

MONITOR

Progressive news, views and ideas



CCPA
CANADIAN CENTRE
for POLICY ALTERNATIVES
CENTRE CANADIEN
de POLITIQUES ALTERNATIVES

NOVEMBER/DECEMBER 2023

Get well Canada

**Time to grow social
and education spending—
it's key to good health**

Paul Kershaw / 13

**Three key health
policy movements are aligning**

Andrea Long / 17

**Healthy public policy requires
working within and beyond
the health care system**

Sally McBride, Karen Rideout,
Dr. Mark Lysyshyn, Craig Brown / 18

**The road to wellville
is social / 20**

**Social and medical spending:
Flip sides of the same coin**

Bridget McCann / 22

**Addressing the fundamental
causes of population
health inequality**

Daniel Dutton / 24

**Canada needs to move
from individual choice approach
to whole-of-society approach**

Arman Hamidian / 26

**How can we
influence budgets?**

Jonathan Heller and
Myriamne Richard / 27

Up Front

Canada needs to tax tech giants
Erika Beauchesne and Stuart Trew / 6

**The missing piece in health
and education**

Jim Silver / 8

**Funding peer support
key to a national mental
health strategy**

Andy Z. Coyne / 9

**The federal government
could act on affordable housing**

Marc Lee / 10

Columns

**Lessons on the 50th
anniversary of hip-hop**

Anthony N. Morgan / 30

**World is watching U.S.-Mexico
fight over genetically engineered corn**

Stuart Trew / 32

Books

**A warning about
democracy's fragility**

Alex Himelfarb / 35

**A story about friendship
and resilience**

Bruce Campbell / 36

**Given the resurgence
of the far right, a must-read book
for dangerous times**

Tim McCaskell / 38

**A book as daring
as a one-woman show**

E.R. Zarevich / 39

From the Editor **2** / Letters **3** / New from the CCPA **4**
Hennessy's Index **29** / Get to know the CCPA **33** / CCPA Donor Profile **34**
The good news page by Elaine Hughes **40**

Cover illustration

Based in Matane, Quebec, Sébastien Thibault creates illustrations that provide ironic or surrealist visions of political subjects or current news. He uses graphic shapes, simplified forms, and intense color to create symbolic images for publications like *The New York Times*, *The Guardian*, and *The Economist*.

Centrespread design and illustrations by Jamileh Salek and Joss MacLennan

Joss MacLennan is the creative director of Joss MacLennan Design. She combines a passion for clear, simple language with a strong visual sense.

Jamileh Salek is an Iranian-Canadian artist, writer and illustrator. Pattern, colour and art making was part of her childhood and life in Tabriz and Tehran.



CCPA
CANADIAN CENTRE
for POLICY ALTERNATIVES
CENTRE CANADIEN
de POLITIQUES ALTERNATIVES

MONITOR

Founded in 1980, the Canadian Centre for Policy Alternatives (CCPA) is a registered charitable research institute and Canada's leading source of progressive policy ideas, with offices in Ottawa, Vancouver, Regina, Winnipeg, Toronto and Halifax. The CCPA founded the *Monitor* magazine in 1994 to share and promote its progressive research and ideas, as well as those of like-minded Canadian and international voices. The *Monitor* is published six times a year by the Canadian Centre for Policy Alternatives and is mailed to all supporters who give more than \$35 a year to the Centre. Write us at monitor@policyalternatives.ca with feedback or if you would like to receive the *Monitor*.

**The opinions expressed in
the *Monitor* are those of the authors
and do not necessarily reflect
the views of the CCPA.**

Vol. 30, No. 4

ISSN 1198-497X

Canada Post Publication 40009942

Editor: Trish Hennessy

Associate Editor: Jon Milton

Senior Designer: Tim Scarth

Layout: Susan Purtell

Editorial Board: Catherine Bryan,
Shannon Daub, Simon Enoch,
Sabreena Ghaffar-Siddiqui,
Jon Milton, Jason Moores,
Trish Hennessy, Erika Shaker

CCPA National Office

141 Laurier Avenue W, Suite 1000

Ottawa, ON K1P 5J3

613-563-1341

ccpa@policyalternatives.ca

www.policyalternatives.ca

CCPA BC Office

604-801-5121

ccpabc@policyalternatives.ca

CCPA Manitoba Office

204-927-3200

ccpamb@policyalternatives.ca

CCPA Nova Scotia Office

902-240-0926

ccpans@policyalternatives.ca

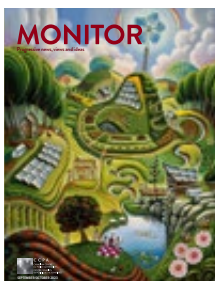
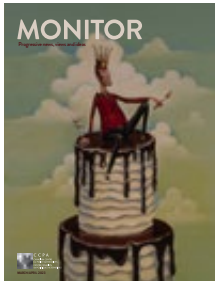
CCPA Ontario Office

ccpaon@policyalternatives.ca

CCPA Saskatchewan Office

306-924-3372

ccpasask@sasktel.net



Dear reader,

As 2023 winds down, we’re taking stock of where we’ve been and where we’re headed. For many, it’s been a challenging year.

At the CCPA, we continue our labour of love: providing donors like you with a progressive policy magazine unlike any other in Canada.

We appreciate you spending your hard-earned money on the *Monitor*. In challenging times, magazines can feel like a luxury even though they’re essential for a well-informed citizenry. We deliver fresh, original content that helps readers think through the key issues of our time.

For a minimum donation of \$35 a year, we are happy to provide you with a print edition of the *Monitor*, mailed to your inbox, hot off the press.

But I need to be honest with you. As we all deal with the rising cost of living, the CCPA has been absorbing dramatically higher costs to print the *Monitor* because of paper supply chain issues and shipping costs.

Production costs to deliver the *Monitor* to your mailbox exceed our \$35 charge, but we’re committed to keeping the price at this rate if we can, to keep it affordable for as many readers as possible. We also publish featured articles on our *Monitor* online site, available for free.

Our goal is to keep doing that. We don’t like paywalls.

Here’s where you come in! There is a way that you can help us meet the financial challenges that we face with the rising cost of bringing a magazine to your mailbox while ensuring our flagship publication is widely accessible.

Gift the Monitor to friends and family: Sharing is caring—why keep a good thing to yourself? At \$35, gifting the people in your life with an annual subscription to the *Monitor* is a win-win—we make holiday gifting easy and you help to enlighten loved ones while supporting the CCPA. Gift the *Monitor* here: policyalternatives.ca/givethemonitor. Or call Patrick Hoban at 1-844-563-1341, extension 309 or email Patrick at phoban@policyalternatives.ca. Patrick will help you out!

The CCPA is the only progressive think tank in Canada that follows new developments in public policy and government budgets—and we provide that analysis for free on our website because we believe that a strong democracy requires evidence-based decision-making and an informed population.

Thank you so much!

Thanks to you, the *Monitor* is read by almost 10,000 people across Canada. We would dearly love to expand that reach, which is why we’re asking you to gift the *Monitor* to people you care about for the upcoming holiday season. Let’s get this magazine in more people’s hands!

We believe that the CCPA offers a unique value proposition—no one else is out there doing what we do. But we share one thing in common with many charitable organizations today: the bills keep piling up and fundraising to pay for them doesn’t get any easier. That’s why we appreciate whatever you are able to donate. And if you’re unable to donate more than you do today, we understand...and we will continue to do our best to deliver a top quality magazine to your doorstep.

Wishing you and yours health, happiness, and peace as we approach year’s end.

Erika Shaker
Director, CCPA National Office

TRISH HENNESSY

The social solution to Canada's health care problem

WHEN WE GET really sick, the first thing we do is seek help from Canada's cherished medical care system—a system that has been stretched to the breaking point throughout the COVID-19 pandemic.

That system clearly needs government support to get it back to health.

But that's not where our story about health should end. Because our medical care system is currently geared to treating illness after the fact.

The other side of the equation—the side that can help us live longer—doesn't involve a hospital, an emergency room, or a doctor's office. It involves investing more on the social and ecological side of the equation.

As the World Health Organization (WHO) wrote in its 2008 report on the social determinants of health, “lack of health care is not the cause of the huge global burden of illness; water-borne diseases are not caused by lack of antibiotics but by dirty water, and by the political, social and economic forces that fail to make clean water available to all; heart disease is not caused by a lack of coronary care units but by the lives people lead, which are shaped by the environments in which they live; obesity is not caused by moral failure on the part of individuals but by the excess availability of high-fat and high-sugar foods.

“The main action on social determinants of health must therefore come from outside the health sector.”

A year after the WHO published that report, the Senate of Canada

published *A Healthy, Productive Canada: A Determinant of Health Approach*. It implored governments to “change our way of thinking and recognize that good health comes from a variety of factors and influences, 75 per cent of which are not related to the health care delivery system.”

Let that sink in: 75 per cent of what shapes our health comes from outside the medical system.

This is why more medical care isn't enough. The Senate report urged governments to make investments in things like food security, early childhood learning, education and housing.

It also recommended that the federal Department of Finance, Privy Council Office, and the Treasury Board Secretariat review interdepartmental spending “with the aim of allocating resources to programs that contribute to health disparity reduction.”

To that end, Get Well Canada has a proposal. Get Well Canada is a project led by Generation Squeeze as part of a Canadian Institutes of Health Research (CIHR) grant—whose work is the themed focus of this edition of the *Monitor*. The groups behind Get Well Canada (including the CCPA, via its Think Upstream project) are proposing that governments report and monitor the social-to-medical spending ratio in Canada.

They're seeking a better balance between social and medical spending. As governments attempt to get Canada's medical system off of life support, it's clear that required reforms will still require a sizable chunk of public funding—especially

to keep health care out of the hands of private profiteers.

But there's a but.

Governments need to enhance public investments in social and income supports in measures that make our communities more liveable and our environment more inhabitable for all creatures. This recalibration is necessary to complete our health system.

As we've grown our economy and expanded the number of people who live here, Canada has cut funding to the social determinants of health—the exact opposite of the best expert advice.

The more Canada's medical system is on fire, the more money governments need to firehose the system. They're training the hose on the flames without looking at what's causing them.

The great Tommy Douglas, founder of Canada's public health care system, never imagined we'd focus on hospitals at the expense of all else: “the ultimate goal,” he said, “must be to keep people well rather than just patching them up when they get sick.” **M**



Dear Monitor readers,
You are a vital part of the *Monitor* community—we welcome your feedback and insights! Please keep letters to the editor to 250 words or less, please add your full name and the name of the community that you live in, and please send to: monitor@policyalternatives.ca.



July/August 2023 issue
Zombie Neoliberalism
issue

The July/August issue of the *Monitor* presents an accurate portrayal of the neoliberalism story as I experienced it working in civil society and government during the welfare state expansion years of the '60s to mid-'70s and then in the neoliberal/neoconservative onslaught that followed (I was in England when Margaret Thatcher said there was 'no such thing as society'). However, we can't overlook that the

welfare state and welfare policies of the time were hardly perfect. People unlucky enough to have to use them were stigmatized, discriminated against and controlled on meagre allowances before "poverty lines" even existed.

Those of us working as advocates during this time had a real dilemma. The welfare state as an idea was under attack. We had little choice but to defend it, but we were also fierce critics. We did not want our criticisms to be used by neoconservatives in making their case for its abolishment.

Further, we believed that government should not do it all in the provision of services because, by their very nature, big systems find it hard to be responsive to individual and community circumstances. There was, and remains, an important role for civil society through cooperatives, non-profit associations and popularly elected local organizations like the former community resources boards in British Columbia. All deserve a place in the contemporary welfare state.

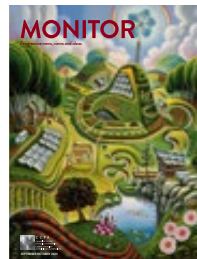
Michael Clague
Vancouver, BC

It's not at all surprising that Doug Ford is undercutting university funding. Why would he, given that PC votes are higher among voters with high school education or less, and of course among those with higher incomes?

Indeed, data from Environics and Main Street demonstrate that at the margin, Tories do poorest

among voters with low incomes and among those with at least university level education, whereas the Liberals and NDP do relatively better among voters with university level education. So it makes total sense for Ford and the PCs to design and fund the educational system in a way that reduces support of universities. Why would they want to increase and improve a demographic that tends not to vote for them, even if it makes sense otherwise to have a well functioning university system? Doing the right thing is not their aim on this issue, as it is not with others as well.

Lewis Auerbach
Ottawa ON



September/October 2023 issue

Community
Climate Action issue

I fully support the efforts of activists to organize their local communities to deal with climate chaos and the other environmental disasters that are occurring and will continue to pummel us for decades to come. But I think the cover of your September/October issue sends the wrong message by encouraging hope for some arcadian utopia to emerge from

this catastrophe. Better to emphasize that very hard times lie ahead and a spirit of community solidarity will be needed to weather the storm. A cover like this only leads to hopes that are bound to be dashed as life on our planet passes through a transition that will put human survival in question. We've had our party; now comes a very bad hangover. Realism about our situation avoids the inevitable discouragement that utopians will sooner or later experience, and it will prove requisite for activists' credibility in the future.

Martin M. Tweedale
Edmonton, AB

Excellent editorial in the September/October *Monitor*—meaning, of course, that I agree with you. "When it comes to climate change, governments at all levels are failing us... Blame permissive governments, politicians who will do anything to get elected, greedy corporations... And blame us."

While all levels of government have fallen woefully short of keeping up with realities, it is national governments that have the power—because citizens over many generations gave it to them—to do the most. They have failed. Worse, they colluded in creating and maintaining the problem. Can we change our ways quickly and drastically? Our choices are to give national governments even more power, hoping the foxes will stop eating chickens, or

shift decisions to regional and community levels.

My choice is the latter. Global and national climate changes can be described statistically by computers but can be prevented, healed, or adapted to only by real people in real places. Words have to become acts, and who knows the land and its communities better than folks who live there and love them?

There's another reason: the farther away from local realities that decisions are made the less chance democracy has to win against oligarchies, dictatorships, and various "isms." Democracy works when people share a good many daily experiences, but doesn't when they don't. Have you noticed that big industrialized nations are in worse disarray than small ones? Think of Brazil, Canada (yes, Canada!), China, Russia and the USA on one hand, and Belgium, Denmark, Finland, Holland, Iceland, New Zealand and Switzerland on the other. Governing big and culturally diverse spaces is hard.

Bob Weeden

Salt Spring Island, BC

Worth repeating

“Good journalism is a social determinant of health.”

—**Dr. Andrew Boozary**,
X [Twitter], September 21, 2023.



CCPA BC

With a year to go before the October 2024 B.C. provincial election, CCPA-BC has many dynamic research projects in the works to help make our communities and the economy healthier for all.

The challenges of growing inequality and affordability are hurting people in B.C. and real progressive policy solutions must shape the political discourse. The Understanding Precarity in B.C. (UP-BC) multi-year research project co-led by CCPA-BC Senior Economist Iglia Ivanova has a number of studies in the works to highlight the growing problem of precarious work. With our partners in the labour movement, we are calling for employment protections for app-based workers. Iglia is also leading the 2023 living wage calculations across B.C. and actively working with the Poverty Reduction Coalition.

B.C. is also facing a housing crisis as rents and housing prices continue to rise. CCPA-BC Senior Economists Marc Lee and Alex Hemmingway continue to publish on housing issues that are getting significant coverage in the

media and the attention of community partners. Marc wrote an insightful piece about “Housing Lessons from Singapore.” And Alex recently released a report on *Taxing Land Wealth for the Public Good*, which outlines progressive tax policy options that would bring in billions to invest in housing and public services.

With fires raging across B.C. this summer, CCPA-BC is releasing more research to address the climate crisis, focusing on extensive energy policies and actions. Ben Parfitt, CCPA-BC resource policy analyst, continues to publish hard-hitting research on B.C. resource sectors. This includes his latest work on the provincial government's lack of oversight and support for maintaining water dikes in communities across B.C. that led to the collapse of dikes in places like Merritt, destroying many homes and buildings.

CCPA-BC is thrilled Véronique Sioufi has joined the team as the new Researcher & Policy Analyst on Racial and Socio-Economic Equity. Véronique has hit the ground running with an examination of the racial inequities of B.C.'s wildfire response, which left hundreds of migrant farm workers in precarious conditions while global leaders met in Vancouver promising inclusive and holistic responses to the climate crisis.

CCPA Manitoba

Recent analysis published by our office, *A Made in Manitoba Crisis*, by Ian Hudson, Robert

Chernomas and Katherine Burley, finds that Manitoba fares worse than the Canadian average on a variety of health care indicators, including wait times, physicians per 100,000 population, wages for health care workers, and job vacancies.

The Manitoba government's task force has responded by privatizing surgeries and services, bleeding the health care system of needed public investment and capacity while lining the profits of private providers.

Worsening conditions are also found in continuing care: long-term care and home care.

Revitalizing the Conditions of Care in Manitoba: Supporting Long-Term Care and Home-Care Workers in the Recovery from COVID, a new report by Niall Harney, CCPA Manitoba senior researcher and Errol Black Chair in Labour Issues, shows that Manitoba was once a Canadian leader in public home care. However, staffing in continuing care (long-term care and home care) in Manitoba is now at a breaking point, compromising the quality of care for residents and clients. Harney finds public investment of \$180 million is needed to bring continuing care up to adequate standards.

A new project led by University of Manitoba academics and CCPA Manitoba Research Associates Jesse Hajer and Ian Hudson, along with PhD candidate Jennifer Keith, surveyed civil servants on the impacts of provincial cuts on public services.

CCPA Manitoba was pleased to be publishing excerpts from these research findings in the lead-up to the October provincial election. For example: *Child Care is also an Austerity Victim* by Dr. Susan Prentice and Dr. Jesse Hajer, *Slashed to the Bone: Austerity and Manitoba's Crown Corporations* by Lynne Fernandez and Niall Harney and *Manitoba Can't Afford Cuts to Parks, Environmental Protection* by Dr. Mark Hudson.

CCPA National

For 24 years, the Canadian Centre for Policy Alternatives (CCPA) has been publishing our annual Alternative Federal Budget (AFB). Our latest AFB was released in August and is available at policy-alternatives.ca/projects/alternative-federal-budget.

The AFB is an exercise in imagination. Our purpose is to expand the collective imagination of what is possible, to instill hope in hard times, and to make crystal clear alternatives to the status quo. And these alternatives aren't just imagined. They are clearly articulated. We've put a price tag on them. And we've found realistic ways to pay for them.

Like how to deal with the dire shortage of affordable housing. On that front, CCPA National Office Senior Economist David Macdonald and CCPA Ontario Senior Researcher Ricardo Tranjan teamed up to release a blockbuster of a report, *Can't Afford the Rent: Rental wages in Canada 2022*. It shows, in the clearest of terms, how

rare affordable rental units are for minimum wage workers in Canada: "When we look at Canadian cities (CMAs), the story is equally stark: the one-bedroom rental wage is lower than the minimum wage in only three CMAs. All are in Québec: Sherbrooke, Trois-Rivières, and Saguenay," the authors write. Read the full report <https://monitormag.ca/reports/cant-afford-the-rent/>.

CCPA Nova Scotia

In September, we released the 2023 living wage report for Nova Scotia, which updated the living wage rates for five regions. The wage increases averaged 14 per cent this year. These year-over-year increases are the most significant since we began calculating the living wage for Halifax in 2015.

Such unprecedented increases are due to overall living costs, particularly shelter and food. This report calls for employers to pay a living wage and ensure decent working conditions; addressing the gap between the costs and needed income is not all on them.

The Nova Scotia government needs to pay more attention to the affordability challenges facing increasing numbers of Nova Scotians. As outlined in the recommendations section, our provincial government must plan to increase the minimum wage to at least \$20 and proactively enforce more robust labour standards.

The provincial government should prioritize investment in quality

public services, including expanding child care and public health care access. Significantly increased investment in affordable housing with a priority on public and non-market is urgently needed, as are more substantial tenant rights. It should expand eligibility and increase the support provided through the NS Child Benefit and the NS Affordable Living Tax Credit.

This year's calculations show that our tax and transfer systems need to be more sensitive to relatively small increases in income before taxes increase or transfers are clawed back. Low-wage workers should not be penalized for earning a decent wage.

CCPA Ontario

Ontario: High drama at the Pink Palace

If there were a TV series called *Queen's Park*, a lot of people would be watching it now.

Politics at the Ontario legislature has seldom been more dramatic. In August, a report from the province's auditor general dropped a political bombshell right in the premier's lap. Bonnie Lysyk said the government's rezoning of certain protected lands around Toronto had resulted in an \$8.3 billion windfall for a half-handful of wealthy developers who received "preferential" treatment. Not long after, the province's Integrity Commissioner said Minister of Housing Steve Clark had violated the *Members' Integrity Act* by paying scant attention

to a "chaotic and almost reckless" process. Clark resigned as minister on Labour Day but left many questions unanswered. And new facts are emerging daily.

The Greenbelt scandal has partly overshadowed other issues CCPA Ontario is working on—but only partly. The premier's cover story for the scandal is all about housing, and that has made senior researcher Ricardo Tranjan's new book on rental housing, *The Tenant Class*, all the more relevant in the public debate.

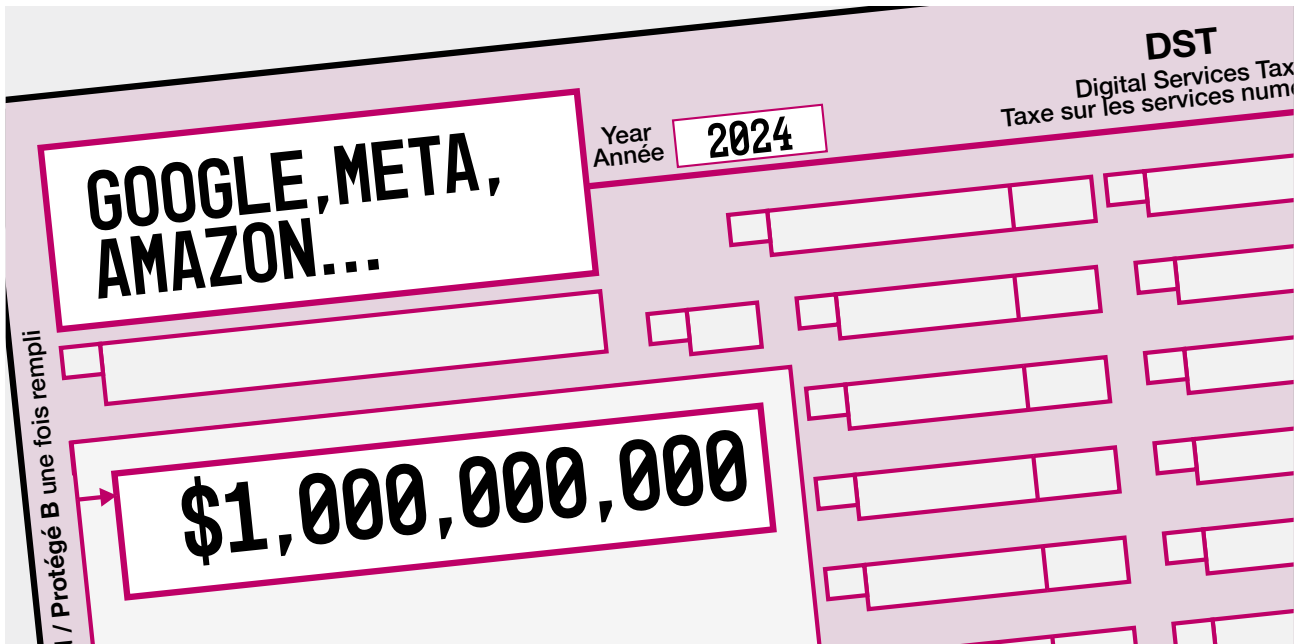
At CCPA Ontario, holding Queen's Park accountable is just what we do. Stay tuned.

CCPA Saskatchewan

In partnership with the University of Regina Students Union, CCPA Saskatchewan released *Fund the Future: The State of Saskatchewan's Post-Secondary Sector* in early September.

This comprehensive report compares Saskatchewan's post-secondary sector to the rest of the country in regards to funding, tuition and fees, student financial assistance and university spending on academic and non-academic salaries.

The report concludes with a critical appraisal of what a performance-based funding model might mean for Saskatchewan's universities and post-secondary students. **M**



Erika Beauchesne
and Stuart Trew
National Office

Canada needs to tax tech giants

Canada is finally following through on its commitment to tax large foreign digital corporations. It is planning to do so at some point after January 2024.

The federal government's proposed digital services tax (DST) on online giants like Meta, Amazon, and Google is heightening trade tensions with the U.S., but that should not stop Canada from standing up to some of America's biggest tax-avoiding corporations.

Multinationals have long benefited from outdated global tax rules that allow them to shift their profits to lower tax countries. An estimated \$1 trillion in corporate profits is shifted offshore each year. Online-based corporations have generated billions

in revenue while avoiding taxes in the countries where their customers live, including Canada.

To address this problem, Canada would apply a new three per cent tax—the DST—to revenues of large corporations with global revenue over €750 million and annual revenue from Canadian users of more than \$20 million. The tax is expected to generate \$1 billion annually, according to the Parliamentary Budget Officer.

Canada is long overdue for something like the DST. The Liberals first promised to tax foreign tech giants in the 2019 federal election and it was a popular policy. Some version of a DST was included in every party's platform. Politicians acknowledged the tax was needed to recover revenue from profitable foreign corporations and level the playing field for domestic businesses.

Voters also supported taxing online multinationals. An Environics survey found 77 per cent of respondents agreed that companies like Google and Amazon should be subject to Canadian taxes for business carried out in Canada.

Despite political and public appetite, the federal government

moved slowly while other countries enacted their own DSTs. By 2022, nearly a dozen European governments had already started taxing online multinationals.

But Canada delayed its DST in the hope that a global consensus on digital taxation could be reached through the OECD, which has been leading international tax reforms to address the digital economy and multinational tax avoidance. Several other countries that had introduced digital services taxes put them on pause to work on a multilateral alternative and to avoid U.S. trade retaliation.

DST critics are leaping on the possibility that Canada could trigger a trade war with the U.S., home to the largest tech multinationals, like Apple and Amazon, to warn the government off course. These fears are not without reason but they are overblown.

The U.S. would have no recourse to dispute the digital tax under the revamped NAFTA—the Canada-U.S.-Mexico Agreement (CUSMA)—or any other trade treaty to which both Canada and the U.S. are a party.

CUSMA's digital trade chapter concedes significant policy space in the e-commerce sector. The agreement conclusively forbids any of the three countries from applying customs duties on goods transmitted electronically—a restriction on government revenue options that many countries consider unfair.

CUSMA also forbids Canada or Mexico from requiring that commercial data be stored on local servers or from accessing companies' source codes or algorithms in order to determine whether those products may be made available in the domestic market.

However, nothing in the agreement stops a country "from imposing internal taxes, fees, or other charges on a digital product transmitted electronically," as long as it is "in a manner consistent with this Agreement." Rules against discriminating between Canadian and U.S. digital products are of no use to the U.S. since the Canadian tax applies to all companies earning revenues beyond the proposed threshold.

The U.S. is far more likely to initiate a Section 301 investigation under the *Trade Act of 1974*, as amended, to determine if Canada's tax harms U.S. interests, in which case the country can retaliate with tariffs or other restrictions on Canadian business with or in the U.S.

Under that law, the U.S. trade representative has a duty to investigate whether "an act, policy, or practice of a foreign country...is unjustifiable and burdens or restricts United States commerce." Section 301 investigations are a powerful tool frequently used by the U.S. to pile economic and political pressure on countries to tow the U.S. line.

Since 2019, the USTR has initiated investigations of digital services taxes in France, India, Turkey, Austria, Spain, the United Kingdom, Brazil, the Czech Republic, the European Union, Indonesia, and Italy. Many of these investigations resulted in findings of harm and the imposition of retaliatory tariffs.

In June 2021, the USTR determined that the Italian DST would collect up to \$140 million USD per year from U.S.-based tech firms and sought to impose commensurate duties across 60 or so goods exported from Italy to the U.S. including anchovies, caviar, perfume, and an assortment of handbags, suits, ties and footwear. These measures were terminated in October 2021 following agreement among 130 countries on a G20/OECD two-pillar solution to addressing taxation of digital products.

This summer, while most other tax treaty member countries agreed to pause their national DSTs for another year and await a multilateral treaty through the OECD, Finance Minister Chrystia Freeland said Canada could not postpone its DST any longer. We should anticipate the U.S. will threaten and possibly impose retaliatory tariffs, but this is no reason not to move a fair taxation measure forward.

Canada is wise to press ahead with unilateral action after years of lost revenue, waiting for a global agreement that is not guaranteed to come. While some critics have accused Canada of undermining the OECD process, Minister Freeland indicated Canada would support a multilateral deal if one can be reached.

Canada's unilateralism is just as likely to spur those talks forward as it is to blow them up, as some have claimed. In any event, until those talks succeed or conclusively fail, Canada's digital tax is better than nothing and it is better late than never.

The latest DST debate comes at an important time when Canadians are witnessing online multinationals' growing power. This summer, Meta blocked Canadian news from its site in response to federal legislation requiring social media companies to compensate news publishers for posting their content.

Governments right now are grappling with climate and affordability crises that require significant investments, while losing billions in



revenue to large profitable corporations steered by some of the richest people on earth. (The companies opposing Canada's DST happen to be monster consumers of energy and water, an undertaxed burden on the planet that is predicted to grow with the rollout of artificial intelligence products.)

Despite a decade of efforts, the OECD has made little progress to hold multinationals accountable, help governments adequately fund public services, and address inequality. Tax justice organizations have questioned the organization's ability to make meaningful tax reforms and called for a UN-led tax convention.

Canada's DST won't fix weaknesses in a global tax system, but it will raise needed revenue and send a message that it's time for digital titans to pay their fair share. ●

Erika Beauchesne is communications coordinator for Canadians for Tax Fairness. Stuart Trew is director of the CCPA's Trade and Investment Research Project and former editor of the *Monitor*.

Jim Silver
Manitoba Office

The missing piece in health and education

Although recent media coverage of Manitoba's health care and education problems has been very good and quite wide-ranging, one particularly important piece of the puzzle has been consistently missing: the social determinants of health.

There is strong scientific evidence, going back decades and covering most countries in the world, that socio-economic factors play a particularly important role in determining people's health and level of educational attainment.

Consider health. What the social determinants of health tell us is that people get sick not only for bio-medical reasons and lifestyle reasons—they smoke or drink a lot, they are overweight, they don't get enough exercise—but also for reasons having to do with their socio-economic circumstances.

The evidence is overwhelming that being poor, for example, makes it more likely that a person will experience a wide variety of health problems and suffer a shortened life span. Living in poor housing will have the same effect. Homelessness accentuates health risks. Absorbing the stress related to low income or poor housing or living in dangerous neighbourhoods has negative health impacts.

The incidence of virtually every type of health care problem is highest in Manitoba's lowest-income areas and Winnipeg's lowest-income neighbourhoods. Longevity—how long people live—is dramatically lower in Manitoba's lowest-income areas and Winnipeg's lowest-income neighbourhoods.

Hospital beds—including, and perhaps especially, emergency and

intensive care beds—are disproportionately occupied by people who are poor and/or struggling with poor housing or stressful neighbourhoods, or the damage that continues to be caused by colonialism. In other words, these poverty-related factors are driving up health costs and adding to the length of wait lists.

By now it is obvious to everyone who is paying attention that poverty, lack of adequate housing, homelessness and a range of poverty-related problems are almost epidemic in Winnipeg and Manitoba. In 2020, 64,670 children in Winnipeg were growing up in families living in poverty. Manitoba is the province with the worst record for child poverty in Canada.

Churchill-Keewatinook is the federal constituency suffering Canada's second highest incidence of children growing up in families that are poor. We have a serious poverty problem in Manitoba—and it's affecting our health care costs.

The evidence is equally clear that educational outcomes correlate directly with socio-economic status. Being poor not only makes you sick; it also increases the likelihood that children raised in a family living in poverty won't graduate high school. Many will, of course, but it's clear and well known that children and youth who grow up in families that are poor have reduced chances of graduating high school.

Not graduating high school, in turn, reduces the likelihood of finding a decently paid job and thus increases the likelihood of being poor. In this way poverty is

reproduced. The result is adverse effects on health care costs and educational outcomes. Everyone in Manitoba suffers.

Health care and education are provincial responsibilities. It follows that our provincial governments have a responsibility to attend to those factors that damage our health and education systems and drive up those costs. That means the social determinants of health—poverty, low wages, poor housing among others.

Yet most governments fail rather dramatically in this regard. They seriously underinvest in strategies to drive down poverty.

They underinvest in the building of good quality affordable housing for low-income people.

They don't do enough to establish liveable wage levels, to enable adults with low levels of education to benefit from adult education, and to enable parents who want to work to benefit from affordable and available child care.

They don't invest enough in the poverty-related factors that drive up health costs and drive down levels of educational attainment.

Instead, Manitobans have been fed a steady diet of austerity in public spending and intermittent cheques in the mail. This is profoundly short-sighted. It is not meeting Manitobans' real needs.

The overwhelming evidence from the vast literature on the social determinants of health makes it fully clear that to improve health and education we need to attend to the poverty and homelessness and related problems that have been allowed to grow for decades.

If provincial governments continue to fail in these respects, health care problems will worsen, educational attainment will not be what it could and should be, and we will all pay the price for that short-sightedness. ●

Jim Silver is professor emeritus at the University of Winnipeg, and a research associate with the Canadian Centre for Policy Alternatives-Manitoba. This article was originally published in the *Winnipeg Free Press*.



Andy Z. Coyne
National Office

Funding peer support key to a national mental health strategy

Mental health organizations and advocates in Canada have been calling for better mental health services for a long time. With long wait times for services covered by Medicare and soaring prices for private services, many people who need mental health support cannot find it.

The pandemic has only exacerbated this situation. Near the end of 2021, 37 per cent of Canadians were reporting a deterioration in their mental health since the onset of the pandemic. Since then, more recent data has indicated that “increased mental health challenges could become the new normal for Canadians.” Notably, “younger Canadians, those who identify as 2SLGBTQIA+, racialized groups, and those facing financial challenges are more likely to indicate high levels of anxiety and depression.”

An understanding of the pandemic’s effects on the mental health of Canadians is still emerging, but the impact of COVID-19 on mental health is real; there is a significant unmet need for mental health care.

The federal Liberal Party’s 2021 platform promised the Canada Mental Health Transfer (CMHT), a new federal transfer that would establish an ongoing dedicated fund for mental health services in the provinces and territories, leading to the creation of an expanded Medicare-covered mental health care system. Since the party’s re-election in 2021, mental health organizations and advocates have been calling

for federal government to follow through with the promised CMHT.

Unfortunately, the federal government’s February health care funding deal with the provinces didn’t deliver on its election-time mental health promise. While the health care transfer includes mental health as one of its four priorities, the funding falls short of the proposed CMHT and leaves mental health competing with other health care priorities, such as family health and the health workforce crisis.

While new health care funding is welcome, without federal accountability measures, there is no guarantee for how those funds are used. If the provincial and territorial governments want to take meaningful action towards meeting the mental health care needs of Canadians, working to develop accountability measures by consulting with organizations that advocate for better mental health supports in Canada will be essential.

In the meantime, we have a mental health crisis on our hands that only seems to be accelerating due to ongoing economic, environmental, and socio-political uncertainties. We need to come together now with creative solutions to fill the current gaps in service while continuing to hold federal and provincial/territorial governments to account for the lack of action on mental health initiatives.

One way to do this is to bolster community-based peer support services. Community groups and organizations are mobilized and working effectively to support their community members, filling gaps in service wherever they can.

Organizations like Peer Support Canada are looking towards a future mental health system that features peer support as an integral component. Not only does peer support work as a direct form of mental health care, it also functions as informal system navigational support—an essential part of any health care system.

For people seeking mental health support in a system of care as



fractured as ours, it can be especially difficult to find care and make transitions between providers or types of care. According to a recent poll by Mental Health Research Canada, while most Canadians feel that they know how to access mental health care, not knowing how to access care is the primary barrier for those who have an unmet need. Only two in five Canadians who are accessing mental health or substance use services “always” or “usually” had system navigational support.

Peer support works, but community organizations need funding for new programming and volunteer training if peer support interventions are to be scaled up. With a combination of capacity and project grants, the federal, provincial, and territorial governments can bolster the emergency response work already being done by community volunteers and workers.

Now is not the time to sit back and wait. While government money is used to increase capacity and make incremental improvements, there will be opportunities to get involved in other ways to address Canada’s mental health crisis by proceeding on multiple fronts.

The problem requires the clear leadership that the federal government promised at election time and has yet to deliver, but with complementary solutions, such as community-based peer support, we can attack this problem from new angles and help our fellow Canadians who are struggling. ●

Andy Z. Coyne is the CCPA’s 2023 Kate McInturff Fellow in Gender Justice.

Marc Lee
B.C. Office

The federal government could act on affordable housing

For a growing number of Canadians, the housing market is broken.

In 2021, an estimated 1.5 million Canadian households lived in core housing need, defined as living in an unsuitable, inadequate, or unaffordable dwelling.

The cost of home ownership remains close to all-time highs relative to income.

Tight rental markets have given landlords tremendous bargaining power to raise rents sky high.

Homelessness is pervasive across the country, from street and park encampments to people getting by in vehicles or by couch surfing.

Adequate, affordable housing is a basic human need and a socio-economic determinant of health, the absence of which results in poorer physical and mental health outcomes.

Canada's 2019 *National Housing Strategy Act* recognized that “housing is essential to the inherent dignity and well-being of the person” and that “the right to housing is a fundamental human right affirmed in international law.”

In practice, the National Housing Strategy (NHS) has yet to fully allocate the resources—or leverage critical policy levers—necessary to realize its own rhetoric. The NHS has spurred some new rental housing through low-interest loans (Rental Construction Financing Initiative), has been slowly rolling out a modest amount of new social housing (National Housing Co-Investment Fund),

and has supported the purchase of hotels and other facilities to address homelessness.

However, its funding profile is dominated by loans to for-profit rental development rather than investments in non-market housing.

A non-profit model reduces costs by cutting out developer profits and targeting rents in new units on a break-even basis rather than whatever the market will bear.

The federal government is ideally poised to address the core challenge: the upfront capital costs of getting new housing built. Once built, the stream of rental income from new housing can repay the initial investment.

A ramp-up would benefit from a coordinated approach that also meets Canada's climate adaptation and mitigation goals, such as multi-unit buildings at passive house energy efficiency standards with developments close to transit, shops, public services, and other amenities.

Even by its own measurement standards less than one-third of NHS units delivered can be considered affordable. This is in direct opposition

By its own measurement standards less than one-third of NHS units are affordable. This is in opposition to our obligation to devote “all appropriate means” to ensure people's right to housing is realized.

to Canada's human rights obligation to devote a “maximum of available resources” and “all appropriate means” to ensure people's right to housing is realized, prioritizing those in greatest need.

Upstream investments across a wide range of housing are necessary to stem the flow of people into homelessness and precarious housing situations.

A bold plan to build new supply—rooted in the belief that housing should be a human right—could end homelessness within a decade. This includes a spectrum of housing linked to mental health supports and to treatment and recovery beds.

The federal government's 2023 budget made a welcome new investment in urban, rural, and northern Indigenous housing. However, its \$4 billion commitment falls well short of the estimated \$56 billion over 10 years that Canada's own National Housing Council recommended.

To address these disparities in housing conditions in urban, rural, and northern settings, Canada requires sustainable investments in permanent housing options at a scale commensurate with need and in alignment with Indigenous rights to self-determination under the *United Nations Declaration on the Rights of Indigenous Peoples*.

The NHS aims to put one-third of its investments, with a minimum of 25 per cent, towards serving the unique needs of women and their children. To ensure progress along the way, the capacity and resources of the Office of the Federal Housing Advocate will be strengthened to identify and remedy systemic violations of the right to housing. This advocate will also undertake an independent review and audit of the National Housing Strategy to date.

The federal government could renovate the National Housing Strategy to ensure that programs genuinely and positively impact those who bear the brunt of Canada's housing and homelessness crisis.

This redirection should maintain NHS planned loans and grants but

remove the \$25,000 per unit cap on National Housing Co-Investment Fund grants to ensure more projects with greater affordability can get off the ground.

The feds could also continue the Rental Construction Financing Initiative to provide low-interest loans for all rental housing projects, because of the additional costs of building housing arising from higher interest rates.

This will include loans to for-profit developments that meet (more stringent) affordability criteria. Meanwhile, it should also ease eligibility criteria for non-profit developers.

With proper funding, the federal government could build one million new non-market and co-op housing units over the next decade.

A sum of \$20 billion a year in capital funding to the National Housing Co-investment Fund could build a minimum of 100,000 new units per year (provincial partnerships and public and community-owned land contributions are assumed to contribute another \$10 billion).

Capital funds could be used to build publicly owned affordable housing, as well as being advanced to non-profit developers as a long-term mortgage (where payments will be recycled back into funding in future years).

Such housing investments would be broad-based, but with specific targets for Indigenous Peoples, seniors, people with disabilities, immigrant families, lone parents, and people fleeing domestic violence.

All units would employ a universal design and a minimum of 10 per cent of new units would be set aside for urban Indigenous households.

This also includes substantial new development of supportive and complex care housing that provides wrap-around support for people experiencing homelessness, addictions, and/or mental health challenges.

The Federal Lands Initiative of the NHS has, to date, done little to put federal land into use for



affordable housing. An ambitious federal government could introduce a \$10 billion Public Land Acquisition Fund, a dedicated multi-year fund to bring additional land into public ownership towards the construction of non-market, affordable rental housing.

The community housing sector can also acquire existing affordable rental buildings to bring them into the nonprofit world.

Building on the British Columbia government's new \$500 million Rental Protection Fund for non-profit housing providers to purchase existing rental buildings, the federal government could create a \$20 billion Housing Acquisition Fund to support this goal of maintaining the supply of affordable housing for low- and modest-income households over time.

This fund would finance non-profit providers with low-interest mortgages that can be repaid over a 50-year period. Doing so would support the acquisition of up to 60,000 rental units.

The federal government could also create a deferrable property surtax on properties worth more than \$1 million to ensure that those who received windfalls from rising home

prices contribute to building the next generation of affordable housing.

Ideally, such a surtax would start at a rate of 0.2 per cent on the portion of assessed values between \$1 million and \$1.5 million, 0.5 per cent on values between \$1.5 million and \$2 million, and one per cent on assessed values above \$2 million.

For example, a house valued at \$1.2 million would pay \$400 per year while a house valued at \$2.5 million would pay \$8,500 per year. The surtax would only apply to the top 10 per cent most valuable homes and would be fully deferrable until time of sale for households on fixed incomes.

Purpose-built rental properties would be exempt from the surtax.

The federal government could also immediately end various real estate tax incentives, which only serve to inflate the housing market. This includes new planned incentives such as a Rent-to-Own program and a new Tax Free First Home Savings Account. Stopping the preferential tax treatment given to real estate investment trusts (REITS) would also go a long way to prevent the further financialization of housing. ●

Marc Lee is a senior economist in the B.C. office of the CCPA.



GET WELL CANADA

Investing in the social

Time to grow social and education spending— it's key to good health

WHEN IT COMES to making wise choices about health, Canadians have a thorny problem. Since we often distinguish ourselves from our American neighbours by emphasizing our publicly funded medical care, this system is beloved and as much a part of Canadian identity as the maple leaf and hockey.

So when asked by pollsters what policy areas should receive priority attention for additional taxpayer funding, medical care is generally at or near the top. It has become a cultural habit to think this way. That's why public dialogue often centres around questions like how much more we should invest in medical care? Whether this funding should be delivered through public or private clinics? Or how much of it should be used to pay doctors?

These issues are important, but they will never be enough to make us healthy because the medical system was designed to treat people after they've fallen ill or injured. It wasn't designed to create health.

A health system is much broader than medical care. Unfortunately, Canadians have left that broader system unfinished, and now we're paying the price. Medical costs are rising, but access isn't, leaving many patients feeling frustrated by long wait lists, and doctors and nurses are burned out.

It is time to make room for something more. We need to re-energize public investment where health begins, in part by finding a better balance between investing in the building blocks for a healthy society relative to investments in medicine to treat illness and injury. So long as Canadians can't access safe homes, good income, quality child care, and a healthy environment, our medical care system will never be enough to prevent people from dying early.

This means disrupting the myth that medical care is what makes us healthy. Decades of health science show that access to medical care is a relatively modest factor in shaping health outcomes. Much more important are social and ecological determinants of health—the conditions into which we are born, grow, live, work and age. These factors are shaped by social and environmental departments in governments that are responsible for reducing poverty, improving the affordability of housing and child care, truth and

reconciliation, fighting climate change and more. They are very little by departments of health.

The evidence base for putting health-in-all-policies (HiAP) is growing in Canada and across the globe. This literature invites governments to pay careful attention to how they allocate their annual budgets. The budget priorities set around cabinet tables have far-reaching health implications because they determine how resources are distributed between medical and non-medical ministries. Evidence on what distribution promotes health is now clear: governments are more likely to improve life expectancy and reduce avoidable mortality and illness when their budgets grow spending on social programs and benefits more urgently than spending on medical care services.

Provinces used to align better with the science of health-in-all-policies

There was a time when provincial budgets regularly aligned with HiAP evidence. Figure 1 shows the ratio for social and education spending relative to medical spending (the SE/M ratio) for around 1976 (when provinces were about a decade into their experiment of building a health system) and 2019 (the final year before the COVID-19 pandemic). A ratio above one signals that social and education spending are larger than medical spending in that year. A ratio below one signals the opposite.

Around 1976, provinces routinely spent more on social and education investments than on medical care. By 2019, the opposite had become the norm.

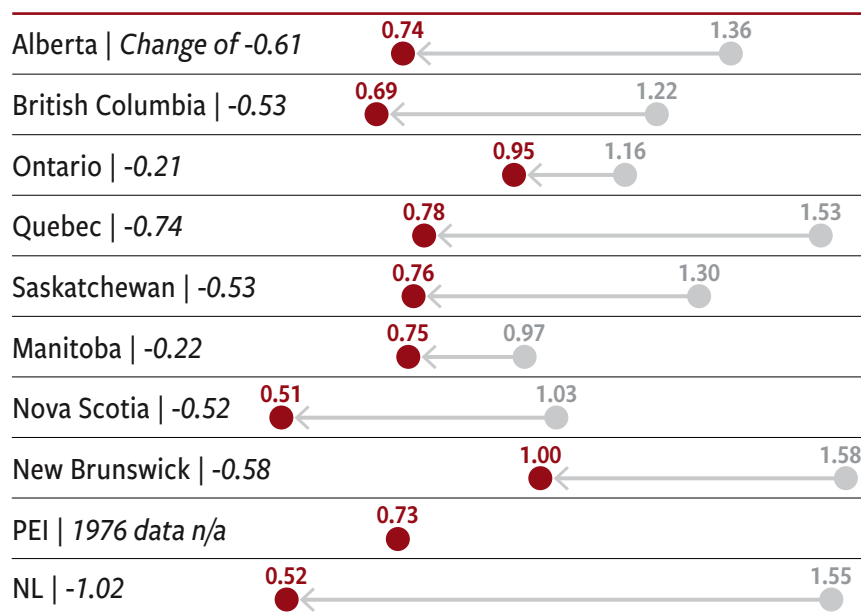
For example, in 1976, B.C., Alberta, Ontario and Quebec—the four provinces where the vast majority of Canadians reside—spent between 16 and 53 per cent *more* on social and education programs than medical care. By the time the pandemic arrived, these provinces were spending between five and 28 per cent less on social and education services compared to medicine.

This doesn't necessarily mean social and education spending have been cut. Rather, provinces didn't invest in these programs with the same level of urgency as they did medical care. Take B.C. for example. By 2019, B.C. had the lowest SE/M ratio of the four big provinces. After adjusting for inflation, the province increased spending on social programs by approximately \$4 billion

Figure 1: Ratio of social and education spending relative to medical spending

1976 and 2019

A ratio above one signals that social and education spending are larger than medical spending in that year. A ratio below one signals the opposite.



SOURCE: AUTHOR'S CALCULATIONS BASED ON PUBLIC ACCOUNTS DATA COMPILED BY DR. RON KNEEBONE AND MARGARITA WILKINS AT THE SCHOOL OF PUBLIC POLICY, UNIVERSITY OF CALGARY.

per year and education spending by \$6.4 billion. However, increases to medical spending overshadowed both, at \$17.9 billion per year.

A similar pattern shows up in Ontario, which had the highest SE/M ratio of the most populous provinces. By 2019, annual social and education spending increased by approximately \$13 billion and \$30.4 billion respectively. In contrast, medical care received an extra \$49.2 billion annually.

When investments to prevent sickness and promote health do not keep pace with investments to treat illness, it is unsurprising that medical costs keep rising. It's also unsurprising that some medical professionals are burning out from their patient loads, even as there are more doctors per capita. According to the Canadian Institute for Health Information, there were 143 physicians for every 100,000

Canadians in 1976, 72 of whom were family doctors. By 2020, there were 242 physicians, 123 of whom are family physicians.

The rapid investment in medical care compared to social and education investments over the past few decades partly reflects that Canada's population is aging. The growing number of Canadians age 65+ will use more medical care in their remaining years than they did in their first 65. An aging population also brings more complex care needs to health professionals, somewhat blunting the effect of the rising number of doctors per capita.

Still, as my colleague Lynell Anderson and I have argued, relatively large increases in medical spending also reflect the Canadian cultural habit to prioritize medicine because of its connection to our national identity—that thorny problem to which I referred at the outset.

This cultural habit was disrupted by our collective response to COVID-19. During the pandemic, there was a notable shift in the pattern of SE/M spending due to efforts to mitigate the harms caused to the economy and household finances as a result of the need for physical distancing. In B.C., for example, sizable provincial investments in income support, education, housing and child care outpaced new spending on medical care by roughly one-third.

However, the most recent B.C. budget also reveals that renewed emphasis on social spending during the pandemic may be short-lived. Projections for the next three years point to a budget plan where the SE/M ratio for the flow of new spending up to 2025-26 will be just 0.45. This means the annual increase in spending on social services and education by 2025-26 is expected to be just 45 per cent of the budgeted increase for medical care.

The federal government has been better aligned with health-in-all-policies science

As provinces have retreated from leadership on investing in the social determinants of health compared to investing in medical care, the federal government has stepped up. This was especially notable during the pandemic. Federal emergency response spending in 2021 directed several times more money to income supports (like the Canadian Emergency Response Benefit and the Canada Emergency Wage Subsidy) compared to additional investments in the medical system.

Even well before the pandemic, the federal government had been aligning its level of social investment more closely with evidence about HiAP, compensating for provincial budgets that lost sight of what makes Canadians healthy and well.

For example, Figure 2 shows the ratio of federal spending on social and educational services compared to provinces in 1976 and 2019.

Whereas Ottawa consistently spent less than provincial governments did on these issues in 1976, by 2019 Ottawa had increased its proportion of social spending. In most provinces, the federal government is now spending more on social issues than its provincial counterparts.

Take B.C. and Ontario, again, as key examples. After adjusting for inflation, B.C. increased annual social and education spending by approximately \$10.3 billion, including federal funds delivered to the province via the Canada Social Transfer and other intergovernmental transfers.

Over the same period, the federal government increased annual spending for British Columbians on the Canada Child Benefit (CCB), Employment Insurance (EI), Old Age Security (OAS, including the Guaranteed annual income for seniors) and the Canada Pension Plan (CPP) by \$15.9 billion.

Similarly, Ontario increased social and education investment by \$43.5 billion per year, including funding transferred from Ottawa. Simultaneously, the federal government increased its investments in Ontario for income support to families, retirees and through EI by \$43.2 billion.

It is worth noting that there is a marked age imbalance to the federal increase in social spending. Back in 1976, federal spending on retirement income support through OAS and the CPP was roughly the same value as federal spending on EI and what then counted as the CCB. In 2019, spending on OAS and CPP was 160 per cent higher than spending on EI and the CCB.

This signals that the Government of Canada is better at applying the logic of health-in-all-policies to investments for retirees than it is on spending that primarily benefits younger residents. Similar age imbalances can be found in provincial budgets, because increases to medical care spending disproportionately benefit Canadians over age 65.

Solution: Apply health-in-all-policies to budget allocations between ministries

As we revisit what is required to complete our health system, it is timely to recall the wisdom of Tommy Douglas. He is often recognized as the father of Canada’s health care system and regularly judged to be among the greatest Canadians.

“Let’s not forget,” he urged us all when retiring from politics, “that the ultimate goal of Medicare must be to keep people well rather than just patching them up when they get sick.”

It’s time to rally around this goal once again. This is why partners have come together to launch Get Well Canada—an alliance of researchers, community leaders and medical professionals who want to fulfill the promise of Canada’s commitment to health care.

The logic motivating our alliance is summed by this well-known proverb: “An ounce of prevention is worth a pound of cure.” To preserve health care as a sacred trust, we must invest to make people well, not just treat them when they fall sick.

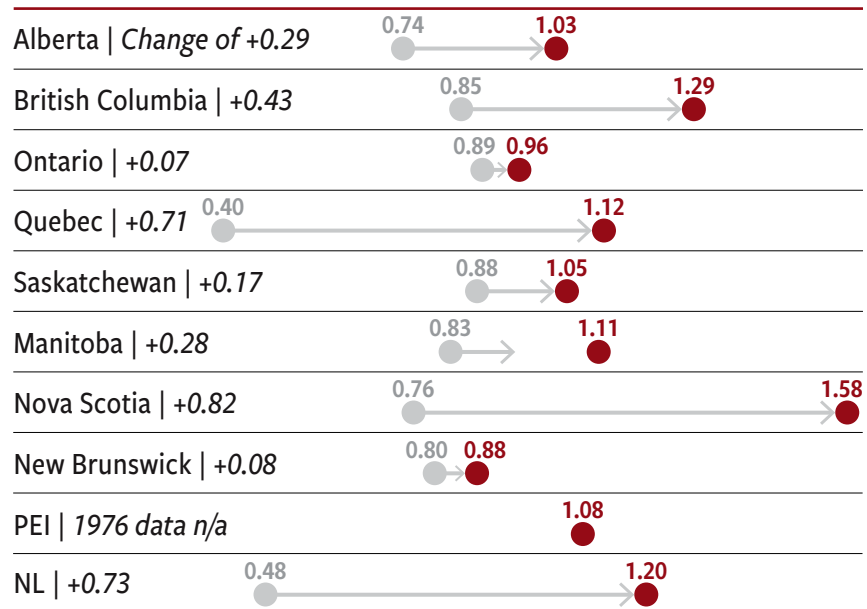
Just as we are grateful that we can call on the fire department to put out the flames when we need them, we also know that preventing fires is much less deadly, damaging and costly. It’s the same with health care. Waiting to invest until people are ill is like showing up with hoses once the fire is already raging. Earlier action through social and education investments has potential to prevent the first sparks from getting out of hand.

Get Well Canada calls on governments to reduce pressure on the medical care system and tackle the affordability crisis via a single

Figure 2: Ratio of federal spending on social and educational services compared to provinces

1976 and 2019

A ratio above one signals that social and education spending are larger than medical spending in that year. A ratio below one signals the opposite.



SOURCE: AUTHOR'S CALCULATIONS BASED ON PUBLIC ACCOUNTS DATA COMPILED BY DR. RON KNEEBONE AND MARGARITA WILKINS AT THE SCHOOL OF PUBLIC POLICY, UNIVERSITY OF CALGARY. NOTE: THE QC FIGURE INCLUDES THE QPP, NOT THE CPP.

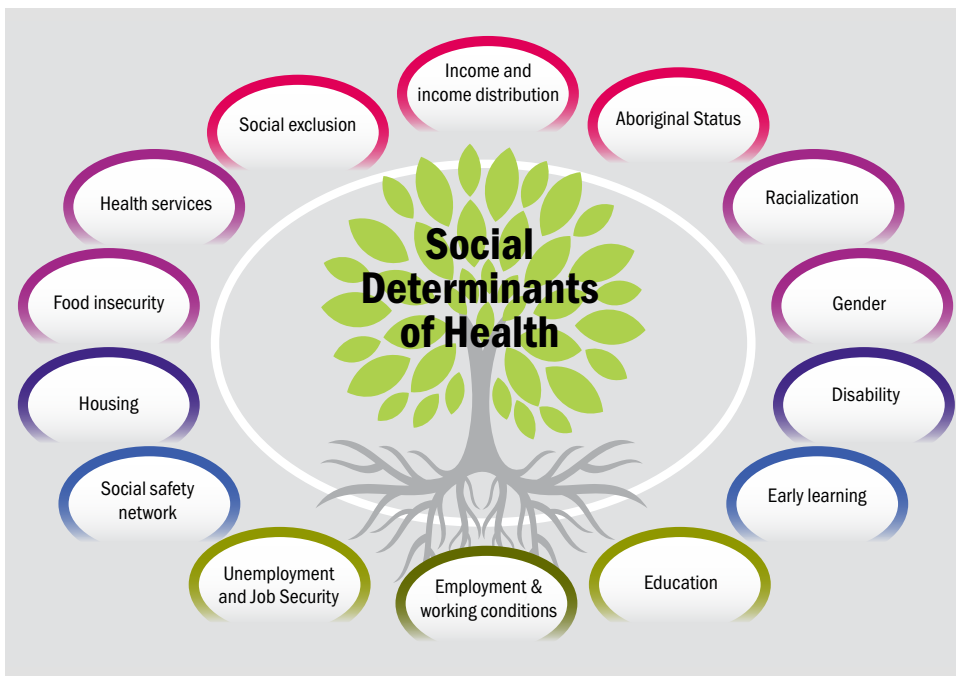


ILLUSTRATION BY JOSS MACLENNAN

winning strategy: restore a better balance between investments in the social determinants of health, and investments in medical care to treat illness and injury.

Growing social investments will not only reduce cost of living pressures, it will help promote health and prevent illness. Tackling these two issues together can contribute to slowing the flow of sickness that is demoralizing our health professionals and overcrowding clinics and hospitals.

Get Well Canada calls for three actions

1. Better tracking and reporting:

Prime Minister Justin Trudeau has observed: “What gets measured gets done.” Governments are far less likely to fix our incomplete health system if they do not carefully monitor the ratio of social spending relative to medical spending. That’s why we want Ottawa and the provinces to integrate this ratio as a key performance indicator in annual budgets and other fiscal documentation.

To support this, we want the Canadian Institute for Health Information (CIHI) to feature this ratio

in its annual reporting. Regrettably, CIHI currently reinforces a narrow definition of health care by almost entirely reporting about spending on medicine, with very little attention to more influential spending on social determinants. Regular CIHI reporting on the ratio of social-to-medical spending will create opportunities to identify the underdeveloped parts of our health system, providing information relevant to voters and government officials.

2. Better budgets: Better reporting of the ratio is the starting point for more balanced budget allocations. Governments should use their annual budgets to grow social investments more urgently than spending on medical care. This is the best strategy to make Canadians happier, healthier, wealthier and more resilient for generations to come.

3. Culture change: Canadians must broaden our understanding of health, so that we empower our politicians to recall that health begins where we are born, grow, live, work and age. Health does not start with medical care. These three Get Well Canada actions aim to bring to scale the

social prescription movement. Many doctors, nurses and health professionals already wish they could prescribe their patients affordable housing, child care or poverty reduction. But they can’t.

And even when they connect their patients to other community resources, the dedicated organizations working in these areas often lack sufficient resources to fulfill these social prescriptions in either a timely way or in a way that adequately disrupts systemic threats imposed by power dynamics related to class, gender, race, colonialism, age and other systems of oppression.

That is why preserving Canada’s health system as a sacred trust requires applying HiAP logic at the highest level of government decision-making: provincial and federal budgets. When allocating the economic pie between various departments, governments must recognize that clinics and hospitals should be the last stop, not the first stop, in our health system. The first stops for good health are found in our neighbourhoods, jobs, child care centres and schools—something the pandemic made painfully clear.

When we act like hospitals are the starting point for good health, it’s no wonder we get stuck putting out medical care fires, and risk being burned in the process. Medical care and social investments are not an either/or proposition. They are two sides of the same coin. Provincial governments have neglected the social side for too long, leaving holes in our health system that have become fire hazards.

The solution is to Get Well Canada. It’s time once again to grow social and education spending investments even more urgently than medical spending. **M**

Dr. Paul Kershaw is a policy professor in the UBC School of Population Health where he leads the Masters of Public Health Program. He is the Founder of Get Well Canada, which is hosted at Generation Squeeze and funded by the Canadian Institutes for Health Research Project Grant Award Number AWD-022495 CIHR 2022.

ANDREA LONG

Three key health policy movements are aligning

Get Well Canada, well-being budgeting, and health-in-all-policies

GET WELL CANADA is asking Canadians and their governments to think more broadly about the ingredients for good health. Health is about more than the medical care we receive in clinics and hospitals. Instead, the evidence tells us that the factors most critical for shaping health are the economic, social and environmental conditions in which we live.

Making sure that public investments reflect this broad understanding of health requires new approaches to designing and implementing health-related policies on behalf of Canadians. Happily, there are places to look for inspiration and guidance as we take up this important task.

Two global policy movements are converging to make clear why the goals of Get Well Canada are so critical for securing the long-term health of Canadians. One is well-being budgeting. The second is health-in-all-policies.

Well-being budgeting

In countries around the world, momentum is growing for governments to look beyond traditional indicators of economic performance (like gross domestic product) when measuring their success. Many jurisdictions are adopting broader well-being or quality of life frameworks to inform their budget and policy agendas. Canada has contributed leadership to this area with the federal government's new Quality of Life Framework, a tool designed "to help drive evidence-based budgeting and decision-making."

Budgeting tools organized around the goal of well-being or

quality of life typically include a wide range of indicators across different domains, like health, environment, governance, social supports, prosperity, security, etc. Many frameworks also emphasize cross-cutting values that apply to all domains—for example, fairness, inclusion, equity, and sustainability.

By holding governments to account on a wide range of interconnected indicators, well-being budgeting frameworks can help identify intersections between policy issues, resisting the siloed approach that can result when each individual department is accountable only to its own priorities and agenda. Creating space for more integrated assessment of policy priorities, gaps, and impacts also has potential to prime governments to think about the balance of investments, and their relative contribution to a common agenda to advance well-being.

These opportunities reinforce the goals of Get Well Canada. Recognizing that the conditions in which we are born, grow, live, work, and age matter more for our health than the medical care we receive means that we must consider a range of economic, social and environmental policies as well-being policies. The interconnected measurement approach at the heart of well-being budgeting can help facilitate this. Integrating metrics like the ratio of social to medical spending into well-being budgeting frameworks would further assist governments by creating space to explicitly consider the balance of investments across key domains.

Health-in-all-policies

When we recognize that diverse social, economic and environmental conditions all matter more for our health than medical care, one implication is that the policies that shape these conditions should be considered health policies.

That's the idea at the core of the health-in-all-policies (HiAP) movement. HiAP tells us that governments should consider impacts on health from investments they make in things like housing, child care, and reducing poverty—not just access to doctors, clinics and hospitals. Accomplishing this requires governance tools and approaches that support greater collaboration and coordination across sectors and government departments.

HiAP approaches are being implemented in jurisdictions around the world and are championed by the World Health Organization, the Global HiAP Network, and the recently launched Canadian HiAP Network.

Within Canada, Quebec is a longstanding leader in HiAP implementation, most recently through its cross-sector approach to preventing ill health. Other provincial, regional and local governments also have experimented with HiAP.

One common way in which HiAP is implemented is through the use of Health Impact Assessments—tools that facilitate systematic analysis of the health impacts of policies and programs led by sectors outside of health, as well as ways to mitigate any negative or uneven effects.

Realizing the goals of Get Well Canada would build on this approach by embedding similar considerations

at the highest level of government decision-making—the budgeting process. A HiAP-informed approach to budgeting would ask whether the investment decisions in governments’ budgets align with the evidence about what matters most for health. Not only the medical care that we likely all think of first, but the social conditions we experience across the life course.

Applying HiAP principles to decisions about the amount of funding allocated to each department—not just to assessing the health impacts of individual policies or programs developed with this funding once it is assigned—would lay the groundwork for monitoring the balance of social and medical investments. As Get Well Canada champions, this is a critical first step for ensuring that we don’t neglect investments in promoting health and well-being as we strive to cover the cost of the more complex medical needs of an aging population.

How does this convergence point to solutions?

As Canadians wrestle with the latest round of anxiety about our medical care system, and too many people struggle to access timely care, it’s surprising that government responses are largely stuck in the same narratives we’ve long heard: more money, more doctors, more ‘experimentation’ in delivery models (i.e. privatization). Few bold ideas have been forthcoming.

Get Well Canada argues that the solution to the current ‘crisis’ is to slow the flow of illness into our overburdened clinics and hospitals, to reduce pressure on medical care personnel and services. We can do this by investing with greater urgency in the things that help keep us healthy and well—the social conditions in which we are born, grow, live, work and age.

Conveniently, these investments will also help address the affordability crisis squeezing too many Canadians.

It’s notable that the global health policy movements discussed here converge to support Get Well Canada’s advice. Well-being budgeting makes governments accountable for progress across diverse indicators of wellness, creating space to consider the intersections of medical and social outcomes. A HiAP approach to government budgeting would institutionalize recognition that health is more than medical care—and that the balance of investments in medical and social supports is a relevant metric to inform allocations between departments.

What we need now is for provincial and federal governments across Canada to recognize that these health policy movements all identify the same ingredients for a solution—to grow social spending more urgently than medical spending—and to be bold about how we must design government budgets to help Canadians, and our health system, get well. **M**

Andrea Long is the senior director of research and knowledge mobilization at Generation Squeeze. Her work includes coordinating the Get Well Canada initiative hosted by Gen Squeeze, as part of the organization’s mandate to build a Canada that promotes well-being for all generations.

SALLY MCBRIDE, KAREN RIDEOUT,
DR. MARK LYSYSHYN, CRAIG BROWN

Healthy public policy requires working within and beyond the health care system

MEDICAL HEALTH OFFICERS in B.C. are mandated by the B.C. *Public Health Act* to monitor the health of the population and provide advice to governments, health boards, and the public on public health matters.

This requires looking outward, to acknowledge the needs of the diverse populations within the region, and upstream, to the modifiable factors that influence the conditions in which people live and that ultimately shape their health.

Underpinning this approach is the understanding that socioeconomic factors—such as income and employment status and the strength of social supports, along with access to education, safe housing, greenspace, and affordable early learning and care—have the greatest influence on a population’s health.

Many of these factors lie beyond the control of the health care system, yet they create pressing health issues that the system is tasked with addressing. Solutions involve institutions within and beyond the health care sector.

That’s where the Vancouver Coastal Health (VCH) comes in. The Office of the Chief Medical Health Officer established the Healthy Public Policy Unit (HPPU) in 2022 to promote health through a comprehensive, healthy public policy approach. The HPPU collaborates with other VCH public health teams to advocate for policies that could improve the social and economic influences on health.

Policies that influence the population’s health fall within the mandates of multiple government ministries. Healthy public policy requires collaborative action on issues outside of traditional areas of involvement, which is challenging, given different priorities, constraints, and discrete budgets. In addition, publicly funded organizations face budget and accountability challenges if they are not able to attribute outcomes to a specific policy change.

Such silos are difficult to break, and cross-sector alliances require significant investments of time,

resources, and expertise. The HPPU responds to these challenges by working alongside public health colleagues in a three-pronged approach to advance healthy public policies in, and well beyond, the health care system. Because the HPPU is not a policy-making entity, it must facilitate, rather than implement, policy change.

The team focuses first on building and fostering relationships within the health care system, and with governments, organizations and leaders to identify common goals and community priorities, mobilize knowledge, and focus on collaborative efforts.

Second, the HPPU draws on VCH's public health expertise to contextualize local population data, highlight inequities, and identify trends. The team identifies windows in which to advocate for policy change or contribute to the development of evidence-informed policy options.

Thirdly, since the HPPU approach recognizes that policy change involves many parties, the team works with public health colleagues to track the contributions of different players, monitor incremental changes over time, and identify links between population health outcomes and policy changes. This involves sharing information between sectors, which further contributes to shared advocacy and public health goals.

Poverty is one of the most important factors driving poor health outcomes and health inequities in the VCH region and elsewhere in B.C. For example, 2022 data from the Office of the Provincial Health Officer show that life expectancy in the VCH region ranges from 70.5 years for populations in the lowest income quintile to 88.8 years for those in the highest income quintile.

Social indicator data from Statistics Canada in 2021 also point to avoidable differences between populations by income quintile, in educational attainment, income,

unemployment rates, and proportion of household income spent on shelter in the region.

Poverty impacts health by affecting people's access to housing, quality child care, educational opportunities, and their capacity to adapt to a changing climate. Experiences of poverty also increase people's risk of chronic disease, stress, and mental health issues, but investing in the health care system alone will not address the underlying factors that are causing these problems.

As B.C. faces deepening societal challenges related to housing, increasing income inequality, and more frequent climate events, poverty and other root causes of ill health must be addressed.

Progress on these systemic issues requires support for policies that effectively reduce poverty as well as increase social sector funding (i.e., child care, housing, education) by all levels of government.

There are strong justifications for people within the health care system to get involved in creating public policies that foster health-promoting environments for everyone—even when the policy levers exist outside of the health care system.

For example, the HPPU supports strategic investments in early childhood environments, acknowledging their significant influence on future health. Approximately one-third of B.C. kindergarten children are considered developmentally vulnerable and those who experience poverty are more likely to be vulnerable.

Poverty influences children's environments, experiences, and social support networks, but quality, affordable child care can reduce and mitigate poverty and its health impacts. The health care system already supports mothers and children with prevention and support programs. The HPPU encourages further investments in a universal child care system that promotes inclusive and flexible care models, equitable compensation for

early childhood educators, and more quality child care spaces.

The HPPU also focuses on equitable and climate-resilient communities that better protect people during extreme heat events.

Poverty presents a greater risk of heat-related illness or death than any chronic health condition. Low-income populations were more impacted during the 2021 B.C. heat dome because of substandard housing, lack of social supports, and fewer resources.

Public health programs support heat-susceptible individuals and municipalities to prepare for heat events and help community organizations to respond. Healthy public policy approaches support the development and adoption of public policies that protect people from extreme heat in residential buildings—especially in affordable rental buildings—in ways that do not increase their risk for housing insecurity.

These examples illustrate potential pathways for health care sector engagement in public policy and highlight the importance of working beyond the walls of the traditional health care system. They also emphasize the importance of re-defining health as much more than what can be addressed by health care services alone by placing equal value on the factors that influence health.

The continued expansion of a healthy public policy approach by institutions situated both within and beyond the health care system is critical, as are the collaborative relationships that underpin its success. **M**

Sally McBride, Karen Rideout, Dr. Mark Lysyshyn, Craig Brown work at Vancouver Coastal Health.

The road to wellville

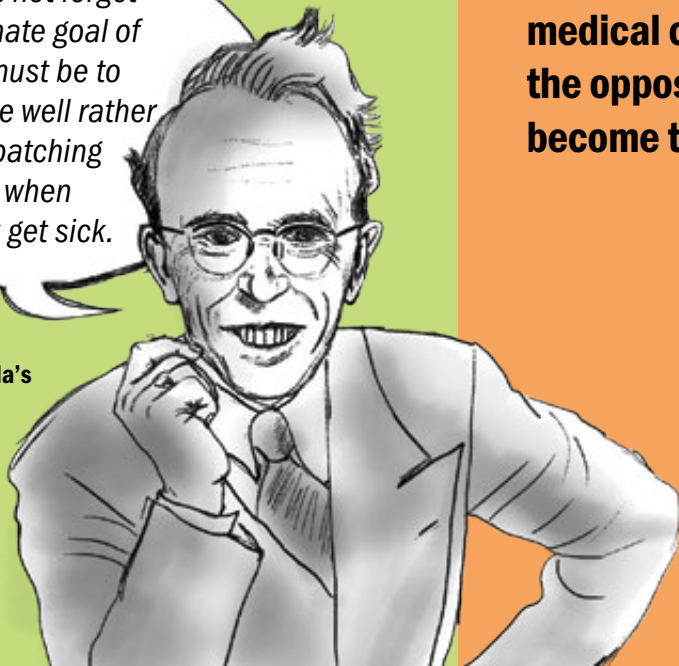
Then

Canada, 1976

There was a greater sense of urgency in the need to invest in the social supports that help keep us healthy and well, alongside investments in the medical care we need when we're sick. Adequate income, decent jobs, affordable housing and child care, good schools – these are some of the things that most influence our health. In the 1970s, the balance of government investments better aligned with what health science tells us: that these social conditions are more important for good health than the medical care we receive. Government budgets reflected this wisdom, recognizing that clinics and hospitals should be the last stop, not the first stop, in our health system. The first stops for good health are found in our neighbourhoods, jobs, child care, and schools.

Let's not forget the ultimate goal of Medicare must be to keep people well rather than just patching them up when they get sick.

Tommy Douglas,
founder of Canada's
public health
care system



Now

Canada, 2023

The pandemic has taken its toll on our medical system. Workers are burning out, caring for longer lines of patients who have more complicated care needs. Canada's medical care system has been stretched thin. We're focused on pouring more money to fix the system. We're busy trying to patch people up after they get sick when we should also be investing in prevention.

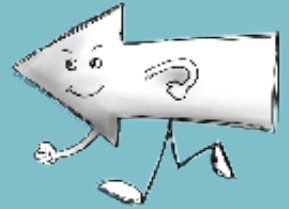
Around 1976, provinces routinely spent more on social and education investments than on medical care. By 2019, the opposite had become the norm.



is social

Let's find our way back

Funding the social side of the equation is key.

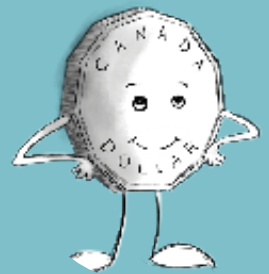


The smart money is on social investments

The conditions in which we are born, grow, live, work and age are twice as important as medical interventions in shaping our path to well-being.

Two sides of the same coin

Medical care and social investments are not an either/or proposition. They are two sides of the same coin. Completing our health system means funding the social supports that will slow the flow of sickness into clinics and hospitals.



CCPA
CANADIAN CENTRE
for POLICY ALTERNATIVES

policyalternatives.ca

BRIDGET MCCANN

Social and medical spending: Flip sides of the same coin

MANY COUNTRIES FACE the challenge of rising medical care costs, stretching government budgets and creating pressures on other spending priorities. These growing medical costs might be considered reasonable if more medical spending was the best way to improve health outcomes. But this is not the case, as revealed by evidence from many jurisdictions, including Canada.

Even as medical expenditures grow, the potential of social spending to improve population health has remained largely unexplored. Although health professionals acknowledge the pivotal role of social, economic, and environmental factors in shaping health outcomes, policy reforms in Canada have often favoured medical spending, sidelining the significance of social policy domains, including income support, housing, child care, and other policy targets.

Exploring the intricate interplay between social expenditures, medical expenditures, and common health outcomes offers valuable insights for optimizing resource allocation and improving population health.

Unlocking the ratio's potential

A series of studies spanning Canada, the United States, and other developed nations have cast the spotlight on a compelling metric—the ratio of social expenditures to expenditures on medical care—and its profound link to health outcomes.

This ratio is a gauge of relative investments in the building blocks for a healthy society compared to investments in treating illness and injury. By consolidating two distinct expenditure categories into a single value, this ratio facilitates analysis

and monitoring of the balance of expenditures between these different priorities, as well as cross-regional and cross-country comparisons, presenting a clear picture of resource allocation trends.

To better visualize this concept, the graph on page 17 illustrates the social expenditure-to-medical expenditure ratio across different countries from 2019. The x-axis represents countries, while the y-axis represents the ratio values. This graph offers an overview of how different nations allocate their resources between social expenditures and medical care, providing insights into potential correlations with health outcomes.

Most significantly, studies on the ratio consistently highlight the positive consequences of directing a larger proportion of governmental spending toward social services compared to medical care.

Summary of the evidence

Led by Daniel Dutton of Dalhousie University, multiple Canadian studies point to the positive health outcomes that emerge when government budgets grow social spending more urgently than medical spending.

A study using provincial expenditure data from 1981 to 2011 found that when provinces increased social spending relative to health spending, they were more likely to reduce potentially avoidable deaths and increase life expectancy.

Data from a second study of nine Canadian provinces from 1981 to 2017 affirmed that a higher ratio of social-to-medical spending was a predictor of improved health outcomes, particularly within regions facing income inequality.

A third study of budget expenditures in eight provinces between 1992 and 2018 shows that an increasing social-to-medical spending ratio is associated with lower levels of colorectal, breast and prostate cancers—but did not find a relationship between the ratio and lung cancer.

These Canadian data are consistent with international evidence. International studies, many led or motivated by the work of Elizabeth Bradley at Yale University, reveal that OECD countries and U.S. states that prioritized higher ratios of social-to-medical spending achieved a more favorable spectrum of health outcomes when contrasted with jurisdictions exhibiting lower ratios. Infant mortality decreased, life expectancy increased, and potential life years lost decreased significantly in jurisdictions where the ratio of social spending was higher.

Similarly, research led by Daniel Park, at the University of Manitoba, found higher ratios of social-to-medical care spending correlate with a decline in deaths related to mental health issues across developed countries.

Beyond the ratio

Findings from studies on the ratio of social-to-medical investments confirm what other research consistently shows: the importance of social spending in improving population health.

In Canada, investing in health, social services, and education affects the overall health of the population by reducing mortality rates.

European research highlights how social protection spending has a bigger impact on life expectancy at birth than medical care spending,

and that investing in public health and social services can improve life expectancy and lower infant mortality rates.

In the United States, the ratio findings align with evidence that jurisdictions that allocate greater proportions of their medical expenditures to community health care, public health, and related domains experienced improved health outcomes.

Prioritization of clinical medical care spending in California also has been shown to lead to diminished investments in public health and social initiatives, potentially compromising health outcomes within that state.

Navigating ahead

The ratio is a valuable tool because it distills complex data and intricate relationships into a single, simple, accessible measure for governments to report and stakeholders to monitor. In a world in which governments grapple with financial constraints, the ratio emerges as a concise summary tool that comprehensively signals the degree to which decision-makers are aligning their budget allocations with health science conclusions about the optimal balance between investments in the building blocks for a healthy society compared to funding for medical care after people fall sick or injured.

By presenting a clear comparison between social and medical spending—flip sides of the same health coin—the ratio empowers policy-makers to make better decisions about health and well-being in a context in which resources are limited, demands are high, and demographics are changing.

The ratio offers a key performance indicator for the evaluation of resource distribution and its potential impact on population health.

Policy-makers can use the ratio to identify health gaps within their population in order to optimize health outcomes for all, investing wisely in well-being from the early years onwards.

Guided by cross-country comparisons, policy-makers can also use the ratio to identify variation between their jurisdiction and others in search of data-driven benchmarks for budget allocations between medical and non-medical departments that will yield the greatest chance of improving population well-being. **M**

Bridget McCann is a second-year graduate student in the Department of Community Health and Epidemiology at Dalhousie University. She is working on her thesis, which explores the relative importance of social to medical spending and health outcomes in different countries.

Ratio of social to medical expenditures

How do different nations balance their spending between social expenditures and medical care?

Larger numbers mean more social spending, smaller numbers mean more spent on medical care.

Luxembourg	4.0
Poland	3.3
Finland	3.2
Italy	3.2
Greece	3.1
Türkiye	2.8
Hungary	2.8
Denmark	2.8
France	2.8
Spain	2.7
Austria	2.6
Estonia	2.6
Belgium	2.6
New Zealand	2.6
Czech Republic	2.6
Slovenia	2.5
Slovak Republic	2.5
Latvia	2.5
Lithuania	2.4
Norway	2.4
Portugal	2.3
Sweden	2.3
Israel	2.2
Germany	2.2
Iceland	2.2
Japan	2.1
Australia	2.0
United Kingdom	2.0
Ireland	1.9
Colombia	1.8
Canada	1.7
Costa Rica	1.7
Netherlands	1.6
Korea	1.5
Switzerland	1.5
Mexico	1.4
Chile	1.3
United States	1.1

AVERAGE RATIO IS 2.3

DANIEL DUTTON

Addressing the fundamental causes of population health inequality

ONE OF THE most persistent population health patterns in history is that those who are better resourced in terms of income, education, social capital or whatever domain have better outcomes than those who have less. It does not matter what place, historical time period, or context, generally, the best off have always had the best health.

This pattern is the social gradient in health. Population health improves in a stepwise pattern as circumstances improve along the socioeconomic spectrum: Those near the middle tend to do better than those with the least, those with above average resources do better than the middle, those who have the very most generally enjoy better health than those with above average resources.

A popular explanation for this phenomenon is known as the “fundamental causes” theory. Put simply, people with more are healthier because they use their resources to their advantage to achieve and maintain a better health status compared to people who have less.

On the surface, this might not be an obvious problem. Why should society care if some people use their resources to improve their health, or living conditions, or the well-being of their children?

There are two reasons. The first is about fairness. The relationship between health and socioeconomic status endures, regardless of the diseases of the day that are killing us or compromising our health. This raises the question of whether social policy intervention is required on behalf of those who are disadvantaged by the socioeconomic distribution.

The second is efficiency. Living in a more egalitarian society is associated with better health outcomes, and the best off in more equal societies do better than their counterparts in less equal societies. That means that potential health gains are not limited to the recipients of a social intervention.

The fundamental causes

Link and Phelan argue that there are a variety of assets that the best-off use to maintain health: money, of course, but also knowledge, prestige, power, and social networks. Essentially, all the things that come along with being at the top of the social pyramid, which make life easier in small and large ways, are employed to benefit health, resulting in the gradient described above.

Key to the argument is that these advantages are not limited to a single disease, they convey health benefits across multiple behaviours and diseases; having a good diet does not only prevent myocardial infarction, it has global benefits across complicated disease processes that we do not completely understand, nor do we have to understand them to figure out that eating healthy is a good thing and correlates with lower incidence of many diseases.

Most annoyingly, addressing the mechanisms through which these advantages translate into a health outcome does not improve equity in outcomes because new mechanisms arise and become relatively more important in maintaining the health gradient. In other words, were we to somehow equalize diet across society, the gradient would persist because the resource advantage allowing the adoption of health-enhancing benefits still

exists; the gradient remains despite action on a specific reason for its persistence. There are simply too many mechanisms, and there always will be. Chasing down every single mechanism becomes an exhausting and impossible mission for public health practitioners.

The realization that these are not end-of-life penalties but life-long health burdens is particularly troublesome. Canadian researchers have long pointed out health outcomes are dominated by social forces and those forces affect us from childhood. Children in high-stress environments due to, say, material deprivation, are more likely to become adults with a poorer health profile than other children. Disability and frailty are more common in older adults with lower incomes, and those conditions can take years of exposure to poor environments to manifest.

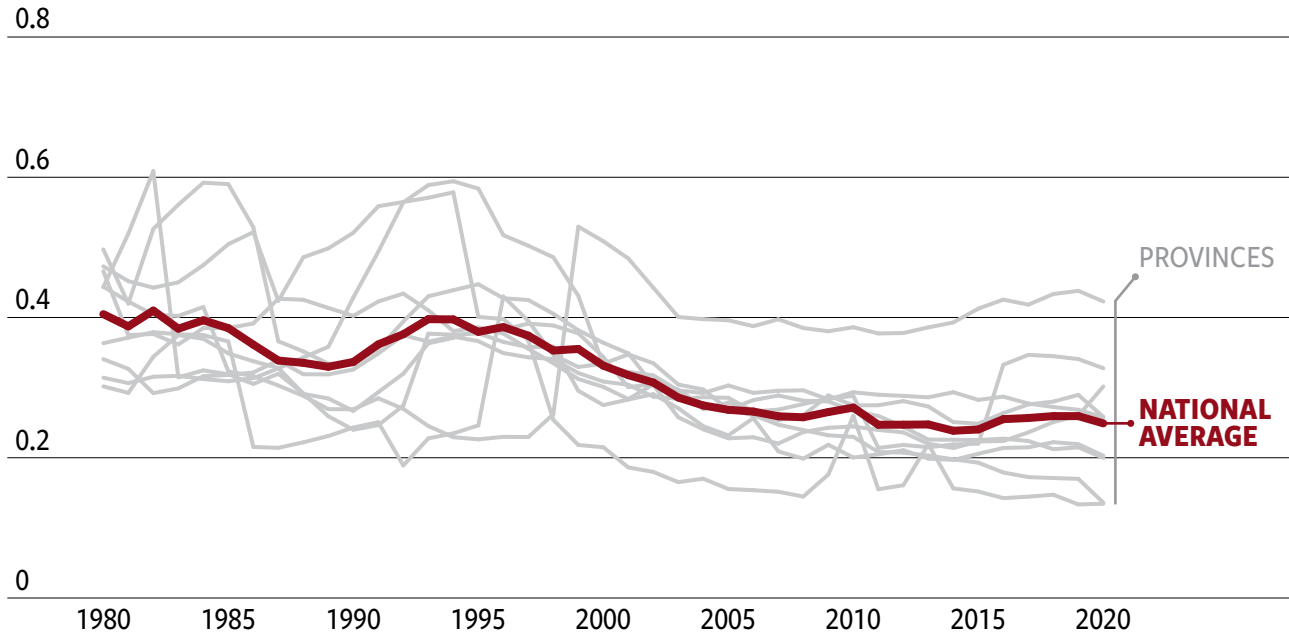
Finally, there is evidence that resources are the key issue here, so improved material well-being would manifest as better health outcomes. Conditions that we consider to be less preventable (e.g., multiple sclerosis) have a much milder social gradient than those that are preventable (e.g., cancers with known causes or accidental injuries), meaning that when no resources can be mustered to prevent something it is less likely to be concentrated among the poorest. So, while resources cannot explain everything, there is a compelling argument to act upon the fundamental causes of poor health rather than chasing specific mechanisms linked to a disease du jour.

So what?

Some treat the health inequality in society as a sad byproduct of the

Ratio of social to medical expenditures in the provinces

Comparing the balance of spending between social expenditures and medical care in the provinces with the national average. *Larger numbers mean more social spending, smaller numbers mean more spent on medical care.*



way we structure society, calling for a reinvention of the way we plan our economy, run our governments, or allocate resources. It is unclear whether radical solutions are called for if the fundamental causes are also driven by non-economic factors, like personal influence. The best a government can do is take action to mitigate the impact of being dealt a bad hand of the social determinants of health by improving the social conditions into which those less fortunate are born, grow, live, work and age.

Governments already do this through spending on their social-serving portfolio. Factors like housing, income level, and the welfare of children are all things that households dedicate resources to if they can afford to. Our work has suggested that the relative return to additional social spending, in terms of population health improvements, could be higher than that same spending on the medical care system. Further, the potential return is higher in jurisdictions with more income inequality.

When we monitor spending on social and medical services as a ratio (see above) we can see that in Canada, over time, the overall average (thickest line) is decreasing over time and the individual provinces (thin lines) are moving in the same direction overall—signaling that social spending is declining as a proportion of medical spending. This means that action on the fundamental causes of health among those with fewer resources, especially the poorest, has decreased since the national average's last highest point in approximately 1993.

To address the factors that essentially limit health equity is to address the existing system of exposure that results in poor health. These systems are multifactorial and the government can act on some of them explicitly through social spending. Due to the constantly changing nature of science, technology, medical care, and government policy priorities, there will always be new mechanisms through which those with more resources can achieve better health outcomes than those who have less.

But it is highly inefficient to rely on the medical system to cover downstream health costs for those left behind when prevention could have been achieved at a lower cost to taxpayers.

Discussion about the correct level of social spending is, at this stage, premature, since social spending has not budged on a per capita basis for decades while medical spending grows on a regular schedule.

Improving population health requires us to reverse this trend by increasing social spending on programs that are already in place and improving the environment that people live in. Social investments need to be prioritized as an investment in health care, because relying on medical care is unnecessarily expensive and saddles so many with unfair health burdens that could have been prevented. **M**

Daniel Dutton is an assistant professor at Dalhousie University's Department of Community Health and Epidemiology.

Canada needs to move from individual choice approach to whole-of-society approach

IN THE REALM of health care, a resounding truth has emerged: the path to a resilient and sustainable health system lies not solely within the confines of clinics and hospitals, but in the grand tapestry of social determinants of health (SDoH) that shape our lives. These are the social, economic, and structural factors that influence our health such income, employment, and education.

Fifty per cent of our overall health and well-being is attributed to the SDoH, which are embedded in our day-to-day lives. This truth, etched in the annals of research and experience, illuminates a critical shift that must transpire in our approach to health.

The journey from individual behavior to systemic transformation, from a narrow biomedical focus to a panoramic embrace of societal factors, is the cornerstone of ushering in an era of health equity and reducing disparities.

For decades, federal and provincial governments have employed different strategies, invested large sums of money, and leveraged evolving medical technology to address biomedical factors while mostly neglecting holistic health. The nut that these levels of governments have been trying to crack doesn't solve the underlying goal: cultivating and maintaining a healthy population.

What is the source of this misguided approach? Perhaps research on the impact of the SDoH has only recently entered the government lexicon. Or it could be a willful ignorance to address health through a more complicated cross-sectoral approach. Whatever the rationale for the patchwork of health policy

that has been developed to date, it is evident that a fragmented approach can no longer suffice. What we need is a comprehensive, whole-of-society, and whole-of-government strategy to address these SDoH and cultivate a resilient and thriving population.

What are these two approaches that call for a broader response? As Zhang and Ran have written, the whole-of-government approach is “an umbrella term describing a group of responses to the problem of increased fragmentation of the public sector and an imperative to increase integration, coordination and capacity.”

The whole-of-society approach is derived from the whole-of-government approach because wicked problems, such as obesity and pandemic preparedness, usually require more than the whole-of-government approach. It must also involve many social stakeholders, particularly citizens.

The common rationale for these approaches is twofold. First, there is the recognition that health is highly dependent on sectors beyond health care and is greatly influenced by the SDoH. Second, to address the multidimensional challenges inherent to the SDoH, there is the technical need to overcome siloed work—to work across disciplines in order to increase policy coherence and effectiveness.

It may appear to be difficult to employ such an approach, considering our federalist system, which divides responsibilities between federal and provincial/territorial lines. However, the whole-of-society and whole-of-government approaches have been referred to when discussing Indigenous

Truth and Reconciliation, Canada's commitment to the Sustainable Development Goals, and the country's emergency management approach. Currently, these types of approaches will be imperative to addressing multiple national crises, including our health care system, as well as housing.

None of this is to disparage the efforts by federal and provincial governments to scale innovating primary care models, advance team-based care, incorporate digital/virtual health solutions, and expand the scope of practice of various allied health professionals. On the contrary, these are important components to complement the gamut of strategies that all stakeholders should have to address the SDoH.

The call to action is clear: it is time to recalibrate our health care paradigm, transcending the singular focus on individual choices to the broader canvas of structural redesign.

A comprehensive strategy that dismantles systemic barriers and orchestrates the symphony of social factors is essential.

The contours of this strategy sweep across the landscape of population health, recognizing that health outcomes are not mere products of personal choices, but intricate factors woven from socioeconomic conditions, access to resources, and the nuanced fabric of social and environmental determinants. **M**

Arman Hamidian is a consultant at Santis Health, a public affairs, strategic advisory, public policy, marketing and communication consultancy that is dedicated to the health care and life sciences sectors across the country.



JONATHAN HELLER AND MYRIANNE RICHARD

How can we influence budgets?

Building power to change social structures

MOST OF US understand that our health outcomes are heavily influenced by the conditions in which we live—the *social determinants of health*.

We also know that differences in those conditions often lead to health inequities—systemic, unfair, unjust, and avoidable differences in health outcomes between socially defined groups.

Digging a bit deeper, though, we can ask why some socially defined groups (e.g., white people, heterosexuals, fully abled people, etc.) usually live in better conditions and thus have better health outcomes than other groups (e.g., Indigenous Peoples, racialized people, differently abled people, queer folks).

Why do these patterns exist? One significant reason for this is that our values, beliefs, culture, and norms, as well as our governance, laws, policies, and institutional practices—society’s written and unwritten

rules—structure, reinforce, and encode the relationships between socially defined groups and thereby create these durable patterns in outcomes.

These are the *structural determinants of health*.

Budgets—both government and institutional—are among those written and unwritten rules or policies that tend to perpetuate inequities.

Which groups get the infrastructures and resources to live well and be healthy?

How much are the wealthy and corporations taxed on the profits they make from the labour of people through exploitative business models?

How much of the budget gets invested in upstream preventative and health promotion interventions—specifically in the social determinants of health—that would serve those people who are being exploited and marginalized?

Budgets can be seen as moral documents and our collective spending reveals the purpose of society. Budgets should, in theory, be used to offset the disparities between those who have too much and those who have too little.

We can tax corporations and the wealthy more, growing our budgets. We can allocate more of our spending to improve conditions for those who have been and continue to be marginalized by structural barriers. We can make different choices as a society.

And yet we do not. Which begs the question: Who and what influences government and organization budgetary decisions? We can answer this by analyzing budget decisions through a power lens.

At a high level, it is safe to say that those advantaged by current structures, including lower taxes and budgets that don’t focus investment upstream, don’t want to see these shifts. They use the

resources and tools at their disposal to maintain current structures.

In other words, they use their power. On the other hand, exploited and marginalized groups who would benefit from redistributive budgets and more upstream spending have less power to influence budgets.

Going deeper, we can use a framework like the Three Faces of Power, developed in the 1970s by social theorist Stephen Lukes to analyze power and determine why we are not investing more upstream. While a thorough analysis is beyond the scope of this article, we briefly explain each of the faces and one aspect of how power is playing out with regard to budgets.

In Lukes' framework, the first face of power is the visible face. As Heller et al write in their *Public Health Management Practice* article this year: "Exercising influence in the political or public arena and amongst formal decision-making bodies to achieve a particular outcome."

Who is making budget decisions? Who and what influences them?

Our elected officials and institutional leaders are the decision-makers. While there are many important answers to what influences those decision-makers (morals, evidence, campaign donors, reputation, etc.), we'll focus on one: they are typically judged by their constituents on short-term outcomes.

They're judged on whether someone can get the operation they need now, whether someone has a good job now, whether someone can find affordable housing now, whether shareholders are earning profits now.

The decision-makers' jobs depend on it. Few constituents focus on the long term—the time frame in which upstream investments will pay off. An elected official voting for long-term investment is going to get voted out of office before those investments lead to better conditions.

The incentive structure is wrong. What would another electoral incentive look like at the party level? How could we hold governments accountable for the decisions they made in the past but that are impacting the present and future?

The second face of power is the hidden face, "organizing the decision-making environment, including who can access decision-making and what issues are being considered by decision-making bodies."

Who and what is influencing the decision-making agenda? Organizations like chambers of commerce, industry and professional associations, think tanks, and other lobbyists often work in an integrated, coordinated, and strategic manner. Together, they help elect a set of people that share their views and then use those relationships to ensure that the legislative agenda includes issues they care about and excludes issues they want to avoid.

Have those advocating for upstream budget investments built any similar sort of cross-sector infrastructure?

Lukes' third face of power is the invisible face: "Shaping information, beliefs and worldviews about social issues." What dominant world views and narratives influence decisions and make upstream investments seem foolish?

One of the impacts of the last 50 years of neoliberalism has been the widespread adoption of a set of beliefs about how the world works.

Among those beliefs is that we are responsible for our own successes and failures—a very individualistic view of the world—and that government is inefficient and wasteful.

Another belief prioritizes economic gains over anything else, whether it be social cohesion, environmental protection or restoration, or good health.

If most Canadians hold these beliefs, shifting budgets toward more government investment in collective, upstream approaches is an uphill battle that may not be winnable.

The benefit of this kind of power analysis is that it points the way to different strategies. We can ask another set of questions based on the three faces: What can we do in the short term to influence budget decision-makers? What organizations and infrastructure need to be built to move an equity agenda in the medium term? And what transformative narratives can we assert to shift what is considered common sense over the long term?

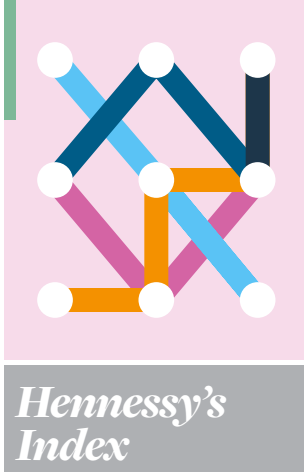
Based on the answers to these questions, we can bring together partners to develop strategies and implement tactics that shift power, enabling structural changes (i.e., shifts in budgets) that increase investment in the social determinants of health—all of which are activities to which the Get Well Canada alliance aims to contribute.

For example, we might choose to invest in deepening community organizing efforts across Canada, building the power of marginalized communities. We might invest in building relationships between equity-focused organizations so they can strategically coordinate their work. And we might invest in narrative change efforts that lift collective values, impacting outcomes over the long term.

Shifting structures, including budgets, requires intentional strategies and concerted effort. It requires shifting power relations, both limiting the power of those who use it to maintain the status quo and building power in communities that have been marginalized by systems of oppression.

To get there, those of us interested in equity—including upstream budget investments—must build our capacity to recognize, analyze, and develop strategies to shift power relations. **M**

Jonathan Heller is a visiting scholar with the National Collaborating Centre for Determinants of Health (NCCDH) and a senior health equity fellow at the University of Wisconsin Population Health Institute. Myriam Richard is a knowledge translation specialist with the NCCDH.



GDP vs. Well-being

By Trish Hennessy

82

Percentage of Canadian respondents participating in a public opinion survey by the Department of Finance Canada who said they felt measures beyond economic growth—health and safety, access to education, access to clean water, life satisfaction, equality of access to public services—are more important to their day-to-day life.

71

Percentage of Canadian respondents to the same survey mentioned above who feel it is important that the government move past solely considering traditional economic measurements, such as economic growth, but to also consider health, safety and the environment when it makes decisions.

38

The percentage by which Canada's GDP grew between 1994 and 2014.

9.9

The percentage by which Canadians' well-being grew between 1994 and 2014; a stark contrast to GDP growth during that period.

75

That's the percentage of factors and influences that determine our health outside of the health care system—this is known as the social determinants of health, because the medical system focuses mainly on treating illness, less so on prevention.

1 cent

A one-cent increase in social spending for every dollar Canada spends on medical care could increase life expectancy and decrease potentially avoidable deaths.

3x

Average per capita spending on health care in Canada was three times higher than on social services in 2011 compared to 1980.

48

That's the percentage of Canadian younger children who live in child care deserts—neighbourhoods where they don't have access to full-time licensed child care.

3

The one-bedroom rental wage in Canada is lower than the minimum wage in only three communities: Sherbrooke, Trois-Rivières and Saguenay. That means every other city in Canada is too expensive for a minimum wage worker to be able to afford the rent.

1 million

In 2020, nearly one million, or more than one in eight children, were growing up with the short- and long-term physical, mental, emotional, economic and social harms of poverty. Without temporary pandemic benefits, 1.5 million children would have been living in poverty. Those benefits showed us governments can indeed reduce poverty, in a flash.

“In an economy with well-being at its heart, economic growth will simply be another tool to guide it in the direction that the society chooses. In such an economy, the percentage points of GDP, which are rarely connected with the lives of average citizens, will cease to take the center stage. The focus would instead shift towards more desirable and actual determinants of welfare.”

—Amit Kapoor and Bibek Debroy

“GDP is not a measure of human well-being,” *Harvard Business Review*

hbr.org/2019/10/gdp-is-not-a-measure-of-human-well-being.

SOURCES: TOWARD A QUALITY OF LIFE STRATEGY FOR CANADA, DEPARTMENT OF FINANCE CANADA, AUGUST 2020. —HOW ARE CANADIANS DOING? 2016 CANADIAN INDEX OF WELLBEING REPORT, HOW ARE CANADIANS DOING? 2016 CANADIAN INDEX OF WELLBEING REPORT. UNDP https://www.undp.org/sustainable-development-goals?gclid=CJ0KQJWNRMLBHDHARISADJ5B_NMEPNXDFWCMG1MHAIP06Y1J7-YUYEW_6MPLDNONINS2U1KAN-NY4AAIRKEALW_WCB. EFFECT OF PROVINCIAL SPENDING ON SOCIAL SERVICES AND HEALTH CARE ON HEALTH OUTCOMES IN CANADA: AN OBSERVATIONAL LONGITUDINAL STUDY, DANIEL J. DUTTON PHD, PIERRE-GERLIER FOREST PHD, RONALD D. KNEEBONE PHD, JENNIFER D. ZWICKER PHD, CMAJ JANUARY 22, 2018. https://scholar.google.com/citations?view_op=view_citation&hl=en&user=xv18kcoaaaa&citation_for_view=xv18kcoaaaa:zph67rfs4hoc. A HEALTHY, PRODUCTIVE CANADA: A DETERMINANT OF HEALTH APPROACH, THE STANDING SENATE COMMITTEE ON SOCIAL AFFAIRS, SCIENCE AND TECHNOLOGY FINAL REPORT OF THE SENATE SUBCOMMITTEE ON POPULATION HEALTH, 2009. NOT DONE YET. \$10-A-DAY CHILD CARE REQUIRES ADDRESSING CANADA'S CHILD CARE DESERTS, DAVID MACDONALD AND MARTHA FRIENDLY, CANADIAN CENTRE FOR POLICY ALTERNATIVES, 2023, <https://monitormag.ca/reports/cant-afford-the-rent/>. —CANT AFFORD THE RENT, DAVID MACDONALD AND RICARDO TRANJAN, CANADIAN CENTRE FOR POLICY ALTERNATIVES, 2023, <https://policyalternatives.ca/publications/reports/cant-afford-rent-campaign-2000-2022>, <https://policyalternatives.ca/publications/reports/cant-afford-rent-campaign-2000-2022>, <https://policyalternatives.ca/publications/reports/cant-afford-rent-campaign-2000-2022>. “GDP IS NOT A MEASURE OF HUMAN WELL-BEING,” HARVARD BUSINESS REVIEW, <https://hbr.org/2019/10/gdp-is-not-a-measure-of-human-well-being>.



Colour-coded Justice

ANTHONY N. MORGAN

Lessons on the 50th anniversary of hip-hop

As 2023 marks the 50th anniversary of hip-hop, I've recently found myself revisiting memories and experiences that have reminded me of the ways that hip-hop shaped my consciousness, identity and politics as a Black youth growing up in the late 1990s and early 2000s.

Though I was born and raised in Canada, the anti-Black stereotypes, stigmas and social disadvantages I experienced and witnessed as a Black Canadian youth made me feel rejected, devalued and disposable to all individuals, authorities and institutions of mainstream Canadian society.

And so, to help navigate my tumultuous teens, I culturally rebelled from the Canadian mainstream and turned to hip-hop music, culture and style. To help counter hurtfully silencing and demeaning anti-Black narratives that made Black people invisible and is still explicitly and implicitly embedded within Canadian media, school curricula and social norms, I cleaved to hip-hop to give me the positive sense of identity, affirmation and belonging that I longed for.

To some folks reading this, it might come as a surprise to know that before I had any of the carefully crafted, smiley, social media-ready headshots that many are now used to seeing me in, I was one of those stern-faced, lyrics-mumbling and head-bobbing teens in an oversized hoodie and baggy jeans riding public transit with his headphones so obnoxiously loud that it annoyed, scared and/or unsettled surrounding riders.

Believe it or not, I also had a lot more hair then too, so you could find me discourteously riding transit like this with my hair combed out in a billowing afro or laid down in intricately styled braids or cornrows.

I'm sure I looked menacing to some. That was part of the point. It was and somewhat remains a feature of hip hop culture and aesthetic to project a 'don't-mess-with-me' look and attitude as part of what qualified as 'cool'.

But it was in those moments of me vibing with hip-hop music that I was learning to develop a critical social lens and consciousness that would help me make sense of and feel seen and understood within a world that made

me feel like I was unwelcome, unwanted and unsafe simply because of my black skin.

Those early hip-hop lessons gave me a foundation in socio-political thought that continues to shape and influence my critical social conscience and analysis today.

One of the hip-hop albums that has marked me most is "Let's Get Free", by a New York-based rap duo known as dead prez. This album is widely regarded as a hip-hop classic. It opens with a track called "Wolves", featuring a speech by a pan-African socialist leader named Omali Yeshitela, which he delivered in Philadelphia in May 1998 at the Black Power Organizing Conference. In this dead prez track, Yeshitela's speech is laid over a pulsing rhythm that pumps and frays in a manner that adds feeling, energy and urgency to his message of empowerment for Black people.

Yeshitela's voice opens this track with his re-telling of a teaching that he notes emerges from Indigenous Peoples in arctic regions of Turtle Island, one which recalls a technique they used for hunting wolves. The track rhythmically thumps and flows with Yeshitela vividly describing the technique as involving a knife with a doubled-edged blade that would be soaked and frozen in animal blood.

The handle of the knife is thrust securely into ice or a frozen block of snow with only the sharp and bloodied blade protruding outwards. This was done so that wolves would smell the blood on the blade and be drawn to it. In his animated speech, Yeshitela explains that a wolf would eventually discover the protruding blade and try to eat it, licking it eagerly, and in doing so, cutting up its mouth and tongue. This, of course, would cause the wolf to bleed. Thinking it's enjoying a meal, the wolf would continue to lap up the flowing blood until it ultimately bled out and died, having inadvertently killed itself.

On the dead prez track, Yeshitela uses this Indigenous teaching as a parable to illustrate the self-defeating impacts of the illegal drug trade (which in his retelling is the 'blade' by analogy) being used by members of Black communities to rise up out of poverty and accumulate the desired goods of consumerist capitalism (cars, homes, jewelry, etc.).

These goods, as trappings of success in the domain of consumerist capitalism, represent the blood that the wolf mistakenly thinks it's being nourished by when it's actually causing its demise because of the method (drug-dealing) being used to attain them.

I am recalling this track that opens dead prez's classic album from 2000, "Let's Get Free" because the Indigenous teaching that Yeshitela deploys over the track offers an illustrative parallel useful for the present discussion. The teaching helps articulate how Canadian cities, and western societies more generally, rely increasingly on prioritizing policing as society's primary method of promoting and protecting national security, public



American hip-hop group Dead Prez live at Resistance Festival 2009, Athens, Greece

PHOTO BY BADSEED, LICENSED UNDER CC BY-SA

safety, and (as we saw during the heights of the COVID-19 pandemic) public health.

In the context of considering social challenges of chronic and increasing poverty, economic exclusion and inequality, this Indigenous teaching can help us see policing, prisons, monitoring and surveillance as the blood on the two-edged blade featured in this teaching.

As Canadians and members of liberal-democratic capitalist societies, we have been socialized through news media, entertainment television, formal education, and popular political sound bites about ‘getting tough on crime’ to think that it is police and prisons that will save and secure the collective social well-being of Canadian cities and communities.

Hungry and longing for a firm and effective solution to legitimate and imagined threats of crime and violence that we are told to believe is supposedly preventing us all from

realizing our desired Canadian middle-class lifestyles, we as a general society are collectively licking the blade of carceral logics and institutions. And for the last 30 or so years, we have kept licking and licking the blade despite the conditions and instances of crime, violence and social inequality not getting better but only progressively worse, furthering social decay and breakdown in our Canadian cities and communities.

We think our Canadian body politic is being nourished by this licking when it’s actually killing our society.

The analogy here for licking the blade is our current penchant for pouring more and more of our finite political capital and public purse into the funding of policing, prison and other carceral systems and technologies to address issues of crime and violence that we feel are preventing us from enjoying expected levels of security, peace and prosperity in our cities.

We need to collectively meditate on this Indigenous teaching. It helps highlight the urgency of the need for transformative approaches to how we approach policing, prisons and other carceral social control structures of monitoring, control and surveillance in Canadian society and beyond. In other words, public budgets have to be significantly redistributed.

In other words, for us to invest more in social programs and income supports in a manner that truly gets at the root causes of the pressing policy and political challenges we are facing in terms of a lack of affordability in housing, food, gas, transportation, good (green) jobs, climate change, etc., we have to totally re-think how we fund and rely on policing and prisons in our society. This is the only way to effectively answer the call that title’s dead prez’s classic album, ‘Let’s Get Free’. **M**



Inside Trade

STUART TREW

World is watching U.S.-Mexico fight over genetically engineered corn

Between now and February, a North American trade dispute panel will weigh the interests of powerful U.S. agribusiness, chemicals, and biotech firms against those of small rural and Indigenous Mexican farmers.

The case will probe the connections and contradictions between countries' trade commitments and their other, more important treaty obligations to Indigenous Peoples and the protection of plant and animal biodiversity.

The results of this dispute could test the limits of North American diplomacy and strain political support for the new Canada-U.S.-Mexico Agreement (CUSMA) ahead of important elections in at least two of our three countries next year.

More importantly, a loss for Mexico could scare other countries from introducing socially equitable, Earth-friendly food policies and further entrench the profit-seeking interests of monopolist agricultural firms.

The dispute began in December 2020 when the AMLO government in Mexico announced it would be 1) banning the sale, import, and use of the herbicide glyphosate, 2) banning the cultivation, importation, and use of genetically engineered (GE) white corn in foods for human consumption, and 3) banning the importation of GE yellow corn used mainly in animal feed.

Mexican farmers, Indigenous Peoples, and environmental organizations celebrated the decree as a vindication of their decades-long struggle against GE cultivation and importation. The dumping of cheap, subsidized U.S. corn onto the Mexican market since NAFTA has immiserated rural communities, drastically increasing migration to the U.S. and threatening the incredible biodiversity in Mexican maize. Finally, the Mexican government was putting its foot down.

U.S. biotech and agribusiness lobbyists went bananas. They claimed the GE corn restrictions would have a catastrophic effect on U.S. producers and that the measures violated the food safety standards provisions of the new

NAFTA. The United States Trade Representative took these exaggerated claims to the Mexican government and won important changes to the decree.

In February, Mexico issued a decree that limited the ban on the use of GE white corn to dough and tortillas and moved the discussion about yellow corn into the future. According to Timothy Wise, an expert with the Institute for Agriculture and Trade Policy, this new decree would affect only a small fraction of U.S. white corn exports to Mexico while non-GE growers in the U.S. could see their sales to Mexico grow.

Despite these compromises, the U.S. upped the ante by requesting consultations with Mexico under CUSMA's dispute settlement process, arguing the GE corn decree was incompatible with the treaty's restrictive rules on food safety measures.

Though Canada exports no corn to Mexico, the federal government joined these consultations on the U.S./CropLife side.

The consultation period was merely a formality as neither the U.S. nor Canada intended to back down. The U.S. unhelpfully rejected Mexico's offer to work jointly on an assessment of new science on the potential negative impacts of GE corn on human and animal health.

On August 22, the U.S. requested the establishment of a CUSMA dispute panel—the fifth since July 2020—to challenge the Mexican corn decree. A few days later, Canada notified the U.S. and Mexico it would be participating as a non-disputing third party, in support of the U.S. position and to defend “the correct interpretation of the sanitary and phytosanitary (SPS) obligations of CUSMA.”

According to the United States Trade Representative, Mexico's food safety and sovereignty measures are not based on an “appropriate” risk assessment of GE corn, stray from “relevant” (read: industry-backed) international standards, and are “more trade restrictive than required.” Basically, that Mexico's more precautionary approach to GE crops should be illegal under CUSMA.

“Their science is the word of god. That is not science, that is ideology,” noted Victor Suárez, Mexico's deputy agriculture minister, in August. Hearings in the dispute should begin by the end of November.

Mexico's odds of winning are not great but also not zero. A similar dispute at the World Trade Organization related to the EU's approval process for GE products went in favour of the U.S. and Canada on behalf of the biotech lobby. However, public support of the Mexican reforms may embolden federal and state officials in Mexico to press on regardless of the results.

As I write this, Mexican, U.S., and Canadian groups, including the CCPA, are discussing ways to intervene in the CUSMA dispute and to draw attention to the injustice in the U.S. and Canadian attacks on Mexico's food sovereignty. **M**

Stuart Trew is the director of the CCPA's Trade and Investment Research Project.

YOUR CCPA

Get to know **Bill Kilgannon**

OFFICE: **B.C.**

POSITION: **INTERIM DIRECTOR**

YEARS WITH THE CCPA: **<1**

You've been a leader in progressive circles for decades. Which experiences stand out for you?

I started to be politically active as a student at the University of Alberta and L'Université de Sherbrooke in the 1980s. After graduating I was active with the Nicaraguan solidarity movement and produced two documentary films on Nicaragua, and I was president of Tools for Peace national board.

In the late 1990s I was on the founding board of the Parkland Institute, CCPA's sister research institute, and became the first executive director in 1997. These were exciting and productive early years for the institute. I was proud to help establish Parkland as a prominent and credible research institute that successfully challenged the terrible conservative policies of former Premier Ralph Klein.

Maude Barlow recruited me to come to Ottawa to work for the Council of Canadians as director of campaigns and communications (2001-2004). I learned so much during my time working with her and many dedicated Canadian and international activists coordinating events and political actions at WTO meetings in Cancun and Miami, and at World Social Forums in Brazil and India.

I moved back to Alberta in 2004 with my family and became the first executive director of Public Interest Alberta (PIA), a provincial network of unions and progressive organizations designed to advocate for better public services and institutions. We led many successful



advocacy campaigns during my 11 years, but the one that stands out for me was when our Seniors Task Force members occupied the Minister of Health's office and stopped him from cutting hundreds of millions of dollars from the seniors' drug plan.

When the NDP won the provincial election in May 2015, I was hired as a ministerial chief of staff and worked for three different ministers during my four-year term. I learned many things inside government, but one of my main takeaways was how important it is that people and organizations continue to effectively advocate for policy alternatives and solutions that will make our society and economy more just and healthier for all.

How did your family's history inform your choice to work on progressive policies?

I grew up in a very dynamic family with a strong feminist single mother. I am the youngest of seven children and when my parents separated, my mother started going to university when I was in Grade 1. She went on to get two masters degrees and have a very dynamic career leading organizations and working in government. When she retired and moved to B.C., she

was a strong supporter of CCPA-BC and was involved in establishing two co-housing projects and served on the boards of progressive organizations.

What makes you proud of working at the CCPA?

I am proud to work with such a wonderful team of people here in B.C. and across the country who share my core values. I have seen over the years how important it is to have organizations like CCPA and Parkland Institute doing research that shapes the political discourse and has a real impact on people's lives and the health of our communities and economy.

When you're not at work, what do you do to decompress?

I love to go hiking in nature or get away to the mountains with my partner and our dog.

What are you reading these days?

I am reading an excellent new book by Jason Foster, the academic director of Parkland Institute, *Gigs, Hustles and Temps*, which addresses many of the themes we are researching in CCPA-BC's Understanding Precarity project. I am also reading *Zorba the Greek* as my partner and I are planning a trip to Greece for my birthday!

What gives you hope right now?

I have been working on a documentary film project with my partner that profiles a number of young people involved in climate activism from across Canada and UNESCO high schools around the world. The climate crisis is upon us, but I find hope and inspiration when I see all generations working together and learning from each other. Getting involved and taking action is empowering and inspires greater hope for the future.

THE CCPA'S WORK IS POWERED BY PEOPLE LIKE YOU

Meet Mark Abbott

Oro Station, Ontario, CCPA donor

What gives you inspiration?

I have the great good fortune to have many inspiring people in my life, authors and activists in diverse fields, from science to law, from the environment to workers' rights. But I am particularly inspired by the courage of so many young adults I know today, people of my children's generation, so-called "millennials", who don't give in to cynicism in the face of huge challenges and choose to follow their own paths through the constant flood of trends. I believe the greatest deficit we suffer from is of imagination; creativity in any field—especially arts and letters—inspires in me a hope for humanity.

What are your early influences?

Individual choices and beliefs were at the heart of my parents' lives and animated their actions throughout. They met at the University of Toronto in 1940, in their first year of medical school, and spent many years in diverse aspects of medical practice, including 12 years in rural India, where the last two of their five children were born, my sister Shanti and me.

For them, medicine was a calling rather than a career and they went where they saw the dearest need and their training and efforts could have the greatest effects. Their accomplishments were many, for they never stopped working in many fields of interest, usually several at the same time.



They were also lifelong readers. I remember every horizontal surface in our house being covered with books and periodicals. Extremely well informed on issues of human rights, social justice and the environment, they remained engaged and interested in further learning throughout their long and well-lived lives.

The words from one of their favourite poems remind me of dad and mum. Kipling asks, "teach us to bear the yoke in youth with steadfastness and careful truth" and, equally, to, "teach us delight in simple things and mirth that has no bitter springs." The echo of those words in their lives is powerful. The work of the CCPA and the *Monitor* were a natural fit with many of their interests.

What are you reading and what are your inspiration and activities?

I enjoy both reading and watching non-fiction and fiction, particularly

with a historical context. A recent example is *A History of Canada in Ten Maps*, by Adam Shoalts, which spoke to my interest in history and maps as well as stories well told.

Recently I watched *Rumble: The Indians Who Rocked the World*, a Canadian documentary that examines the historic role and contributions of Indigenous musicians and culture in North American folk and rock music. Enlightening and entertaining.

What makes the CCPA special and why do you donate to it?

I find so many reasons to appreciate the work of the CCPA through reading the *Monitor*. I believe in trying to stay both current and open minded on issues affecting us all. I appreciate the balanced analysis and scholarly writing on important topics of social interest and policy. I especially like the grouping of related articles, thus providing more in-depth treatment of topical themes.

My first subscription was a gift from my parents, who were committed supporters of the CCPA and many other worthy causes. Now, more than ever, I read it cover to cover and always find areas of interest to me. At a time when my faith in the broadcast news and the general press has been steadily declining, I appreciate a point of view more influenced by facts and analysis than by politics or private interests. **M**



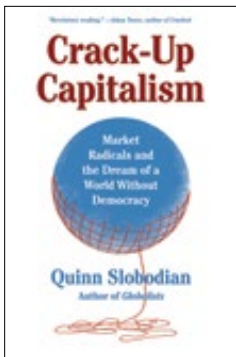
CCPA

CANADIAN CENTRE
for POLICY ALTERNATIVES
CENTRE CANADIEN
de POLITIQUES ALTERNATIVES

A legacy gift is a charitable donation that you arrange now that will benefit the CCPA in the future. Making a gift to the CCPA in your will is not just for the wealthy or the elderly. And a legacy gift makes a special impact—it is often the largest gift that anyone can give. To ask about how you can leave a legacy gift to the CCPA, or to let us know you have already arranged it, please call or write Katie Loftus, Development Officer (National Office), at 613-563-1341 ext. 318 (toll free: 1-844-563-1341) or katie@policyalternatives.ca.

ALEX HIMELFARB

A warning about democracy's fragility



CRACK-UP CAPITALISM QUINN SLOBODIAN

Macmillan Publishers, 2023

IN THIS ENGROSSING historical account, Quinn Slobodian lays out how a few very rich men—yes pretty much men—and the neoliberal intellectuals upon whose ideas they fed, imagined and sometimes built their versions of utopia: “zones” free from the grasping hands of the many who want to tax their riches or impose rules in the name of the common good, free, that is, from democracy.

Crack-Up Capitalism is the perfect follow up to Slobodian’s brilliant *Globalists*, in which he traces the birth of neoliberal globalism.

Here, he takes us on a global voyage of enterprise zones, free ports, gated communities, tax havens, private islands, and communities in the cloud—all testament to the commitment of these market radicals to find new and better ways to escape the confines of the nation state even after decades of effectively undermining the capacity of the state to interfere with their pursuit of wealth and power.

It’s a riveting read with a cast of characters who not so very long ago might have been dismissed as crackpots or cruel narcissists but who are instead celebrated and admired.

From Milton Friedman’s championing of Hong Kong as the example

to the world of the beauty of unfettered capitalism to his son David, who offers the Middle Ages as some ideal and participates with like-minded marketeers in cosplay as they hanker for the return of feudalism.

Peter Thiel, libertarian tech billionaire, who gave us “competition is for losers” and “I no longer believe that freedom and democracy are compatible” appears on page one and crops up repeatedly. In part, no doubt, that’s because Thiel says the quiet part out loud but, more than that, he represents the troubling reverence that some, including many politicians, give to the new “tech wizards” who have never seen a problem that couldn’t be solved with an app—to say nothing of their unmitigated self-regard.

Slobodian’s ensemble is the living expression of how extreme inequality corrupts, how the wealthy come to believe they deserve their wealth just as the poor deserve their poverty.

Crack-Up Capitalism exposes the myths that underlie these market utopias—fantastical views of the past and distorted views of the present. How else could one imagine the Middle Ages as some kind of paradise? Milton Friedman’s passion for Hong Kong is also based on a distorted understanding of how that former colony works and indifference to how it came to be.

Slobodian also lays bare their hypocrisy. They talk endlessly of freedom but admit their gated communities might have to be protected with a gun. They are content to build their utopias on the backs of others whose freedom apparently matters not a whit.

Theirs is a private freedom that justifies private discrimination, segregation based on race or religion—“voluntary apartheid”. The rise of white and Christian nationalism is not a break from neoliberalism

but a predictable expression of its contempt for democracy and withered view of freedom.

The rise of authoritarianism, too, is at one with these market radicals’ views. Slobodian mentions, among his examples, Elon Musk’s dream of communities in space. But as Ronan Farrow’s recent *New Yorker* profile details, Musk also likes to throw his weight around in this world, to use his obscene wealth to shape public discourse and influence world events. Musk is simply the poster child for the incompatibility of democracy with extreme inequality in wealth and power.

No doubt it’s the possibility of escape to private islands or settlements in space that allows Slobodian’s characters to pretend away climate change or the wrath of the many. But they well understand that their best hope lies not so much in a world freed from the state but, rather, in a world in which the state is subverted to their interests.

Crack-Up Capitalism sheds light on how “neoliberal policies” have perforated the world of nation states and shrunk our democracies—cryptocurrencies, free trade deals, balanced budget laws, privatization and public-private partnerships, deregulation and the hollowing out of government.

The dream of fantasy islands of perfect economic freedom is simply the clearest expression of what underlies neoliberalism in its various forms: a commitment to consolidate wealth and power and insulate it from the threat that democracy poses.

Crack-Up Capitalism, though written with great charm, offers a dismal view of where we are and the obstacles to turning things around. To be fair, “dismal” seems to capture our times. The most insidious effect of decades of

neoliberalism has been to undermine “the collective”. Government: overhead, a problem, something foreign. Taxes: a burden, theft. Regulations: wealth-destroying red tape. Unions: a drag on the economy.

The young have only known opportunities in decline and governments in retreat, seemingly serving interests other than theirs. Rich countries like ours have seen a steady decline in the trust we have for one another. Our divisions grow deeper.

In this age of misinformation, we have trouble agreeing on where we are, let alone where we might choose to go. Little wonder that we are seeing widespread withdrawal from the public sphere and increasing openness to illiberal alternatives.

There are positive signs too. Nobody much believes trickle-down rhetoric anymore. People are pushing back against offshoring jobs to wherever the wages are low and regulations weak. As well, COVID-19 and the invasion of Ukraine have heightened concern about relying on fragile global supply chains. It’s no longer good politics to ignore climate change and the environment. We see signs of a more active role for government.

Our love affair with billionaires may be on the rocks. And we are going through a cultural reckoning with respect to colonialism and unearned privilege essential for building a truly inclusive democracy.

Slobodian does give a nod to the courageous pro-democracy movement in Hong Kong as a glimmer of hope. One might point to other examples, from the thousands in the streets of Israel to the 2017 Women’s March in the U.S., to Black Lives Matter, to Pride, to the movements behind versions of a green new deal to resurgent union power.

We are, it seems, in one of those in between times when things could flip this way or that. Each step forward brings with it a push backwards.

Our needed cultural reckoning has yielded a fierce backlash. Yes, there’s growing anger out there, but also fear. Decades of neoliberalism have yielded a profound loneliness, a sense that we are on our own in precarious times.

And so we become more vulnerable to demagogues who redirect our anger at “the other”, promise to stand up for us and people “like us”, and bring government and our imagined enemies to heel.

Slobodian’s unflinching account makes clear just how strained the relationship is between capitalism and democracy. Democracy is fragile, anything but assured.

In the battle to determine who gets to shape the future—the powerful few or the many—the many are losing ground. In its way, *Crack-Up Capitalism* is, then, a call to action: a forceful reminder that democracy is no side issue and a warning that if we are to secure and strengthen our democracy, we cannot afford to lose hope and sit on the sidelines. **M**

Alex Himelfarb is former chair of the CCPA National Office steering committee and a member of the CCPA’s board.

BRUCE CAMPBELL

A story about friendship and resilience

TOM’S STORY:

MY 16-YEAR FRIENDSHIP WITH A HOMELESS MAN

JO-ANN OOSTERMAN

Pottersfield Press, 2023

A RECENT CCPA REPORT, *Can’t Afford the Rent*, by David MacDonald and Ricardo Tranjan, exposes government policies underlying the huge gap faced by persons earning a minimum wage and the burden of rental costs across Canada.

Tom’s Story represents the extreme other side of that coin: it is an extraordinary account of the author’s 16-year friendship with a homeless, Indigenous man on the streets of Ottawa.

Addicted to drugs, struggling with mental illness, Tom was a product of intergenerational trauma inherited from his Indigenous forebears—the consequences of colonialism. He was a remarkable man, with patience, humour, generosity, and resilience. He was also an extremely talented artist.

Born in Sioux Lookout, Northern Ontario, Tom was abandoned by his birth parents, who themselves struggled with poverty and addiction.

Early on, he was given up for adoption and spent his childhood marked by abuse and neglect by his adoptive parents.

He was shuffled from foster home to foster home, to orphanages, to a psychiatric hospital for children, where he was subjected to brutal shock therapy.

As a teenager, in youth detention centres. As a young man he was incarcerated twice. This is where he learned to paint.

Jo-Ann Oosterman, an IV and addiction outreach counsellor, was one of the founders of the Bytown Art Group for marginalized people. Tom was among the first to appear at their sessions. His painting talent was unmistakable. It was the beginning of a beautiful friendship.

Shortly after they met, she began keeping a journal of her experiences with Tom, recording his many stories. Eventually, she revealed that she wanted to write Tom’s biography, which was a source of pride to him. Her first book entry was October 27, 1998. It ended with an epilogue, January 14, 2014, on Tom’s death.

As Tom’s woodland-style paintings accumulated, she offered to store them in her home and later organized



PAINTING BY TOM

exhibitions around town. One of these was at St. Brigid's Centre for the Arts and Humanities, where I just learned, my friend and neighbour had bought one of his paintings. (See photo.)

Jo-Ann spent countless hours with Tom on streets of downtown Ottawa, in hospitals and detox centres. She recounts psychotic episodes and drunken binges, enthralling stories about imagined adventures and images of the universe—stories that revealed his humour, generosity, and resilience.

One story, real or imagined, that he told her was about the time that he put a saddle on a moose named Bullwinkle, then headed up to the girl guide camp to show them the moose. But, according to Tom, Bullwinkle got tired and flopped down before they arrived at the camp.

Tom's generosity to friends on the street was reflected in his desire to build a home for homeless people using the funds from his paintings. Tom also talked about wanting to have a girlfriend whom he could take off the street and live in a home.

Tom had a brilliant mind. He and Jo-Ann had many intimate conversations about life and death, about the purpose of existence, reflecting on their own intimate relationship—one of unconditional love.

Towards the end of his life, Tom was off the streets, living at The Oaks, a Shepherds of Good Hope residence with a managed alcohol harm-reduction program. Eventually, the deterioration of his health brought on by years of homelessness, hunger, and addiction reached the point where he was transferred

to the Mission Hospice Centre, where he spent his final hours with Jo-Ann by his side. Her last words to Tom were "Tom, I will miss you so much...just fly away and come back as a bird."

Tom's Story: My 16-year friendship with a homeless man evokes insight and compassion for people living a marginal existence on the precipice of subsistence in a way that policy reports and analyses are unable to. It is the story of a community largely ignored by our society; a story that exposes how the country mistreats its most vulnerable members—especially Indigenous Peoples. **M**

Bruce Campbell is a former executive director of the CCPA. He is an adjunct professor, York University, Faculty of Environmental Studies.

TIM MCCASKELL

Given the resurgence of the far right, a must-read book for dangerous times

WE GO WHERE THEY GO: THE STORY OF ANTI-RACIST ACTION

SHANNON CLAY, KRISTIN SCHWARTZ,
MICHAEL STAUDENMAIER, AND LADY

University of Regina Press, March 2023

BY 1992, I had been doing anti-racist programming at the Toronto Board of Education for almost a decade. Most of my work was helping students challenge institutional racism in their schools. But that year we had another problem. A neo-Nazi group, the Heritage Front, had emerged on the scene. It brought together seasoned Nazis with white skinhead youth culture, and was leafleting schools and recruiting students.

A number of my students introduced me to a new group they were becoming involved with, Anti-Racist Action. ARA was very different in tone and politics from the board-sanctioned student groups. It was not about laying formal complaints using the proper channels or asking for a more inclusive curriculum. ARA did not defer to authority. Especially, it did not trust the police. It was drawn from the same punk youth subcultures where the fascists were organizing, and was ready to go nose to nose and fist to fist with the Heritage Front in the streets.

Soon, students from ARA were a major partner in the board's efforts to combat fascist organizing in Toronto schools. Their knowledge of youth culture and the "boneheads" was unparalleled. Our relationship continued (although a bit more covertly) even after ARA militants trashed the property housing the Heritage Front Hate

Line and had a major dust-up with the fascists on College Street.

Toronto's was only one local chapter of the ARA network that spanned the continent. *We Go Where They Go* is a granular history of the rise of that network, from its origins in the punk and skinhead scene in Minneapolis, to a high point of 179 chapters operating across the U.S. and Canada—the transformation of a turf war for the soul of late 1980s youth culture into a vibrant political movement.

It takes readers through the debates about group structure and accountability, the development of a deeper political analysis of racism and sexism and how they relate to fascism, the network's changing demographics as it grew, and the strengths, shortcomings, traumas, victories and defeats of a group of young people who were willing to put their bodies on the line to fight fascism for over a decade.

ARA developed four "points of unity," which were shared by its local chapters. The first, "we go where they go" meant physically confronting fascists on the streets, disrupting their meetings, and exposing and mobilizing against them in their local neighbourhoods. That required research, and sometimes infiltration, as well as strategy, audacity and numbers.

The second, "not relying on the cops or the courts to do our work for us," reflected the understanding that the police were a major institution of white supremacy and state intervention could never substitute for community action.

The third, "non-sectarian defense of other anti-fascists," challenged

the tendency for progressive groups to compete with each other. Although its organization was anarchist inflected, ARA always accommodated a wide variety of opinions and political currents united around its points of unity, and worked with more liberal organizations when feasible.

Finally, ARA unequivocally supported abortion rights and reproductive freedom. It saw the struggle against sexism and women's oppression as integral to the fight against fascism.

We Go Where They Go closes with a discussion of the relevance of these four points of unity to today's very different political landscape, characterized by more intense state surveillance and repression, Islamophobia, a shift to online political organizing, the emergence of mass Black and Indigenous movements against police brutality and colonialism, and more open, racist, sexist, anti-trans and homophobic discourse in mainstream media and politics.

We Go Where They Go is not an academic history/sociology. It is a call for action. It takes up the experience of ARA as an example and inspiration to help shape ongoing practice. Given the present resurgence of the far right, and the growing willingness of mainstream conservative political movements to pander to it, this book is required reading in dangerous times. **M**

Tim McCaskell is an activist, educator, and author of *Race To Equity: Disrupting Educational Inequality* and *Queer Progress: From Homophobia to Homonationalism*.

E.R. ZAREVICH

A book as daring as a one-woman show

THE VANISHING ACT (& THE MIRACLE AFTER)

AVLAN K. MOKHA

Guernica Editions, June 27, 2023

BEFORE SITTING DOWN as part of the audience for Mirabel's—the chosen pen name of Montreal-based author Avlan K. Mokha—first full-length prose collection *The Vanishing Act (& The Miracle After)*, readers must mentally and emotionally prepare themselves in the lobby for a program of disturbing and uncomfortable truths. Mirabel will present them on a dimly lit stage as a daring one-woman show.

The book is split into two sections, two acts.

Act One, “The Vanishing Act,” is a dizzying run through Mirabel's domestic abuse from a partner, her experiences as a racialized woman brutally marginalized in Canada, a nation still failing to protect and nurture all its inhabitants properly, and her diminishing mental health.

Act Two, “The Miracle After,” is more uplifting, surrounding her recovery from her traumas, reliant on her still-resilient inner strengths. She's her own power, her own life coach, and, on occasion, she blows her whistle on Canada, whose social security and attempts at reconciliation remain pathetically inadequate in her eyes:

“So what if they took your nation
away and gave you a name

which costs too much to change.
Your nomadic grit is

a crumbled lease, and little light
reaches your ribs anymore.”

Stylistically, Mirabel does not commit to a single style of format throughout the work but presents each idea, each stream of gentle personal thoughts or spiels of

outrage, in whatever scheme that she decides suits it best.

Some pages are full paragraphs without a break, while others are neatly trimmed stanzas, though still allowed some thorny bits (sometimes, a phrase or two will stray from the rest).

Each page is given a title of its own, with assertive individuality that matches its content. “Semblance of a Narrative,” for instance, divides its stanzas into chapters. Another example, “Crossroads,” minus the last two lines, is organized into couplets that resemble parallel streets, which, in turn, resemble the pattern of conflicted, simultaneous thinking.

Frequent use of internal rhymes (also known as middle rhymes) within *The Vanishing Act* add an element of pleasant musicality that elevates Mirabel's monologues from fiery speeches to impassioned bard's laments. They give the poems a performative, theatrical flavour.

Many modern freestyle poets tend to shy away from rhymes altogether, regarding them as restricting and reminiscent of outdated epochs of poetry, but Mirabel embraces them and weaves them in. Here is an example of how Mirabel effectively employs the internal rhyme to her advantage, taken from “Illegible.” It's a quick little rhyme, but hard-hitting, like a thrown stone.

“The myth of disbelief sometimes
catches up to me. At least
they got, the illiterate lot,
a train for their dead-not-yet.”

Mirabel has furthermore forged an alliance with similes and metaphors, and the treaty states she can use whatever comparison is necessary to get her emotion at hand across. Many of her images are startling, unexpected, and perhaps a little

surreal. But they hit their marks, like this one:

“Flowers arrive at my bedsheets

like Freudian slips come to my
tongue.

Unwanted thorns.

A faction of readers of *The Vanishing Act* may struggle to reach an accord with Mirabel's ambiguity. Her greatest trademark in this particular work of hers is her mysteriousness, her vagueness. In the age of entrepreneurial oversharing to rake in validation from others on social media and in the publishing world, Mirabel makes the powerful creative choice to omit many telltale details about the disturbing events that engineered her to write this work.

She focuses, instead, on her own feelings scrapped raw to the bone. She, as an identifiable but still foggy entity, almost never fully appears as herself. She is the vanishing act.

Absent are all names, locations, dates, and times, making it imperative to read the description on the back of the book, the programme, first for context. The reader, if they had not been already presented with an author's name on the book's cover, wouldn't even know who it is they are reading about.

That being said, some readers may regard this style as an insurmountable brick wall built up between themselves and the author. Lacking a rope ladder or a catapult to get over it, they may abandon the mission to relate to the author before even finishing the book. Those who stay and persevere, however, just may succeed in establishing that evasive connection. **M**

E.R. Zarevich is a writer from Burlington, Ontario, Canada. Her literary criticism can be found in *Shrapnel Magazine*, *Hamilton Review of Books*, *Mangoprism*, and *Herizons*, among others.



The good news page

ELAINE HUGHES

The Netherlands repatriates nearly 500 looted artifacts

The Netherlands has recently announced that it will return 478 colonial artifacts looted from Indonesia and Sri Lanka. The decision follows a 2020 report from an advisory committee that called on the Netherlands to ‘unconditionally return’ objects that were taken under Dutch colonial authority. Items returning to Indonesia include the ‘Lombok treasure’—335 pieces of jewelry, gold, and silver from Indonesia’s Lombok island—as well as four statues, a keris dagger, and 132 pieces of modern art from Bali. / **The Smithsonian Magazine, July 11, 2023.**

Norwegian family discovers Bronze Age rock paintings

Tormod Fjeld, a graphic designer by trade who hunts petroglyphs in his free time, took his family for a hike in the Norwegian woods outside Oslo and noticed some strange colours on a nearby boulder. The unassuming rock is covered in ancient

Bronze Age rock paintings featuring rowers and standing figures. This pigment has survived thousands of years and it expands researchers’ knowledge of the range of such prehistoric art. / **My Modern Met, July 12, 2023.**

Language translation at Tokyo train station

Japan is known for its state-of-the-art technology. Its latest creation is a significant step toward breaking language barriers. A new device named Voice Biz UCDisplay offers live face-to-face translation between Japanese and 11 other languages. / **My Modern Met, August 10, 2023.**

What is this ‘cosmic question mark’?

The James Webb Space Telescope has captured a spectacular new image of a pair of actively forming stars about 1,470 light-years away. But, beneath the breathtaking phenomenon, some viewers noticed a peculiar shape among the backdrop of celestial objects: a glowing question mark. The image quickly went viral on social media. So, what exactly is this strange cosmic figure? / **Smithsonian Magazine, August 29, 2023.**

Solar panels to power classrooms

Schools in northern England’s city of Wakefield will have solar panels installed to reduce their environmental impact. To

enable classrooms to be powered by renewable energy, up to 22 schools will have panels fitted on their roofs or in their grounds. Wakefield Council said the £2m project could cut the city’s greenhouse gas output by 456 tonnes a year. / **BBC News, July 27, 2023.**

Ecuadorians vote to ban Amazon oil drilling

Ecuadorians have voted to ban oil drilling in one of the most biodiverse places on the planet, the Yasuni National Park, situated in the Amazon rainforest. The referendum comes as the world continues to burn fossil fuels and as the impacts of human-caused climate change accelerate. June 2023 was the planet’s hottest June on record and some scientists warn that the Amazon is heading towards a dangerous tipping point. The Yasuni National Park spans around one million hectares (2.5 million acres) at the meeting point of the Amazon, the Andes and the Equator. Just one hectare of Yasuni land supposedly contains more animal species than Europe and more tree species than North America. / **CNN, August 21, 2023.**

Canada invests in Inuit-led climate adaptation

Inuit have been caretakers of the land, water, and ice of their traditional territories since time immemorial. Recently, to protect and restore natural and cultural heritage

while adapting to climate change, the Government of Canada announced a \$3 million investment to support Inuit-led conservation and climate adaptation in Nunatsiavut, Newfoundland and Labrador. / **Government of Canada, August 16, 2023.**

New Zealand bans single-use produce bags at grocery stores

On July 1, 2023, New Zealand officially became the first country in the world to ban single-use produce bags at supermarkets. Single-use plastics can cause a multitude of problems, including clogging storm sewers, littering landscapes, and killing wildlife. / **National Public Radio, July 3, 2023.**

Heirloom corn makes a comeback in Mexico

On the slopes of the Malinche volcano, Juan Vargas starts the dawn routine he’s had since childhood—carefully checking stalks of colourful native corn. Vargas is among farmers in Mexico who, against a flood of industrially produced white corn, have been holding on to heirloom strains for generations. They are finding a small but increasing market among consumers seeking organic produce from small-scale growers and chefs worldwide who want to elevate or simply provide an authentic take on tortillas, tostadas, and other corn-based pillars of Mexican food. / **The Associated Press, July 26, 2023.**



MONITOR

Progressive news, views and ideas

SHARING IS CARING— WHY KEEP A GOOD THING TO YOURSELF?

At \$35, gifting the people in your life with an annual subscription to the *Monitor* is a win-win—we make holiday gifting easy and you help to enlighten loved ones while supporting the CCPA.

Gift the *Monitor* here: policyalternatives.ca/givethemonitor
or contact Patrick Hoban at 1-844-563-1341 x309 or
phoban@policyalternatives.ca

