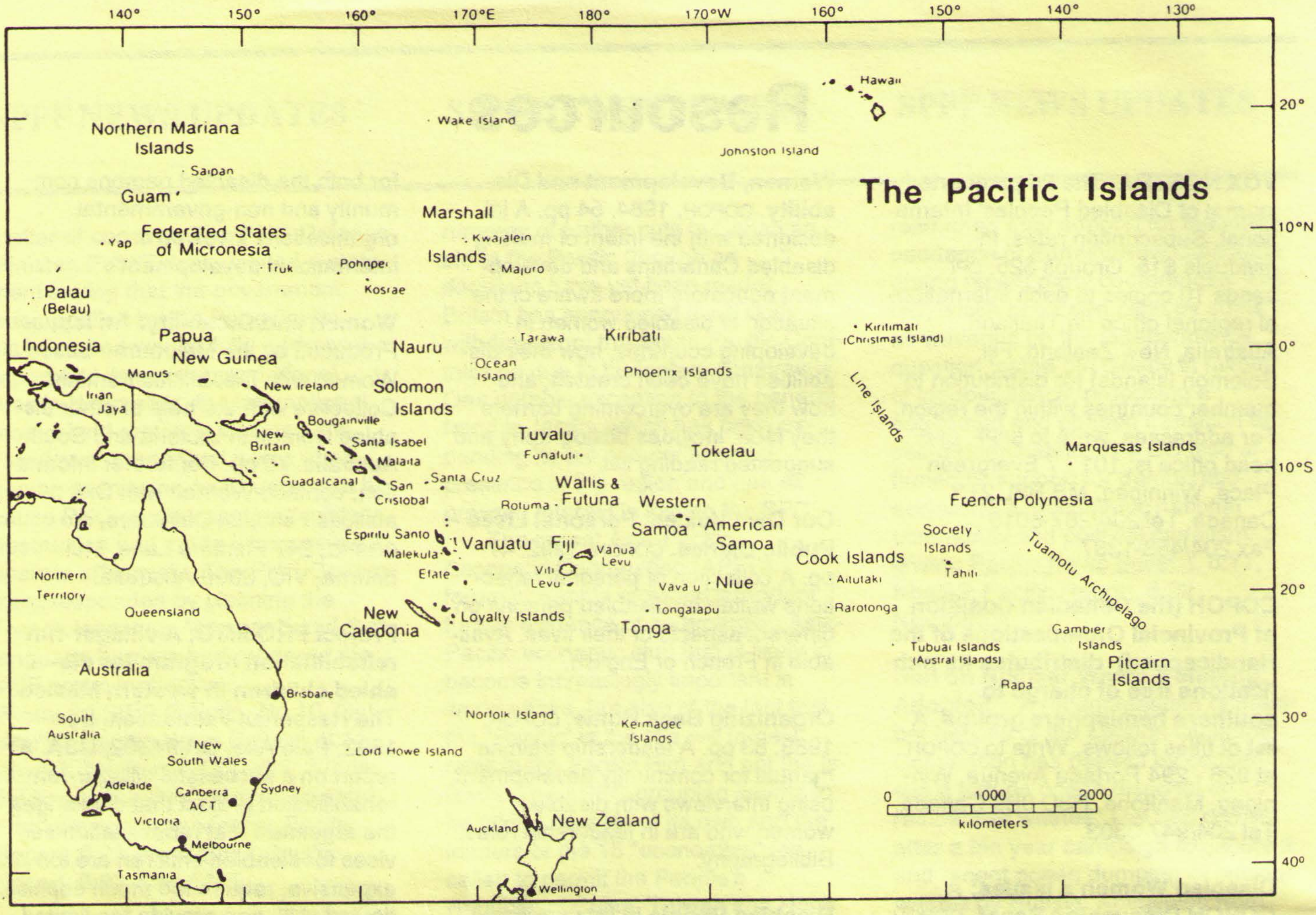
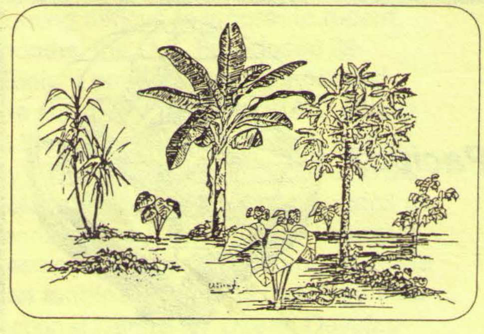


New Weapon Being Used in War on Fruit Flies



by Sione Tu'itahi

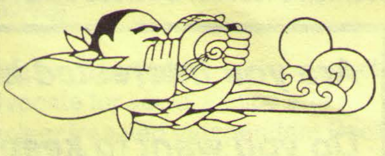
The counterattack is on! Fruit flies, the scourge of fresh fruits and fleshy vegetables, are now being fought with protein bait sprays in Tonga, Cook Islands, Fiji and Western Samoa.

The new war is part of field tests against the pest that is responsible for damaging up to 90 per cent of Tonga's peppers and 20 per cent of Fiji's mangoes, not to mention damage to other fruits and vegetables in other Pacific islands.

The tests rely on the fact that female fruit flies require a meal of protein before they can lay fertile eggs in the growing fruit. The bait spray used in the tests consists of a protein source mixed with the insecticide malathion. The bait is applied to fruit-tree foliage and row crops. If successful, the bait spray will kill the flies before they can lay their eggs.

Bait sprays have significant advantages over insecticide cover sprays. Equipment is simple, the bait type does not affect beneficial pollinating agents (such as bees), no insecticide residue occurs in the fruit and costs are much less.

Early results look promising. Levels of damage in guava have been reduced from a 50 per cent loss to five per cent in just three weeks it was noted. The project is being carried out by the Regional Project on Fruit Fly Control Strategies in cooperation with the Australian Centre for International Agricultural Research (ACIAR). [Reprinted from *Pacific Magazine*, Nov/Dec 1993]



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