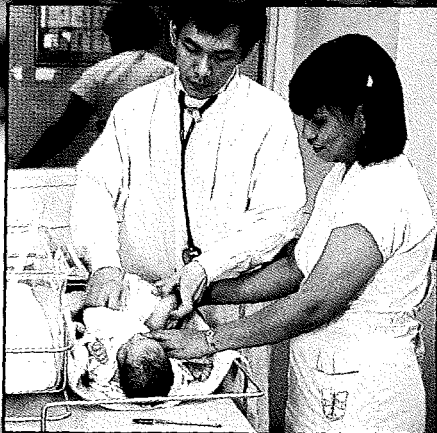


Language

AND SOCIETY

NUMBER 46, SUMMER 1994



To your health...

Language AND SOCIETY

Language and Society is published by
the Commissioner of Official Languages,
Victor C. Goldbloom.

Opinions expressed by outside
contributors do not necessarily reflect
the views of the Commissioner

Editor-in-Chief
Pierre Simard

Associate Editor-in-Chief
John Newlove

Senior Editor
Andrée Lacroix

Editorial Assistant
Monique Joly

Staff advisers
Yves Breton, Jean Fahmy,
Louis Gosselin, Roch-André LeBlanc,
Marc Thérien

Translator
Frank Bayerl

Press Attaché
Enrico del Castello

Art Director
Rachel Dennis

Art Work
Thérèse Boyer, Danielle Claude

Printing
Dollco Printing

Administrative Services
Hélène Léon

Subscriptions
Marc Robert: (613) 995-0826

Language and Society is a publication
of the Communications Branch.

Director of Communications
Marc Demers

Articles may be reprinted in whole
or in part on request.

Language and Society,
Office of the Commissioner
of Official Languages,
Ottawa, Ontario K1A 0T8.

Tel.: (613) 995-7717
Fax: (613) 995-0729

© Minister of Supply and Services
Canada 1994.
Printed in Canada.
ISSN 0709-7751.

CONTENTS

COMMISSIONER'S EDITORIAL

- 3 The healing hand
- 4 Bravo! Bravo! Encore!

TO YOUR HEALTH...

- 6 Yukon and
Northwest Territories
Making things happen
- 8 British Columbia
A land of promise?
- 10 Alberta, Saskatchewan,
Manitoba
A matter of survival
- 14 Ontario
Scattered victories
- 17 The deaf: Timely signs
- 19 Quebec
Progress and problems
- 22 A citizen of the world
- 23 Bills 142 and 101
- 24 The Eastern Townships
A tradition of fairness
- 25 Quebec City's
Anglophone community

- 28 Gaspesia
Breakthrough:
Making the system work
- 30 New Brunswick
Some catching up to do
- 33 Newfoundland, Nova Scotia,
Prince Edward Island
A variable picture
- 36 The fruits of
a hard-fought struggle
- 37 The World
Acadian Congress
- 38 The challenge of exogamy
- 40 A special village
- 40 Connected
- 41 Take your medicine
- 42 Comparative glossolalia
- 45 Crossword
- 46 Richer messages
- 47 Canada Remembers
- 48 Citizenship:
The ties that bind

NOTICE

Language and Society analyses Canadians' concerns from the linguistic point of view and emphasizes the personal, national and international advantages of being a two-language country. Letters to the Editor, with the writer's name, address and telephone number, are welcome. The Editor reserves the right to publish letters, which may be condensed.

Send to:

Language and Society
Office of the Commissioner of Official Languages,
110 O'Connor Street, Ottawa, Ontario K1A 0T8

COMMISSIONER OF
OFFICIAL LANGUAGES



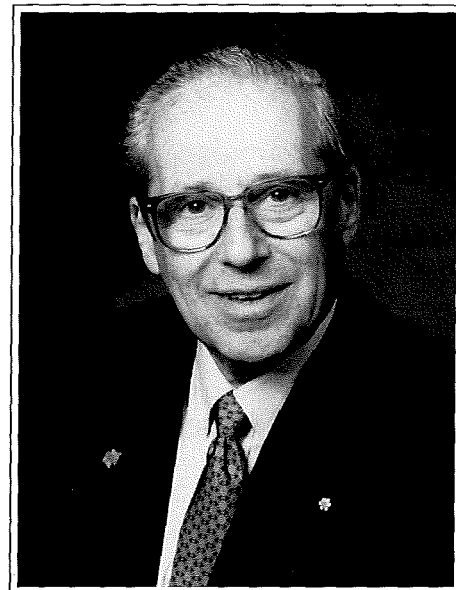
COMMISSAIRE AUX
LANGUES OFFICIELLES

THE HEALING HAND

Suddenly, you are very ill.

It's a struggle, but you manage to get to the nearest hospital.

Whatever it is that has gone wrong has no visible symptoms. No one understands what you are saying.



The language you speak means nothing to the nurses and doctors, the language they speak means nothing to you.

No place is more foreign, or more fearful, than one in which language is a babble devoid of meaning, a place where even the words on the signs are a code you cannot decipher.

The nightmare has just begun.

This shouldn't be happening, especially in Canada, where we are so proud of our health care system; but it does happen. It happens often — once is too often — across the country.

In his story, "A matter of survival" (see pages 10-13), Tom Sloan quotes Manitoba's Gauthier Report on health services in that province: "If...one is obliged to communicate in a language which is not one's own...feelings of concern and insecurity increase...When one is ill, when old age sets in, one returns naturally to the things that are most natural to us: our language, our traditions, our cultural habits." An English-speaking resident of the Gaspé region (see pages 28-30) might well say the same thing.

The question of services in two languages in Canada is a human question, not a bureaucratic one. If Canadians are asked, in a bureaucratic, abstract way,

"Should health care services be bilingual?" they will, quite rightly, say No.

The question is vague, the implications, financially and operationally, seem menacing.

Ask the question in human terms, however, in terms of the here and now, of the healing hand: "Should hospital patients be able to get treatment in the language they understand best?" Put it that way, as one human being to another, and the answers become a chorus of Yeses.

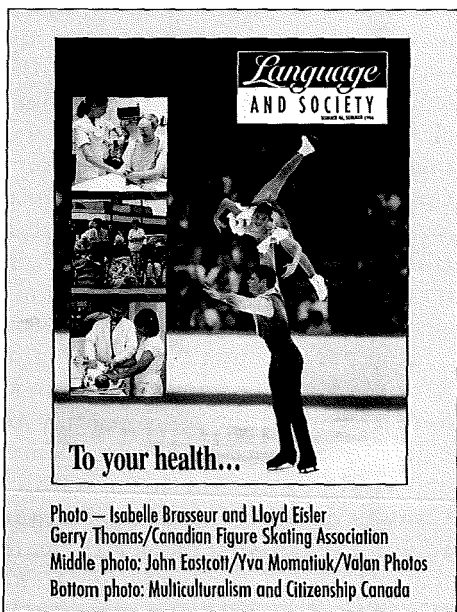
Two-language services can be, as the Commissioner of Official Languages knows better than anyone, a bureaucratic imposition.

They need not be. We must turn our thoughts and our efforts to the realities of everyday life in Canada. That — the assurance of basic human services — is what "bilingualism" is all about.

This issue of *Language and Society* is concerned with that human side of English and French — 98.6% of us speak one or the other — in the daily lives of Canadians. It is about what has been done and what remains to be done in the field of health care.

We can reduce the nightmare to its true place: a bad dream, not a reality. It is time to wake up.

Victor C. Goldbloom



COVER:

Congratulations to Isabelle Brasseur and Lloyd Eisler and all of Canada's athletes who performed with courage to the maximum, in good health or bad.

This issue of *Language and Society* surveys the availability of health care from the language point of view.

Bravo! Bravo! Encore!

GEORGES ROCHON*

We pay homage to those who keep the Official Languages Act in mind when they offer services to their clients.

In 1992 the Commissioner decided to begin honouring the federal institutions that had distinguished themselves by the efforts of their staffs to meet the requirements of the Official Languages Act.

It might be assumed that it is much easier to sing the praises of deserving institutions than to take to task those that do not meet their responsibilities with regard to language of service. A piece of cake, so to speak. Not so. The choice of federal institutions whose initiatives are worthwhile proved to be a very difficult task indeed. It is easy to understand why: initiatives and achievements in the area of official languages are numerous and many of them show a praiseworthy inventiveness and commitment.

Our purpose here is to salute the staffs of institutions that have adopted a culture resolutely centred on service, that have created a work environment conducive to the use of both languages, have ensured equitable participation of both official language groups and have made their managers accountable for the administration of their official lan-

guages program. In fact, quite a number of institutions are gradually making progress towards these objectives with the co-operation of enlightened staff members.

Following a call for candidates and many consultations the Commissioner was able to draw up a list of seven outstanding initiatives or achievements, as highlighted in the *Merit List 1993*, which was published this year and copies of which may be obtained from:

The Office of the Commissioner
of Official Languages
14th Floor
110 O'Connor Street
Ottawa, Ontario
K1A 0T8.

The institutions on the *Merit List 1993** richly deserve this honour. But what about the other candidates in contention? They reported initiatives or innovations to the Commissioner that, in their opinion, deserved recognition. Their initiators in many cases showed admirable imagination and commitment. We are therefore pleased to present to our readers the short summary that follows.

Foreign Affairs and International Trade Canada has made considerable efforts to ensure that all its offices abroad can provide bilingual service. **Employment and Immigration Cana-**

da has distributed signs to all its service points not subject to the official languages regulations to inform clients of the location of the closest office identified as bilingual.

Institutions some of whose offices or components are deserving of recognition in terms of provision of service include **Elections Canada**, the **Canada Council**, the **Canadian Space Agency** and the **Bureau of Pensions Advocates Canada**, to mention only a few.

At the **National Transportation Agency of Canada** the level of bilingualism required was raised. This will no doubt have a positive impact on language of service and language of work. **Canada Mortgage and Housing Corporation** has introduced a system of second-language evaluation adapted to needs of the visually impaired.

Many institutions also deserve recognition for the high percentage of incumbents who meet the language requirements of their positions and for the steps they are taking to ensure that English and French are equitably used in the work environment. Naturally, the presence of many bilingual employees among the staff facilitates respect for individual preferences as to choice of language and the provision of service in both languages. Among the institutions that have made efforts in various sectors, thanks to the initiatives of people sensitive to the requirements, we note the **Privy Council Office**, the **National Transportation Agency of Canada**, **Agriculture Canada**, the **Bank of Canada**, **Natural Resources Canada**, the **Canadian Human Rights Commission**, the **Public Service Commission**, the **Senate** and the **Office of the Auditor General**.

From another angle, **Supply and Services Canada** (now **Government Services**) took the apt initiative of holding a "Semaine de la francophonie" and **Indian and Northern Affairs Canada** and the **Canadian Human Rights Commission** organized "midis francophones". **Canada Mortgage and Housing Corporation** opted for

* Georges Rochon is a Hull freelance writer and editor.



NATIONAL REVENUE CUSTOMS OPERATIONS BRANCH, MONTREAL

mentioned using this method in the reports of initiatives that they forwarded to the Commissioner.

These examples, selected from a host of others, prompted the Commissioner to congratulate all those who, through their commitment and inventiveness, actively support implementation of the Act. There will always be room to improve the provision of services in English and in French to Canadians and to strive to ensure that our two official languages have their rightful place as languages of work in federal institutions.

Those who, rightly, feel honoured by being singled out for recognition are more aware of this fact than anyone else, and this is what motivates them to make extra efforts to promote implementation of the Act. ■

(Our translation)

holding "journées du français". The aim of these programs is to assist Anglophones in retaining their knowledge of French and to promote the presence of French.

Thanks to an unusual degree of open-mindedness, the **Correctional Service of Canada** is making praiseworthy efforts with regard to language of service by continuing to provide inmates with key services in both official languages on a Canada-wide basis. These services include placement, health care, chaplaincy, file management, disciplinary measures and the handling of complaints and grievances. It is understandable how important obtaining the services in question in one's own language can be.

In another connection, some departments and agencies deserve recognition for making efforts to inform their staff of their responsibilities with regard to official languages, particularly requirements arising from the coming into force of the official languages regulations. The **Treasury Board Secretariat, Veterans Affairs Canada, Transport Canada** and the **Office of Federal Regional Development (Quebec)** deserve recognition.

Regarding language training, interest in self-instruction has been noted, as shown by the introduction by institutions of centres where students can improve their second-language knowledge at their own pace. **Supply and Services Canada** and **Employment and Immigration Canada**, for example, both

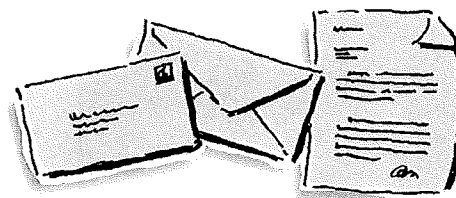
* The Customs Operations Branch, Montreal Region; Communications Canada and its partners for development of a bilingual keyboard standard; the Canadian Intergovernmental Conference Secretariat; the Centre for Information Technologies Innovation; Jasper National Park; "L" Division, RCMP, Prince Edward Island; the Atmospheric Environment Service.

Letter

I wish to take this opportunity to congratulate the editorial team of *Language and Society* and its contributors on the publication of this magazine.

It is rare to find a publication that emphasizes the positive aspects of bilingualism. I know that certain Franco-Manitoban organizations have repeatedly brought these positive aspects to the attention of the people of Manitoba for some years. This has seemed to bear fruit. The economic and cultural benefits of bilingualism must continue to be pointed out to all Canadians, both Francophones and Anglophones.

I look forward to reading your next issue.

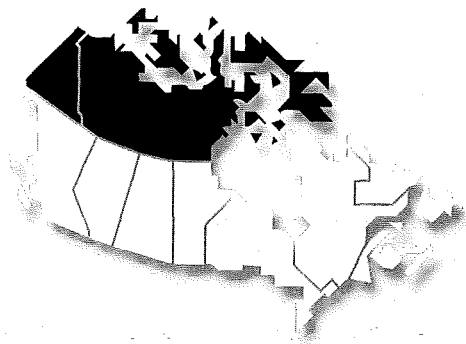


Richard Chartier

Judge, The Provincial Court of Manitoba

Yukon and Northwest Territories
Making things happen

TOM SLOAN*



While they may differ substantially from the provinces in the sizes of their populations and their constitutional status, Canada's territories share with the rest of the country the need to face up to some basic challenges, including that of working out just and reasonable relationships between the official language majority and minority communities that live within their boundaries.

A key issue here, as elsewhere outside Quebec, is the availability of satisfactory health care facilities for the non-English-speaking population. From the evidence, it is fair to say that both jurisdictions are addressing the issue and

that they are doing so more effectively than at least some of their neighbours to the south.

Yukon

Yukon is home to just under a thousand French-speaking Canadians. For a long time, just as in several other parts of the country, their needs were largely ignored. A basic change took place in 1988 when the legislature passed a Languages Act which gave French a semi-official status even though Yukon is still not officially bilingual. All laws and regulations are now available in French as well as English and, according to Harley Trudeau, head of Yukon's French Language Services, the priorities for expanding those services include the area of health care as well as justice, education and communications.

One result was that, as of February 1994, Yukon's only hospital, the Whitehorse General, had its own action plan for expanding French-language services. While no elaborate changes in infrastructure are seen to be necessary, in the Department of Health the present priorities are the expansion of transla-

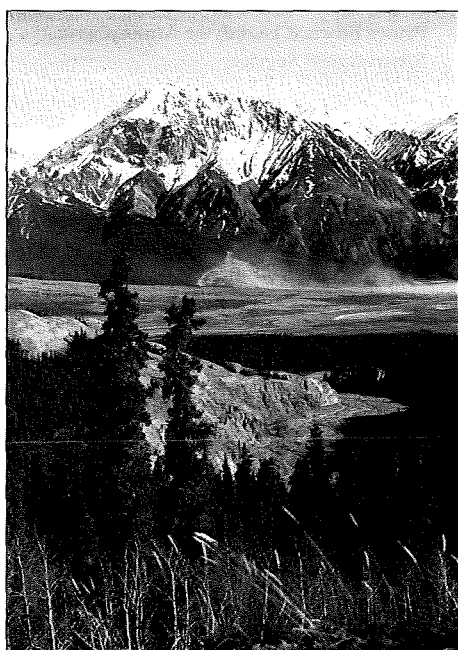
tion and information services in French. "We are working closely with the Francophone community," Trudeau notes. An advisory committee, with Francophone participation, has been in place since October 1993.



John Eastcott/Yva Momatiuk/Valan Photos

Pierre Bourbeau, director general of the Association franco-yukonnaise, agrees that there has finally been some progress, but he is still somewhat impatient. "We're used to getting a sympathetic hearing, but we're finding it's a long process to get things done." While there are some French-speaking medical staff, "there is no guarantee you will get service in French."

Brian McLaughlin, director of personnel for the hospital, acknowledges that there is a considerable way to go, but he says the will to make things happen is there. The immediate priorities are to



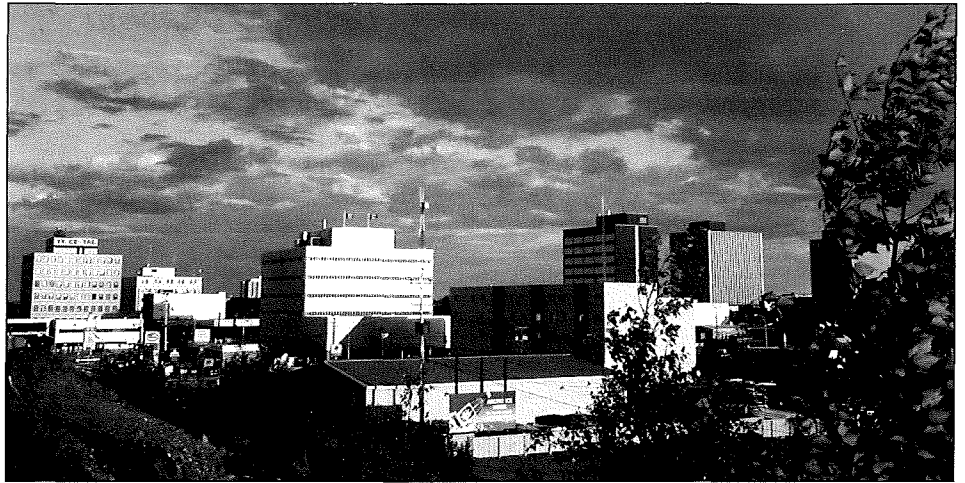
SHEEP CREEK GORGE,
 SLIMS RIVER AND
 KLUANE RANGE
 MOUNTAINS,
 KLUANE NATIONAL
 PARK, YUKON

J.R. Pearce/Valan Photos

* Tom Sloan is a frequent contributor to *Language and Society*.

secure an adequate French-speaking presence at the reception desk and over the phone as well as to ensure that staff members dealing with Francophone patients know the proper medical terminology. While signage is bilingual and the hospital is creating a core of interpreters there remains a problem with nights and weekends. One solution being tried out is a small network of cellular phones held by bilingual staff on call for emergencies. McLaughlin is optimistic for the future. "When we put the emphasis on the delivery of health services instead of an abstract bilingualism we get a good response from everyone."

DOWNTOWN
YELLOWKNIFE,
NORTHWEST
TERRITORIES
Jeannie R. Kemp/
Valan Photos



Northwest Territories

By far Canada's largest jurisdiction in terms of geography, the huge Northwest Territories has in a sense become a model in the delivery of official language services. The French-speaking population amounts to more than 1,500 and the Territorial constitution makes both English and French official languages. They are not alone. In addition to English and French, the 1984 Official Languages Act recognizes six Aboriginal languages.* To ensure that language rights are secured in practice as well as in principle the Territories has its own Commissioner of Official Languages, modelled on the role of the federal Commissioner of Official Languages.

There are five hospitals in the Territories, all of which have the complex task of ensuring that their services are available in the official languages, or at least those relevant to the needs of their particular areas. As far as Francophones are concerned, there appears to be no major problem. "We're satisfied with the situation," says Daniel Lamoureux, director general of the Fédération francoténoise. "We'd just like to see more French used in the smaller clinics too."

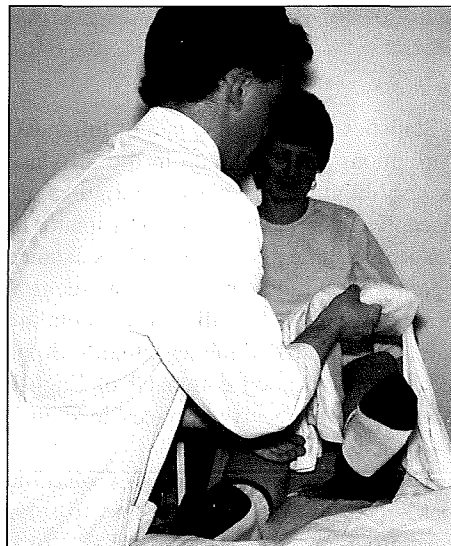
Jean-Guy Bouvrette is the Official Languages Health Services Co-ordinator for the Territories' largest

health institution, the Stanton Yellowknife Hospital. His department uses the talents of 23 interpreters, two of whom are full-time, one part-time, with the rest on call. Their task, says a departmental brochure, is "to provide comfort to our customers who are surrounded by an unfamiliar medical environment and to assist them in the processes of medical procedures when necessary by providing medical interpretation."

"It was a complicated process at the beginning when we were figuring out just who our clientele was," Bouvrette says, "but it's much simpler now." While the main operating language at

the hospital is English, signage and documentation in general are available in all the official languages, as is recreational material. There are five Francophone doctors, eight nurses and several other staff members. "French is solidly implanted here," says Bouvrette, and services in all languages are available 24 hours a day, seven days a week.

Far to the east, Karen Gilmour, a bilingual native of the Quebec city of Chicoutimi, is the first Communications and French-Services Co-ordinator at the Baffin Regional Hospital in Iqaluit. The major operating languages here are English and Inuktitut, but French is not ignored. Signs and documents are in the three languages; Gilmour's job is basically one of translation and interpretation for the quite substantial Francophone population in the area, which is adjacent to northern Quebec. There are a full-time French-speaking doctor and several nurses, and periodical short-term stays by medical students from Montreal. There is also a hospital annex in Montreal for patients needing treatment unavailable in Iqaluit. "Of course we can always improve," Karen Gilmour says, but she is proud about what has been accomplished. ■



V. Wilkinson/Valan Photos

* Chipewyan, Cree, Dogrib, Gwich'in, Inuktitut (including Inuvialuktun and Inuinnaqtun) and Slavey (including North Slavey and South Slavey).

British Columbia A land of promise?

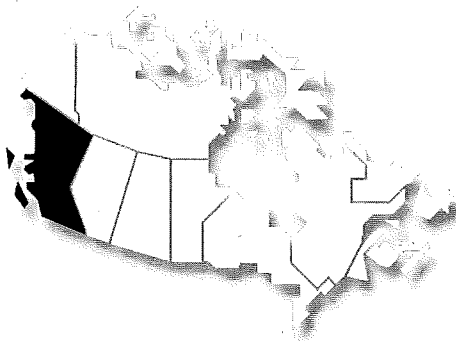
SYLVAIN TELLIER*

French is not officially present in the area of health and social services in British Columbia. The Francophone population receives its services in English from all institutions. This is a fact that no one seems to find surprising. Unlike education, health does not arouse linguistic passions and the provincial government is not required by the Constitution to accommodate its official language minority community.



Dr. A. Farquhar/Valan Photos

A study conducted in 1992 by Éduca-centre, an organisation that provides training and assists in the integration of Francophones, concluded that the latter were "invisible" to British Columbian institutions. "We are placed in the category of 'other languages', yet the needs are real," asserts Pierre Rivard, a political analyst for the Fédération des francophones de Colombie-Britannique (FFCB). In his opinion, "there are many Francophones who do not get along well enough in English and who need linguistic assistance." The Francophone society in British Columbia is highly mobile and



many Francophones have not been in the province for long. Many of them are single, relatively isolated and of modest means. For some, British Columbia is a land of promise and constitutes their "second chance". While many Francophones have integrated successfully, some are without work.



Francophones
are placed in
the category of
"other languages".

Statistics show that the rate of bilingualism among Francophones in the province is very high (98%), but these figures are deceptive. Marie Dussault, co-ordinator of La Boussole, a reception and assistance agency for Francophones in east-central Vancouver, believes that "transients are not always included in the statistics. Some do not have a good command of English and expect to receive services in French — which are not available."

The government of British Columbia has set up a multilingual access to services program, but French is not part of it even though Francophones are the fifth

largest ethnic group in the province. Linguistic assistance is provided in Chinese (Mandarin and Cantonese), Punjabi, Spanish, Somali and Vietnamese (the Vietnamese form the 16th largest group). Susan Gee, a spokesperson for the provincial Ministry of Health, explains that "Francophones in British Columbia are not numerous enough. They are not considered immigrants and people expect them to be bilingual because they are Canadians." She adds: "We will not refuse to serve someone who does not speak English." Four years ago, however, the provincial government endorsed the conclusions of the Royal Commission on Health Care in British Columbia, which stated that citizens were entitled to service in their own language.

Is there a correlation between cultural security and emotional security? Is it possible to establish a link between psychological, social and even physiological development and levels of linguistic and cultural comfort? Psychologist Nicole Aubé of Vancouver believes so. "Health problems can be a great source of stress and it is important to be able to make oneself understood when one feels vulnerable."

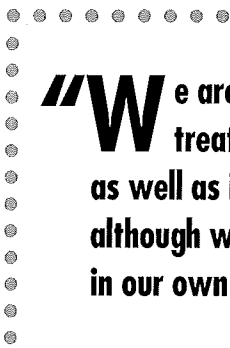
Like the provincial government, other agencies in the health and social services sector seem to shun French. In the fall of 1993 the British Columbia Medical Association launched a multilingual campaign to discourage the use of tobacco by pregnant women. French was not included. In February 1994 the B.C. Health Research Foundation awarded a grant of \$163,000 to a coalition of health and community services agencies in Vancouver for the development of a linguistic assistance project. One of its components consisted in organizing a pool of volunteers and interpreters. Six languages, including

* Sylvain Tellier is co-author of a study of the Francophone culture in British Columbia and its integration into the province's French-language schools program.

Spanish, were selected, but not French. Since then, thanks to the intervention of the FFCB, a list of Francophone volunteers has been started.

"French does not seem to have an acknowledged place in the health and social services field in British Columbia because we cannot benefit from programs for immigrants," says Pierre Rivard. "We are not treated as well as immigrants. We do not have access to services in French although we are in our own country."

Louise Merler was head nurse of a department of the Burnaby General Hospital. (Burnaby adjoins Vancouver.) Several times a week, Merler says, "we see sad situations." She remembers, for example, a young construction worker, homeless and unemployed, who was found half-frozen on Christmas Eve. Thinking that he was under the influence of drugs, a social worker had called the police. "I think they would have taken him in if I hadn't intervened," she recalls.



"We are not treated as well as immigrants, although we are in our own country."

It should be noted, however, that some major hospitals and a number of social services offices, especially in urban areas, have taken the initiative of recruiting interpreters or volunteers for their staff. In the absence of a directive, according to Louise Merler, this occurs on an individual basis. Often users of the system who do not have a very good command of English feel misunderstood and neglected by it.

In May 1993 Ruby Rodier, 39, was the victim of an assault. She was unable to receive the psychological assistance provided to victims of criminal acts by the Workers' Compensation Board before the legal resolution of the case. The follow-



VANCOUVER

ing August her attacker committed suicide. Ms Rodier was not informed of this until January 1994 — five months later. She understands that administrative errors can occur but, she says, "Communications were difficult and I met with resistance and indifference. I felt that no one was really looking after me because I was not able to explain my needs properly. If I had been able to speak to someone in French I am sure that there would have been a little more empathy and action." Ruby Rodier is considering taking her case to the provincial ombudsman.

"Communicating in French is not everything," explains Marie-France Dubois, coordinator of Réseau-Femmes Colombie-Britannique. "It is also important to have access to someone who understands the problem. Interpreters are fine, but they are not generally familiar with social and health issues." She also notes that health professionals and public institutions show a certain distrust of intermediaries.

Where then are the French-speaking doctors and specialists? The directory of Francophone business people in British Columbia (1993-94) lists only 15 of them in all categories. "There are far more of them than it seems," says psychologist Nicole Aubé. In her opinion, some doc-

tors and therapists avoid associating with Francophones for fear of losing some of their English-speaking clients. Others fear meeting up with their patients at community activities — "the community is so small!" Other doctors stay away from newly arrived Quebecers who tend to voice their frustration at not finding the same services in French as in Quebec.

"It is a fact we are aware of," comments Marie Dussault of La Boussole. The absence of adequate reception and assistance services in French, "produces frustration on the part of the client, and this sometimes leads to strained professional relationships." The need for such services resulted in the creation of La Boussole, which offers, practically without funding, orientation and training services. It covers only east-central Vancouver, however.

For its part, Réseau-Femmes is in the process of developing an intervention policy and an assistance program for its members. "We co-operate with those around us when possible," its director explains, "but Francophone organizations do not have all the resources and expertise to run these services themselves." Hope lies in greater co-operation between the government and Francophone agencies at the provincial level.



The Fédération des francophones de Colombie-Britannique places emphasis on the primary responsibility of the provincial government. Two years ago the FFCB made access to French-language health services one of its priorities. "But," observes Pierre Rivard, "there are few resources," and the issue of French-language education is more urgent, "and the provincial government is back-peddalling in that area. When the education issues are resolved it will be easier to look after the rest; there will be a spin-off effect."



THE FOYER MAILLARD

There is a ray of hope in this darkness. The elderly population of Maillardville, a sector of Coquitlam, has its own senior citizen's home. The Foyer Maillard is in the midst of major renovations as it celebrates its 25th anniversary. "We are preparing to expand our services," explains its director, Doris Brisebois. The Foyer Maillard, the only French-language health care institution in the province, operates "thanks to support from the community and from the Ministry of Health." According to Brisebois, the Ministry recognizes that "if this French-language institution did not exist there would be many more problems within the elderly Francophone population." ■

(Our translation)

Alberta, Saskatchewan, Manitoba A matter of survival

TOM SLOAN

Many years ago what was to become the Prairie region of Canada was in many areas the haunt of French-speaking explorers, missionaries and voyageurs. A few place-names remain to reflect that historical reality, but what is left now is a scattering of mainly rural communities struggling, often successfully, against what pessimists see as a continuing process of assimilation into the English-speaking world.

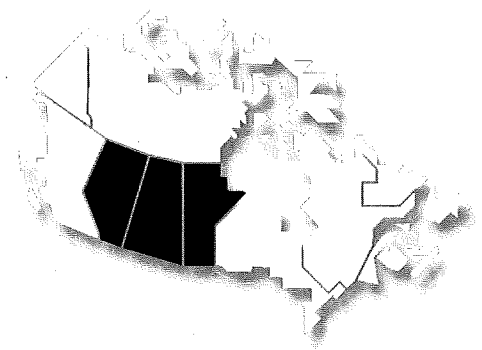
That a good deal of assimilation has occurred and is still going on is indisputable. It is also true that in many places French-speaking communities have not only survived but have emerged with a new determination to maintain their language and culture and to assert what they believe are their rights, based on history and on the human and political reality of a two-language Canada. In all three Prairie provinces Francophone communities are fighting to secure recognition of their collective aspirations and of their right to receive essential services from their governments in their own language. For many years their provincial governments essentially ignored them, and in one region this is still largely the case.

The first priority for the Francophone communities was education, specifically the right to French-language schools for their children. Today, in principle at least, that issue is largely resolved and concern has been shifting to the provision of health care services in their language to the official language minority.

This is increasingly a concern in all three Prairie provinces, with mixed results.

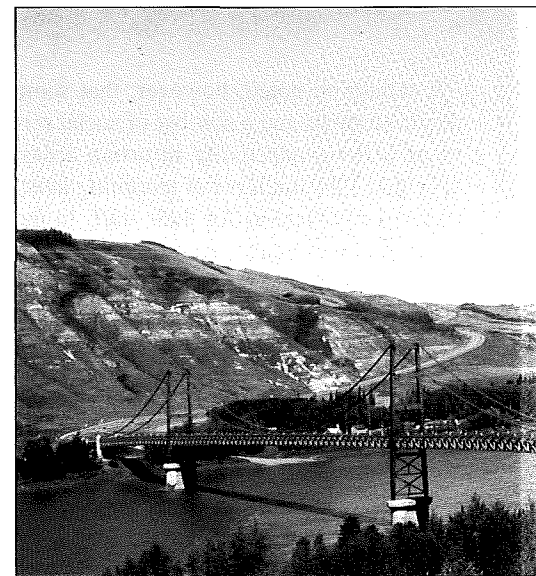
Alberta

The loneliest, most frustrating struggle is being waged by the 65,000-strong French-speaking community of Alberta.



In terms of access to health services in the minority language Alberta is a good example of things being left in the hands of fate. There is currently no sign of a plan or policy on the part of the provincial government. If anything, Francophones have apparently concluded, the situation is getting worse. The only ones concerned are the Franco-Albertans themselves. Last year the Association canadienne-française de l'Alberta (ACFA) set up its own *ad hoc* committee to examine the situation and develop an action plan to improve health care services in French.

The committee's report, presented to ACFA last fall, is clear: "Having health





INDIAN HEAD, SASKATCHEWAN
Harold V. Green/Valan Photos

new government attitude coinciding with the election of a new provincial administration in 1993.

For the first time in several years Fransaskois representatives met last winter with the provincial cabinet, a meeting followed by others with the Associate Minister of Health. "It's encouraging to see the dialogue getting under way," Florent Bilodeau comments. "The government seems ready to adopt a French-language services policy," he adds.

One challenge, Bilodeau says, is to sensitize the Fransaskois to the new possibilities. "In the past we tended to ignore health in favour of educational issues. Now we must realize that living in French must cover everything, not only education."

Manitoba

Much the same attitude prevailed in Manitoba where, until recently, high school graduates were being encouraged by the Société franco-manitobaine to take up teaching careers to help staff the expanding French-language school system. "Now we are encouraging them to pursue studies in the area of health care," says Edmond LaBossière, chairman of the provincial Francophone advisory committee.

After decades of neglect, and following a 1987 Supreme Court decision declaring that French-language rights had been violated for most of this century, the availability of

services became a hot topic in 1989 with the tabling by the government of a policy paper promising a considerable expansion of minority language services. In 1990 the government commissioned a report on the state of those services in the health care field by Maurice Gauthier, a former representative of the Commissioner of Official Languages in Winnipeg.

The Gauthier Report was a watershed. It noted that there was little effort at either the provincial or local levels

to treat French-speaking patients in French. Even at the St. Boniface General Hospital, founded by the Grey Nuns and generally considered by Manitoba Francophones to be their hospital, the overwhelming majority of the medical staff was incapable of functioning in French. The report had a succinct summary of the need: "First of all, the hospital is an environment which is already quite strange and foreign to most of us. Also, when a person is ill, his or her health is a source of insecurity and concern. If...one is obliged to communicate in a language which is not one's own these feelings of

concern and insecurity increase.... When one is ill, when old age sets in, one returns naturally to the things that are most natural to us: our language, our traditions, our cultural habits."

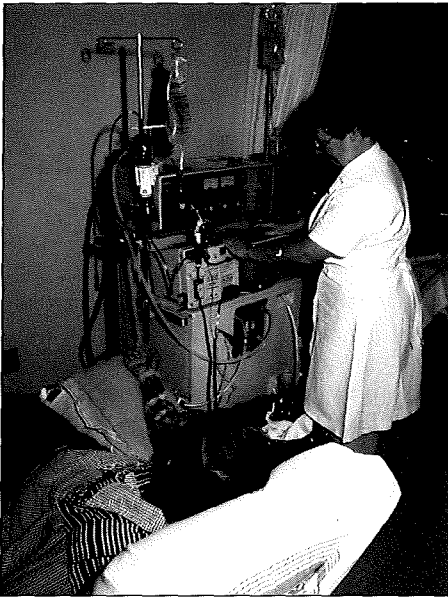


"Health is a source of insecurity and concern."

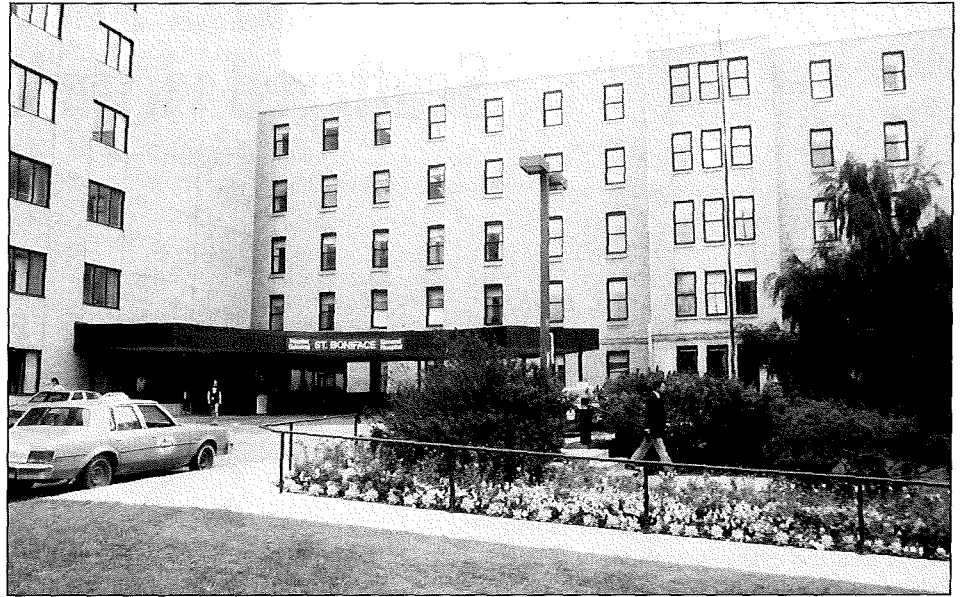
The government's response was positive. It accepted the report's recommendations, which were essentially for the identification of 20 health care facilities across the province as institutions offering their services in both English and French and in some cases those where the first language should be French. Most of these health care facilities are in the central and southeastern parts of Manitoba where there are considerable concentrations of French speakers. The Francophone population of Manitoba is almost 56,000, just over 5% of the total popula-



WINNIPEG
AND ST. BONIFACE
John Eastcott/Yva
Momatiuk/Valan Photos



Karen D. Rooney/Valan Photos



ST. BONIFACE GENERAL HOSPITAL

tion, and in these areas it is far from insignificant. The largest institution, and one that Gauthier said should become a mainly Francophone facility, was the St. Boniface General Hospital. It was one of the half dozen facilities, the report said, that should not only be bilingual but should have a recognizable Francophone character.

The next step, in 1991, was the creation of an advisory committee, followed by two language resource units to help institutions in the two designated regions to develop action plans and to provide free translation services where required. Next came a working group, also chaired by Edmond LaBossière, to help ensure that the restructuring of the health care system now under way does not compromise the plans for French-language services.

The action plans, which were due to be completed and filed with the government this spring, are essential not only to break new ground but also, as LaBossière acknowledges, to recoup what has been lost in some areas, where many individuals and institutions alike lost the ability to function in French. LaBossière sees substantial progress being made, with more to come. Institutions will be required to file yearly reports, including plans for improving services in French and lan-

guage-training courses. Health care courses in French are planned for the Collège de Saint-Boniface.

At the St. Boniface Hospital, with its 3,000 employees, the bilingualization process is well under way, involving the identification of bilingual positions and negotiations with several unions. "It's not easy with the budgetary and staff cuts, but it's being done," LaBossière says.



Manitoba
is becoming
a beacon in
the West.

Non-governmental groups also have a role to play in the process. For the past two years, and for the first time, the Manitoba Health Organization has presented French-language lectures in conjunction with its annual meeting, and a province-wide Francophone nurses' association has just begun to function.

Not surprisingly, the Société franco-manitobaine has been at the forefront of the drive for better French-language

health care facilities. It has its own representative on the provincial advisory committee and has developed its own "Projet Santé", which has been officially adopted by the government, to encourage grassroots involvement in the two designated rural areas where the bilingualization process is largely concentrated.

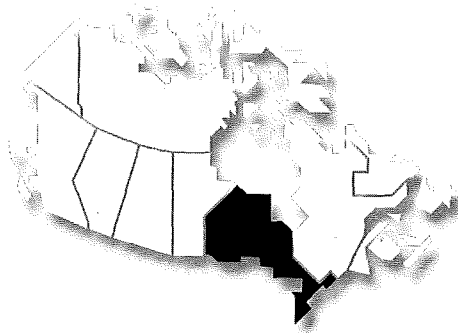
Maria Chaput is the assistant administrator of the Société and is responsible for health services. "Everything is going ahead and real progress has been made," she notes approvingly. One challenge the Société is working to meet is to see that Franco-Manitobans are well organized in the rural areas to ensure their voices are being heard in the new regional health boards responsible for health care services throughout the province.

If New Brunswick is a sort of model for minority language health care in the East, Manitoba is rapidly becoming a beacon in the West. Maria Chaput sums up one of the factors that has played a part in recent developments in the province. "We're used to fighting," she says. "It's a matter of survival."

The Commissioner, who has made a number of visits to Manitoba, has met with senior health professionals and administrators at the St. Boniface General Hospital and with the working group. ■

Ontario Scattered victories

BRIGITTE BUREAU*



One fine day last August, in the magnificent North Bay area, turned into a real nightmare for one of its residents. Without warning, Jean Tanguay, the president of the Association canadienne-française de l'Ontario, had a heart attack.

His son drove him at top speed to St. Joseph's General Hospital in North Bay. From the emergency room to intensive care all the procedures were carried out in English. Why, despite his very French name, did Jean Tanguay not receive service in his own language?

Bill 8: Loopholes...

This incident is a good illustration of the shortcomings of the French Language Services Act (Bill 8), which was adopted in 1986 and came into force three years later. This Act provides for the delivery of services in French by the Ontario government in 22 designated regions of the province which have a high concentration of Franco-Ontarians. Health care in French is one of the services provided for in these regions.

In reality, there is nothing that obliges health care facilities to serve their Francophone clients in their own language. The implementation directives for Bill 8 provide a thousand and one loopholes for institutions that wish to make use of them.

This is the procedure. Institutions designated to serve the Francophone population are asked to submit a plan listing the services they intend to offer. St. Joseph's

General Hospital in North Bay complied with this requirement. If the plan is accepted the institution is invited to implement it. It will receive official designation only after demonstrating that services are available. It will then be bound by the requirements of Bill 8.

...and reluctant players...

St. Joseph's General Hospital is in no hurry to clear this final hurdle. Moreover, a hospital that refuses to commit itself to

permanently providing services in French is not penalized in any way, except for a possible reduction in its Francophone clientele. The Ministry of Health says that it is important for Francophones to exert pressure on their hospitals, to demonstrate to them the need to provide care in French. Thus, the burden of proof rests with the Franco-Ontarian community, even though an official ministry document states that it is the responsibility of institutions to provide services in French.

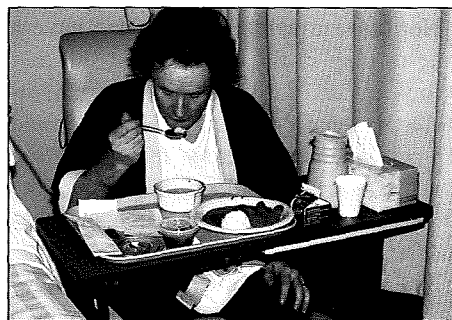
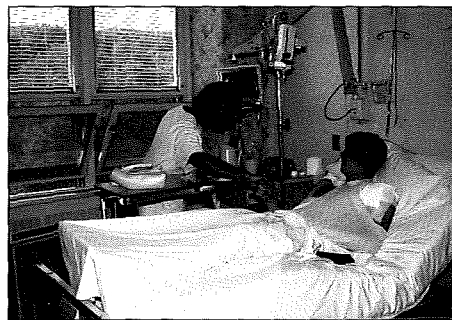
St. Joseph's General Hospital is not the only one resisting Bill 8 — most hospitals do not comply with it. Of the 360 health care facilities designated to provide services in French only 39, less than 11%, had been officially designated as of July 1993.

Even when designated, a hospital does not necessarily respect its commitments. In Northern Ontario, Sensenbrenner Hospital in Kapuskasing — a town of over 10,000 people, 70% of whom are Francophones — is designated bilingual. Yet only one out of a dozen doctors speaks French. According to the hospital's French services unit, the main stumbling block is the difficulty of finding Francophone staff.

How, then, to account for the fact that, barely 97 kilometres from Kapuskasing, the town of Hearst has managed to hire seven bilingual doctors? Some residents of Kapuskasing see in this blatant evidence of a lack of will on the part of their local hospital.

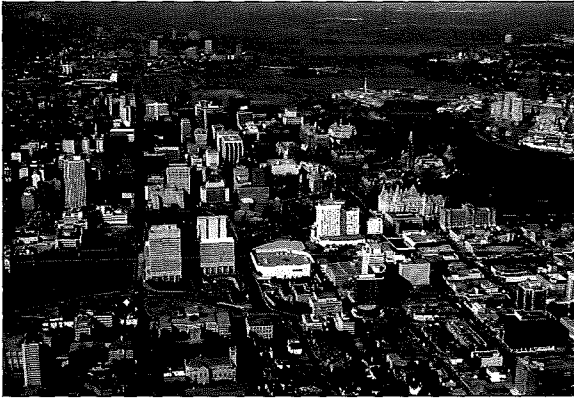
...at senior levels

Christiane Montgiraud, co-ordinator of French-language services at Princess Margaret Hospital in Toronto, maintains that the main difficulty in putting these services into place is a lack of commitment by senior management of the Ministry of



V. Wilkinson/Valan Photos

* Brigitte Bureau is a journalist with Radio-Canada in Toronto. She is the author of *Mêlez-vous de vos affaires : vingt ans de lutte franco-ontarienne* and *Un passeport vers la liberté : les caisses populaires de l'Ontario de 1912 à 1992*.



OTTAWA

D.R.S. Loveridge/Valan Photos

...health care activists...

Meanwhile, the health care activists have not been idle. With Omer Deslauriers at their head, they have made a list of the names of all Francophones working in the health field and gathered them together. This initiative led to the founding in November 1993 of the Regroupement des intervenants francophones de la santé et des services sociaux de l'Ontario. This organization includes more than 10 associations with a total of some 15,000 members including nurses, dentists, doctors, physiotherapists and ambulance attendants.

...and training

Among other things, the Regroupement looks after the training in French of health care professionals. It is therefore upset with the Ontario government's apparent decision to abolish the program which allowed Franco-Ontarian students to study medicine in French in Quebec. It finds the void created by this decision unacceptable since there is still no complete French-language medical program in Ontario.

Despite this setback, major developments in training are taking place. In January 1994 Montfort Hospital in Ottawa became the first Ontario university centre to offer clinical training in family medicine entirely in French. Medical graduates, most of whom had to do their studies in English, now have the opportunity to experience working in French for the first time.

In addition, the federal and provincial governments have announced the creation of two new French-language colleges, one in the north and the other in the south of the province, which are scheduled to open in September 1995. These are in addition to Cité collégiale, the first French-language college, which opened in Ottawa in 1990. The Franco-Ontarian community will soon have a real network of colleges to train certain health care professionals in French.

Care for seniors

While Francophone health care professionals often have the impression that the road to French-language services is mined, they remain indomitable. The scat-

tered victories they have won over the years motivate them to pursue their work.

They have just mounted a new campaign for the provision in French of long-term care for Francophone seniors. The Ontario government is currently reforming the system so as to guarantee a wider range of services at home, such as nursing care, the delivery of food and housework, but also so as to oblige applicants, without regard to language, to accept any available bed in a nursing home within a determined radius. The government wants to enable seniors to remain at home as long as possible. Omer Deslauriers fears that these services will not be available in French.

"We have to have them. What kind of community are we, if we do not even take care of our old people?" ■

(Our translation)

Demystifying Official Languages

You've been reading about it in the newspapers.

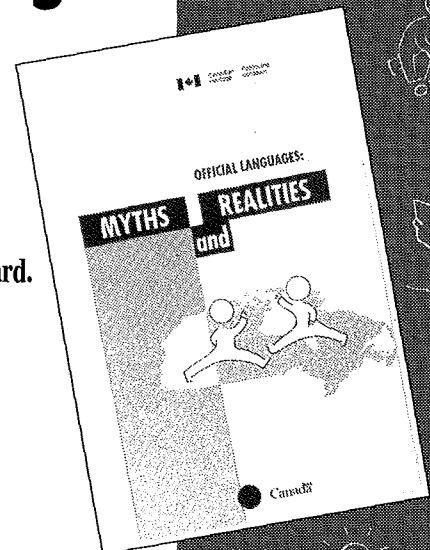
Hearing about it on radio and TV.

Even discussing it with your colleagues and friends.

Compare what you have seen and heard.

Myths and Realities will answer a lot of questions about Canada's languages policy — in plain language.

To obtain your copy contact:
 Communications Branch
 Canadian Heritage
 25 Eddy Street, 10th Floor
 Hull, Quebec K1A 0M5
 Tel.: (819) 997-0055 Fax: (819) 953-8770



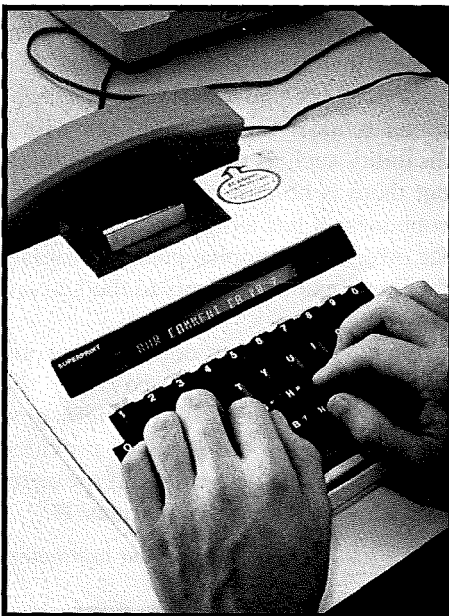
Canadian Heritage
 Patrimoine canadien

Canada

Did you know...

We often confuse the “deaf” and the “hard of hearing”. Those who are hard of hearing do not use sign language. They can hear a little or imperfectly. Those who are deaf do not hear at all. There is a major difference between the two disabilities.

Unlike most Canadians, the deaf must first learn a sign language to communicate routinely. It takes as much time to learn a sign language as to learn one of Canada’s two official languages. The deaf must also learn English or French to be able to read textbooks or newspapers and watch subtitled television programs and to communicate by telephone, for example, by using a telecommunications device for the deaf (TDD).



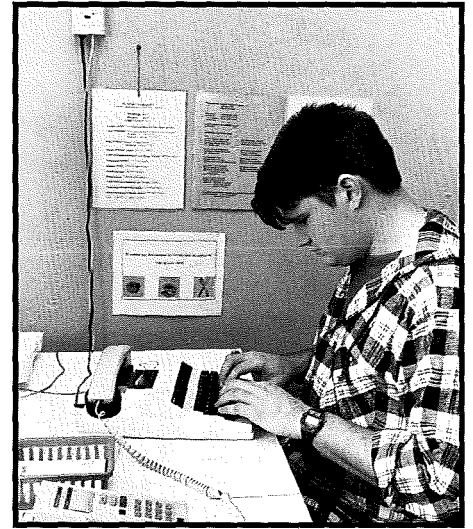
There are “regionalisms” in sign languages, as in English or French. When a deaf person from Los Angeles meets one from Toronto they use American Sign Language (ASL), but both use certain signs specific to their regions.

Quebec Sign Language (QSL) and ASL have a common origin. They both come from an old sign language used in France.

A smoke detector, no matter how “deafening”, is no help to the deaf. That is why the beds of some deaf persons are equipped with a bed-shaker that vibrates when the smoke detector goes off. Others carry a warning device that vibrates in the event of fire.

Sign languages, like other languages, are living languages. They are constantly developing new signs.

The deaf can speak on the telephone. To do so, they need access to a TDD, have to be able to type and have to know the language of the person with whom they are talking. If the communication is with another deaf person it can take place directly. A blinking telephone light replaces the ring. If the deaf call a hearing person they can use Bell Canada’s Relay service. A Bell Canada operator reads to the hearing person what is typed on the deaf person’s keyboard and transmits



TELECOMMUNICATIONS DEVICE FOR THE DEAF (TDD)
Photos: Michel Tessier

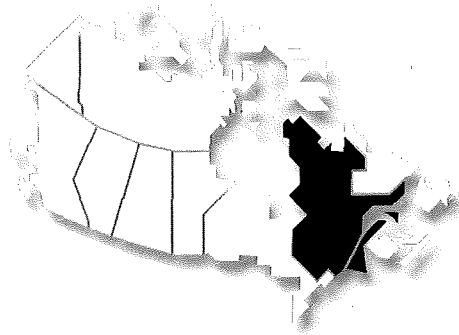
the spoken answer, by keyboard, from the hearing person to the deaf person.

There is nothing simultaneous about simultaneous interpretation, especially when the interpreters have to serve English- and French-speaking hearing persons, as well as deaf persons using ASL and QSL, in the same room. That is what the Ontario government discovered recently when it organized consultations on the services available to the deaf. When deaf Francophones asked a question in QSL they had to get up on the stage so that the other deaf Francophones could “see” the question. It was then translated into French by a sign language interpreter. The question was then translated from French into English and finally into ASL for the deaf Anglophones in the room: a total of three steps. The amazing thing is that the whole process took only about 10 seconds!

(Our translation)

Quebec Progress and problems

TOM SLOAN



If there is one area of Canada where most members of the official language minority can have a relatively high degree of satisfaction with the quality and quantity of the health care services available to them, it is indisputably in Quebec.

Taken as a whole, English-speaking Quebecers enjoy a full range and high quality of health care services. This is most particularly the case in metropolitan Montreal, home to 80% of the approximately three-quarters of a million Quebec Anglophones. Here, thanks largely to the concentration of population, there is an elaborate network of English-language health and social services covering all ages and conditions.

This does not mean that these institutions are exclusively English-language in nature. It does mean that, in historical terms, many of them are the product of the initiatives and investment of the English-speaking community and that, under the Charter of the French Language, they

continue to have the right to operate in English as well as French. In law and in fact they are generally bilingual institutions serving all Quebecers in both languages. The important thing for English

speakers is that it is in these institutions that they are guaranteed all medical services in their own language.

Outside Montreal the situation becomes more complex. While there are old Anglophone institutions such as Jeffery Hale Hospital Centre in Quebec City and the Sherbrooke hospital, which can operate in both languages, English-speakers in many parts of the province have had imperfect guarantees of ready access to health care in English.

Legislation

Over the past several years the government has been addressing the issue. In 1986 the National Assembly passed Bill 142 which, for the first time, guaranteed in principle Anglophone access to health care in English, "taking into account the organizations and resources of the establishments providing such services."

While the statement of principle was warmly welcomed, some Anglophones expressed frustration at the amount of time required to meet the objectives set by the legislative guarantees. The crucial next step was the passage in 1991 of Bill 120, a complete restructuring of the province's health services, designed among other things to decentralize and democratize the whole field of health and social services. While its scope far transcended language issues, the new law consolidated the legislative measures ensuring the availability of English-language services. In addition, it strengthened existing provisions directing every administrative region to develop a program of access to English-language services.

Jim Carter is secretary of the provincial committee on the dispensing of health and social ser-



V. Wilkinson/Valan Photos



MONTREAL

Francis Lépine/
Valan Photos

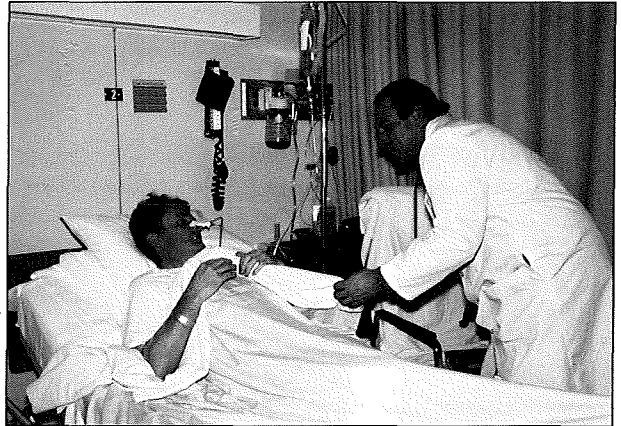
“We’re not looking for ghettoization.”

rights group, also warns that hard times are coming for service in either language. As for recent developments, “we have to be reasonably satisfied. We won some and we lost some.” One continuing issue stems from the new powers and responsibilities of the regional bodies. The issue is territoriality. Do Anglophones have an unquestioned right to seek health care in a region other than that in which they live? There have been “some spotty agreements”, Birnbaum says, but the issue is not yet settled. In addition, while the law now allows for a considerable range of English-language services in French-language

institutions there are gaps. Nevertheless, Birnbaum warns against portraying the issues as exclusively linguistic. “We’re not looking for ghettoization.”

One possible serious problem, it is agreed, is the care of the aged. The English-speaking population is ageing more quickly than the French-speaking population, which is likely to cause difficulties down the road in providing the necessary health care facilities.

A radical restructuring of hospitals in Montreal was proposed last March by a blue-ribbon panel that had been studying the situation since 1992. Their report called for the amalgamation of five of the teaching hospitals affiliated with the McGill University School of Medicine. According to the group’s preliminary

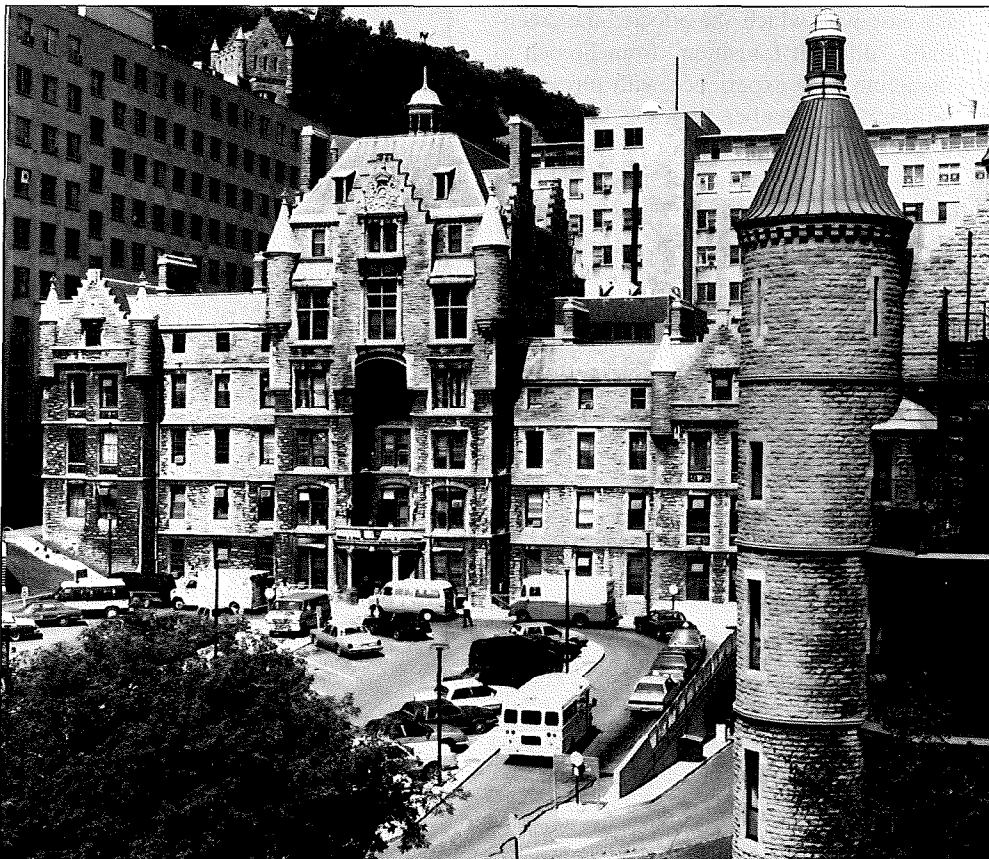


V. Wilkinson/Valan Photos

report, which came out in the spring of 1993, the need for radical reform is dictated, among other things, by changes in the patient base, by looming financial problems and by increasingly deficient infrastructures.

The five hospitals — Montreal General, Royal Victoria, Montreal Chest, Montreal Children’s and Montreal Neurological — would be merged into a single 1,100-bed complex in central Montreal, to be known as the McGill University Hospital Centre. The existing facilities would be converted to other uses.

Spokespersons for the institutions involved have expressed confidence they will get provincial government support, both in the passing of the necessary legislation and in providing the estimated \$100 million that will be needed annually until the facility is completed in about 10 years. The government has established similar study groups in Montreal and Quebec City to look at the possibilities of rationalizing and merging French-language teaching hospitals in both cities. ■



ROYAL VICTORIA HOSPITAL,
MONTREAL

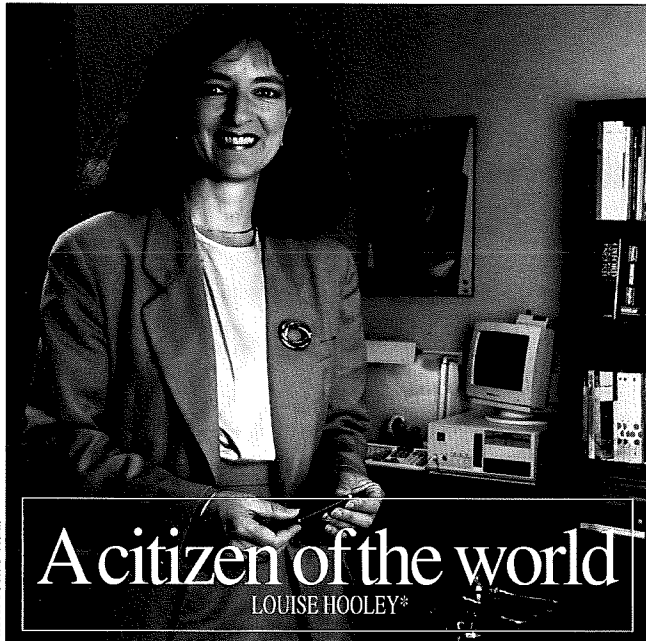


Photo: Judith Cezar

A citizen of the world

LOUISE HOOLEY*

Dr. Catherine Hankins is a Montreal physician well known both nationally and internationally for her important contributions in the field of AIDS research. From her headquarters at the Centre for AIDS Studies at the Montreal General Hospital Public Health Unit she works to help those on the front lines of the epidemic. Dr. Hankins credits much of the inspiration behind her distinguished medical career to her early studies in French language and literature.

Catherine Hankins was raised in Calgary, daughter of a surgeon father and a librarian mother. "I grew up in a completely Anglophone household," she explains. After graduating from high school she travelled to Geneva, where she worked for a year as an *au pair*. There, "the practical experience of seeing people use [French] as an everyday language and of striving to want to be able to understand and communicate" prompted her to enrol in the French program at the University of Calgary. After gaining her Honours B.A. in French in 1971 she travelled for a scholarship year to southern France to begin work on her M.A. in French literature. During this year abroad Catherine Hankins had what she now describes as "a sort of an awakening."

A paradigm shift

"I had been somebody who said they'd never go into medicine. Languages provided me with opportunities to travel and to study other people's cultures and that was very enriching. But the year that I was in France I realized that I was really quite a parasite on other people's cultures." She was reading Norman Bethune's biography and, as she says, "It struck me that I could use the French to communicate with other people and if I had a skill as well that I could offer

that was outside of the language — some other skill — that would for me, I suppose, kill two birds with one stone. I was ready for a sort of a paradigm shift in my life."

She credits her studies in French for the ease with which she effected the potentially "difficult transition" from French to medicine. Her experience with physics is telling: "I remember in grade 11 I didn't understand physics...a lot of things like latent heat, very abstract things, I couldn't get my mind around at all, but when I came back to do physics after having done French, it was easy. I understood it all. It was like my mind had matured mentally." Although, as she admits, "I had no idea personally whether I could handle the science courses, which I hadn't looked at for six years," Hankins succeeded brilliantly, finishing first year with six As and four A+s.



MONTREAL
GENERAL HOSPITAL

V. Wilkinson/
Valan Photos

Analytical skills...

Dr. Hankins particularly credits French with helping to hone her analytical skills. She sees literature as "like a puzzle. There's a certain amount of detective work involved and that translates remarkably well into medicine." She explains that "in medicine we [have], number 1, diagnosis, and then we have number 2, number 3, number 4, and what

CALGARY, ALBERTA
V. Wilkinson/Valan Photos



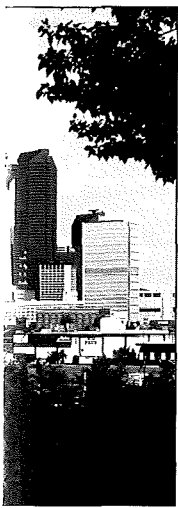
Background

In 1986 the Quebec National Assembly adopted Bill 142, which, subject to the availability of the necessary resources, guaranteed the some 750,000 English-speaking Quebecers the right to receive social and health services in English. This Act obliges regional health and social services boards to develop access plans for such services. In addition, in 1991 Bill 120 was passed, reaffirming this right of the Anglophone community.

The government, however, is still required to comply with the broad linguistic objectives of Bill 101. This Act, adopted in 1977, stipulates that the usual and customary language of work in Quebec is French, which is also the language of the government and of public agencies. Thus, no one may require of an employee the knowledge of another language if it cannot be shown that such knowledge is necessary.

Hôtel-Dieu de Gaspé

In 1992 a conflict involving Bill 142 and Bill 101 broke into the open at Hôtel-Dieu de Gaspé Hospital. The institution set language requirements in connection with a competition to staff an assistant head nurse position. A candidate for the position had to "be able to communicate in English with Anglophone patients." The union, the Syndicat des infirmières et infirmiers de l'Est du Québec, protested these



we call the differential diagnosis can include four or five conditions of decreasing probability...and we do that in literature a little bit too: one explanation is this, another could be this."

...and humanitarianism

Hankins also credits her studies in French with awakening what has turned out to be a passionate humanitarianism. "I'd had a superb professor of history in my fourth year at the University of Calgary who had presented French history, not from the

point of view of who the big important people were and when the treaties were signed and so on, but basically what was going on in everyday life...the untold history." Hankins' Master's study of the great 19th century realist, Émile Zola ("I've always seen him as the Charles Dickens of French literature") sensitized her even further to the needs of those people at the far end of what she identifies as "the continuum of hurt. A lot of the people I deal with in my work now are people who have very difficult lives — whether they're prisoners or sex workers or injection drug users or whether they're people in developing countries." She elaborates: "I've always been interested in a class analysis of

vulnerability. If you go through disease after disease and look, you begin to discover [that] the bulk of the risk lies in working class people who live with daily stress."

Hankins' move to Montreal has left her delighted, both personally and professionally. She is quick to underscore her philosophy: "I constantly want to remind myself that I'm a citizen of the world, and that's my territory, not my little area in Montreal, or not just Quebec, not just Canada, not just North America where things are going well, and not just the Western World." ■

* Louise Hooley is a Montreal writer. She teaches at Concordia University.

Bills 142 and 101

CHARLES BARKER*

Bill 142, concerning English-language services, and the Charter of the French Language (Bill 101) both set out objectives for health and social services facilities in Quebec, but sometimes these objectives seem difficult to reconcile.

A problem that arose in a hospital in Gaspé illustrates this dilemma but, before considering this case, let us first take a look at what has happened legislatively in recent years.

language requirements and, on May 19, filed a complaint against the hospital with the Office de la langue française.

To demonstrate the relevance of the language requirements of the position advertised the hospital pointed to the human resources planning it had had to undertake under Bill 142 and the presence in the region of an English-speaking community of some 2,880 persons. It cited requests for service in English made by the Committee for Anglophone Social Action, an agency that has represented Anglophones in the Gaspé for nearly 20 years. Furthermore, the hospital pointed out that due to the shortage of bilingual staff it was presently difficult to assign enough employees to each shift who were

able to provide the appropriate services in English.

The union replied that the hospital had not abided by the collective agreement, which obliged it to consult employee representatives before imposing new requirements in the workplace, such as those contained in Bill 142, and that, in any event, it had not shown that there was in fact a significant demand for services in English.

The Office de la langue française ruled in favour of the union. The Office noted that Section 46 of Bill 101 clearly states that an employer cannot require the knowledge of a language other than French unless the duties of the position have been demonstrated to require it. Under this section

the burden of proof rests with the employer. In the opinion of the Office, Hôtel-Dieu Hospital had not proved that it was necessary for the assistant head nurse to be bilingual and other administrative measures which did not involve the language requirements of this position could have been taken to provide services in English. The Office was aware of the potential conflict between the provisions of Bill 101 and Bill 142 but it refrained from pronouncing specifically on the subject, stating rather that "these are the facts and circumstances that should guide it [the Office] in making its decision."

Reconciling imperatives

The situation of Hôtel-Dieu de Gaspé Hospital is a good illustration of the difficulty of reconciling the imperatives of promoting French as the common language of work and of taking all the measures required to provide service to English-speaking clients. It leads us to the conclusion that institutions must carefully document requests for service in English to defend, before the Office de la langue française, any requirement for a knowledge of English when staffing positions, and also take the language skills of employees into account when assigning them to work shifts. ■

* Charles Barker is a Policy Analyst at OCOL's Ottawa headquarters.

The Eastern Townships

A TRADITION OF FAIRNESS

TOM SLOAN

The Eastern Townships of Quebec, lying between the St. Lawrence River and the United States border east of Montreal, were, in the first half of the 19th century, an English-speaking enclave made up largely of United Empire Loyalists who had fled the American Revolution. Today the Anglophone population of the historic Townships, consisting of 12 provincial constituencies, amounts to just under 45,000 out of 629,000 — just over 7% of the area's population.

“We emphatically don't want a parallel system.”

Nevertheless, the past is preserved, in place names and in many institutions created in the early years. Churches of various denominations still dot the countryside and Bishop's University in Lennoxville remains the most prominent Anglophone educational institution outside Montreal.

In the field of health care the situation is, by force of circumstance, complex — just as in the rest of Quebec. There are no strictly English-language health-care institutions. They have become bilingual facilities operating in both English and French, with a staff and patient base drawn from both linguistic communities.

Sherbrooke

The largest of these is the Sherbrooke Hospital, which started life more than a century ago as the Sherbrooke Protestant



RACINE ROAD TO SHERBROOKE

V. Whelan/Valan Photos

Hospital. Two decades ago the 137-bed facility was staffed mainly by English-speakers. Today the majority are bilingual Francophones, with many doctors being graduates of the Université de Sherbrooke, with which the hospital is affiliated.

What happened, explains hospital general director Marie Trousdell, was quite simple. As English-speaking doctors and nurses retired more and more staff positions became part-time through budget cuts and union contracts. They tended to be filled by local Francophones who also worked part time in the city's other four hospitals.

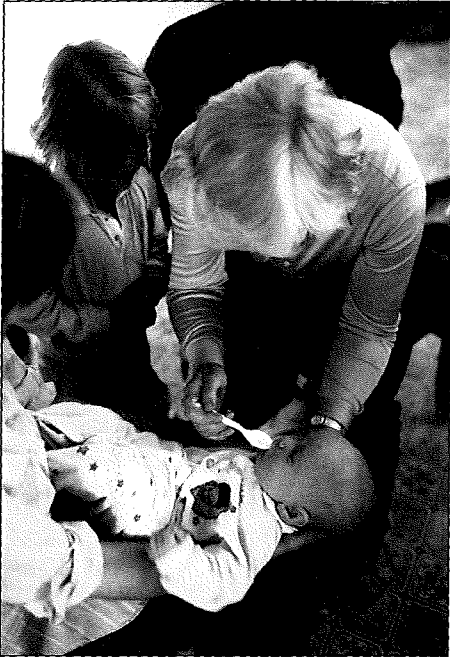
With the recent moves towards specialization of institutions, Sherbrooke Hospital, like many others, no longer offers a full range of treatment. In several areas, including pediatrics and obstetrics, patients must go to another facility where they can receive service in English. In many other areas, including surgery, internal medicine and orthopedics, patients receive treatment in-house. “This is a real general hospital, and we get many Francophones here because they like the atmosphere,” Trousdell says proudly.

Despite the changes, a real English-language presence remains. About half the patients are English-speaking, and Anglophones are active in the hospital fund-raising foundation, Trousdell notes.

In addition to Sherbrooke, English-speakers have another designated hospital, the Brome-Missisquoi-Perkins facility in the western part of the region.

Situation acceptable

In general, the minority language community is reasonably satisfied with the health care services available to it, according to Marisa Tessier, head of the Health and Social Services Committee of the Townshippers' Association. “The overall perception is that the situation has improved over the past five years,” Tessier says. There are always individual problems, but



Tom W. Parkin/Valan Photos

in general, Tessier believes, the situation is acceptable. The fact, however, that close to one-quarter of the English-speaking population is now elderly is a potentially serious problem.

A major goal, Tessier suggests, is to encourage an atmosphere in which the regional health board automatically takes into account the needs of the minority group when drawing up its plans. "We emphatically don't want a parallel system," Tessier stresses. "If things got really bad we'd be the first to go."

For his part, regional English-language co-ordinator Michael Rochette is encouraged by a recent \$175,000 provincial grant to help set up daycare services for elderly Anglophones. Negotiations are under way to ensure that such services will continue, Rochette says. He is satisfied that English-speaking residents of the area are being increasingly sensitized to their rights and the services available to them. As for the future, "we don't know how things will turn out"; but, given recent developments and evidence of continuing government concern with providing health care services to the minority community, he is optimistic. ■

Quebec City's Anglophone community

MARIE-CHRISTINE BÉDARD*

Compared to the Anglophone community of Montreal, which vigorously asserts its rights, that of the Quebec City region seems self-effacing. The 1991 census counted some 16,000 Anglophones in the Quebec City metropolitan area. Slightly under 12,000 persons say they speak English at home, approximately 1.8% of the region's total population. According to Karen Macdonald, editor-in-chief of the *Chronicle-Telegraph*, the only English-language newspaper in the area, "the Anglophone community in Quebec City, unlike that in Montreal, has opted for integration."

There are no Anglophone neighbourhoods in the Quebec City area. There are some concentrations of mother-tongue English populations in Sillery, Quebec

City, Sainte-Foy and Valcartier, but these concentrations never constitute a majority and are explained more by historical context than by any desire for "ghettoization". The community is scattered over the entire region. "Like everyone else, Anglophones look for attractive places to buy a home; they tend to go to the suburbs," Karen Macdonald explains.

Disparate groups

The region's Anglophone community consists of a number of subgroups. For this reason, Macdonald says, "there is not one community, but several Anglophone communities in Quebec City." First, there are the old-line Anglophones. They are the descendants of the first English, Irish and Scottish immigrants who settled the city in the wake of the British conquest. The Irish were legion; in 1871 they accounted for 69% of the Anglophone population of Quebec City. Then there are the migrants, a group made up mainly

* Marie-Christine Bédard is a freelance journalist and researcher in Quebec City.

JEFFREY HALE HOSPITAL



of Canadian Forces personnel based at Valcartier, federal public servants and foreign students.

Religion constitutes another dividing line and has long been a cause of some tensions within the region's Anglophone community. Today, some 75% of the Anglophones are Catholics and 18.8% are Protestants.

Population history

Until the end of the 19th century the Anglophone community prospered, thanks to the fur and lumber trade. In 1851 it made up approximately 40% of the population of Quebec City and dominated the economic scene. At that time Anglophones were concentrated in Sillery and Quebec City, the rich merchants in the upper town and the shipyard workers on the slopes of Sillery.

After 1860 a falling-off in the lumber trade and in naval construction impoverished many Anglophone workers, who left the city for lack of work. The economic decline of Quebec City caused many businessmen to move their financial capital to more strategic locations such as Montreal. The region's Anglophone population shrank by more than a quarter in a decade. Since there was no turnaround in the economic factors that had caused the exodus, the departures continued. In the 1951 census Anglophones were about 4% of the total population of Quebec City.

A small number of immigrants of diverse origins added themselves to this community. The Jews associated by necessity with Anglophone Protestants since Catholics formerly turned non-Catholic students away from their schools. A large Chinese community arrived at the turn of the century and also adopted English as its second language.

The English-speaking population of the Quebec City area seems to have stabilized it around 15,000 since the late 1950s. A demographic study by the Voice of English Quebec, an information and advocacy agency for the region's Anglophones, has noted weak representation in the 14-year-old and younger age group, which may be

attributable to the significant decline in the birth rate in recent years. In addition, there is a high proportion of elderly persons in the community (more than 13% of the total Anglophone population). It is estimated that approximately 3,000 new Anglophones come to the area each year; how-



ever, these new arrivals do not swell the ranks of the English-speaking population since as many Anglophones leave Quebec City annually.

Increasing bilingualism

The Anglophone community of Quebec City is characterized by increasing bilingualism. The editor in chief of the *Chronicle-Telegraph* is categorical: "It is quite impossible to work in English in Quebec City, aside from the teaching staff of the five educational institutions in the region. Even they are in frequent contact with French-speaking parents." Leon Jackson, director general of the Voice of English Quebec, where he supervises an employment centre for Anglophones, believes that bilingualism is an asset on the labour market.

English-speaking families live in neighbourhoods where French is spoken and often use French-language services. The high proportion of mixed marriages (a

couple where the husband or wife is French-speaking) contributes to the increase in bilingualism. According to a study conducted in 1992 by Alliance Quebec, young Quebec Anglophones as a group are more bilingual than their Francophone counterparts or their elders. Only seniors as a group have a high rate of unilingualism. More than 55% of elderly Anglophones say that they belong exclusively to the English-speaking community and that they use English for the greater part of their daily lives.

Small, heterogeneous, scattered over the territory and increasingly bilingual, is the Anglophone community of the Quebec City area perhaps engaging in an extreme form of integration that jeopardizes its very existence? In this context, the survival of institutions becomes the linchpin of Anglophone identity in Quebec City. The region's institutions and services play a crucial role for the English-speaking population. Members of the community are anxious to preserve the network of schools, churches and health services that their predecessors put in place gradually over more than 200 years. A tradition of mutual assistance and community spirit presided over the development of this net-

"whenever new money was made available it has been invested first of all in serving the Anglophone population better. The only problem is that, in the Department of Health as elsewhere, money is scarce." Nevertheless, as achievements that constitute significant gains for the Anglophone community the co-ordinator of English-language services for the regional board lists the creation of two social worker positions, the opening of an ambulatory day centre at Saint Brigid's Home, the English courses offered free of charge to the staff of the region's health facilities and the translation of certain documents for English-speaking clients.

The Anglophone community of the Quebec City region seems satisfied with the work done by the health institutions in co-operation with the regional board to improve access to services in its language. Various articles that have appeared in the *Chronicle-Telegraph* in the past two years are eloquent evidence. Richard Walling, the president of the Voice of English Quebec, is categorical: "There is obviously very good will. The efforts made over a number of years are appreciated by the community."

To be sure, while more and more health and social services are available to Quebec City's English-speaking community, there is still much work to be done. People must be informed that these services are available in their own language. "Although many Anglophones know French, they do not have to switch to the other language; it is their right to be served in their mother tongue," Karen Macdonald notes.

Louis Hanrahan places emphasis on the types of services to be improved as soon as possible. The regional board acknowledges that access to psycho-social services in English is a priority. "My problem is not that I fear going to a hospital's emergency department and not being understood; I want to be able to cry in English," explained an Anglophone woman at the public consultations held by the regional board. ■

(Our translation)

Gaspesia

Breakthrough: Making the system work

HAL WINTER*

Like all aspects of life in Quebec's remote Gaspé Peninsula, the language of health question is dominated by geography.



VILLAGE OF GRANDE-VALLÉE, IN GASPESIA

H. V. Green/Valan Photos

Governments may legislate with the best of intentions, while support systems strive to comply, but, in the final analysis, the provision of English-language services — over a vast area where Anglophones can be separated from their institutions by 1,000 kilometres of some of the province's most rugged terrain — is a matter of logistics.

Despite the difficulties great strides have been made over recent years. Working with Ottawa and the peninsula's Committee for Anglophone Social Action (CASA), the

Quebec government has been edging the application of its health services language law closer to conformity with reality; but much remains to be done and, in an era of ever-shrinking budgets, the struggle calls for a blend of realism and compassion.

Distance...

A true perspective on the Gaspé Peninsula's health service language problem requires an appreciation of the twin factors of distance and population distribution. On the southern shore of the St. Lawrence, Gaspesia proper begins just east of the town of Rimouski, some four hours' drive from Quebec City, but the autoroute ends earlier at Rivière-du-

* Hal Winter is a freelance journalist.

Montreal to find adequate facilities and most locals, Richards says, can't afford this expense.

As a solution, CASA is pushing for the establishment of what it calls "super regional services". The aim is to help Anglophone patients travel to areas where a broader range of specialized medical services is available in their own language. "This is especially crucial," stresses Richards, "when patients need support systems, such as counselling for burn victims or general psychiatric care." In this area, she outlines a situation which she agrees would be funny if it weren't so tragic for the patients concerned.

"There are no resident psychiatrists in all Gaspesia," says Richards, "except one who speaks neither language well. So, once in a while, they fly one in for a 30-hour stint. But it need not necessarily be the same one each time...which must be great for consistent therapy. Often these psychiatrists speak no English. So they bring in an interpreter...who might be a neighbour or the janitor or anybody. Imagine baring your soul to someone who tells the doctor, who then tells this person what to tell you. Looking at the suicide and depression figures here, this kind of solution is worse than useless."

Richards lists a host of other language-related inadequacies in the system. Lack of understanding on both sides can result in financial hardship for patients, usually those least able to afford it. She cites the case of a child sent for hearing tests to Quebec City, where the audiologist spoke no English. When the parents opted to go to Montreal they had to bear the costs. Or there was the elderly woman sent to a Quebec City hospital where no English is spoken, only to find she couldn't be admitted until two days later.

Incidents like these suggest that, although much improved, Gaspesia's English-language health care system still has a long way to go. But, Richards reiterates, with the new laws in place the crucial psychological breakthrough has already been achieved. The challenge now is to make the system really work. ■

New Brunswick Some catching up to do

MARC POIRIER*

As early as the 17th century Acadia had a hospital, located in the capital, Port Royal. Documents of the time describe it as: "25 feet long by 18 feet wide, with eight beds in very poor condition, since nothing has been sent for this hospital in five years."

After the British took control of the French colony for good in 1713 it was not until the end of the 19th century that health facilities appeared in the French-speaking regions of the Maritimes.

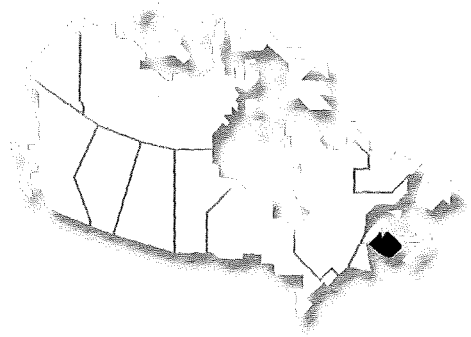


Jean Bruneau/Valan Photos

New Brunswick

In Acadia, as almost everywhere else in Canada, health was initially the concern of religious congregations. The Hospitallers of St. Joseph were particularly active in this area, erecting a number of hospitals in New Brunswick. These institutions, located almost exclusively in Francophone regions, either still exist or have been replaced by modern buildings. Some are still managed in part by the founding congregations.

* Marc Poirier is a freelance journalist from Moncton.



The provincial government took charge of health care in the 1960s. In New Brunswick there are nine Francophone hospitals, including one psychiatric hospital, and three so-called bilingual hospitals. In addition, several English-language institutions are obliged to provide a certain level of service in French, either because of the presence of a sizeable Francophone community or because they provide services to the entire province, as does the cardiac surgery unit in Saint John.

The Dr. Georges-L. Dumont Hospital, located in Moncton in southeastern New Brunswick, is even designated as the principal health facility for all the province's Francophones. The southeastern region is also the only one where hospital administration structures have been organized along linguistic lines. The hospitals in this region are grouped into two hospital corporations, one Anglophone and the other Francophone.

Geographical inequalities

Despite the existence of this extensive network, discrepancies have always existed between the health services in the northern part of the province, which is mainly French-speaking, and in the south, which is mainly English-speaking.

A study of the state of health of residents in the north and of the staff and services available there was carried out in 1985. Entitled "Objectif 2000: vivre en santé en français au Nouveau-Brunswick",



According to the deputy minister, Jean-Guy Finn, this new system will make it possible to solve many problems within five years. "We believe that this plan will be more effective in narrowing the gap than the previous one," he says.



Medical training in French is not available in the Maritimes.

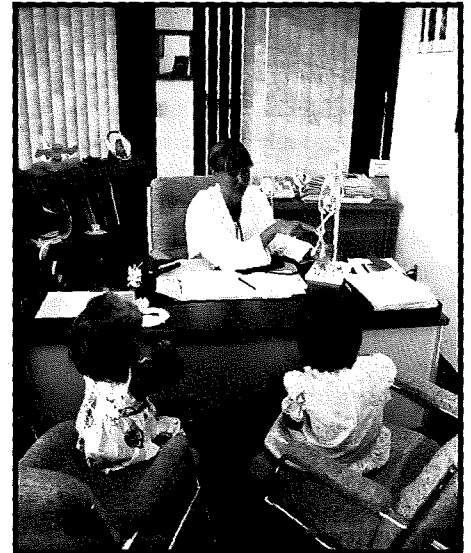
Francophone facilities face other problems, however, such as hiring. Even if the funds are available to establish a service or create a specialist position it is not always possible to find someone who can serve patients in French. For example, funds are available to establish a haemodialysis unit at the Chaleur regional hospital in Bathurst in northern New Brunswick, but a nephrologist cannot be found.

The Dr. Georges-L. Dumont Hospital in Moncton, which has an advantage in its urban location, is experiencing problems of a structural nature. The quotas for family doctors or specialists are set for the entire region without taking into account the two linguistic components of the hospital corporations. Since English-language hospitals have much less difficulty in finding medical staff the French-language hospital is often at a disadvantage.

"We are asking that the government apportion the medical staff," explains the director of Dr. Georges-L. Dumont Hospital, Pierre LeBouthillier, "in other words, that it give us our share."

The deputy minister, Jean-Guy Finn, promises that the government will rectify this problem. He points out that 17 of the 24 doctor positions approved last year were filled in Francophone areas, either in Moncton or elsewhere in the province.

There is also the problem of medical training, which does not exist in French in the Maritimes. For 25 years agreements have existed with certain Quebec universities to guarantee the admission of some Francophone students from New Brunswick to their



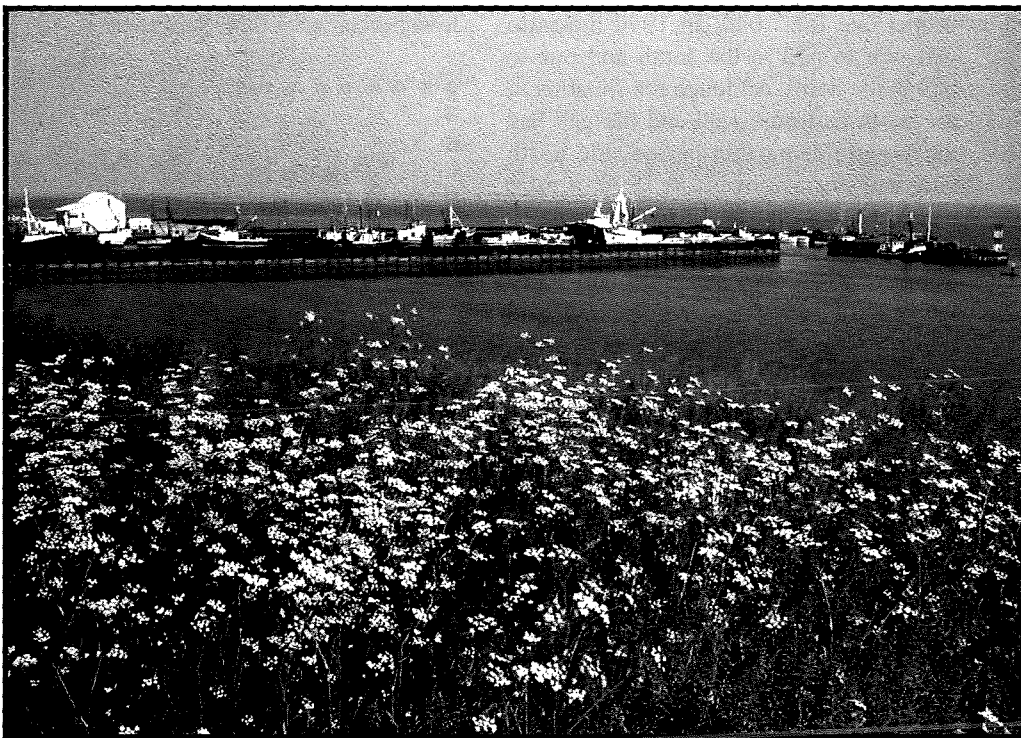
Dr. A. Farquhar/Valan Photos

faculties of medicine. Jean-Bernard Robichaud believes that the number of admissions cannot meet the demand and suggests the creation of a French-language faculty of medicine in New Brunswick.

Aside from all these problems, there are the major budget cuts imposed by the New Brunswick government in the past few years. These measures have resulted in the elimination of hundreds of hospital beds and the centralization of services at the principal hospital in the seven health regions to the detriment of the smaller hospitals.

According to Jean-Bernard Robichaud, the inhabitants of rural areas, who are mainly Francophones, will receive better specialized services closer to their homes but, paradoxically, services of lesser quality in their small rural hospitals, the survival of some of which is threatened. "Some hospitals will be hard hit; it's almost inevitable. But that is the price to pay for having more specialized services." ■

(Our translation)



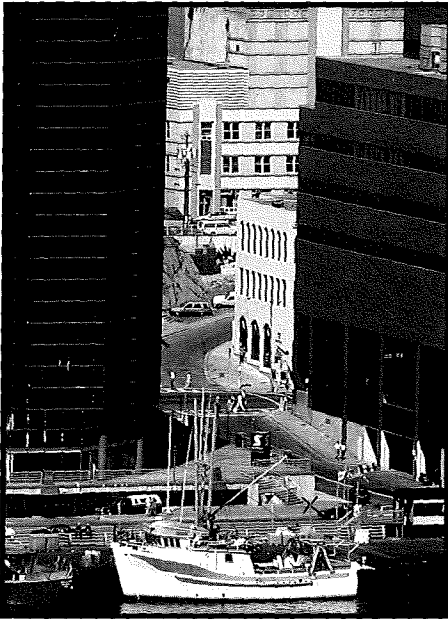
CARAQUET HARBOUR,
NORTH COAST

Val Whelan/Valan Photos

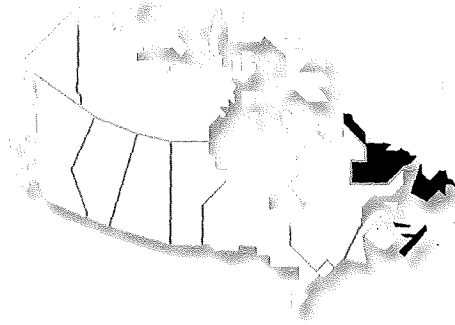
Newfoundland, Nova Scotia, Prince Edward Island.

A variable picture

TOM SLOAN



DOWNTOWN ST. JOHN'S
J. Eastcott/Y. Momatiuk/Valan Photos



just over 3,000, about one-half of one per cent of the population. Even where they are relatively concentrated (in the western part of the island and in Labrador) French speakers account for a limited percentage of the population.

Nevertheless, insists Francine Labrie, director general of the Fédération des francophones de Terre-Neuve et du Labrador, some services are sorely needed. Not only can it not be taken for granted that all Francophones have a firm command of English, but also “when you

get sick you become vulnerable,” she notes. In addition to French-speaking Newfoundlanders, residents from the French islands of Saint-Pierre and Miquelon, few of whom have any knowledge of English, use the province’s health care facilities, especially those of the capital, St. John’s.

In St. John’s the Fédération has worked to set up a network of volunteer interpreters who visit health facilities when and where their services are needed. As for medical services in French, there is absolutely no provincial policy or program. “It’s strictly a matter of chance,” Labrie says. There are a few doctors who speak French as either a first or second language, especially in St. John’s. The Fédération has asked the provincial medical association to draw up a province-wide list, but it is still waiting for a response. ⇨

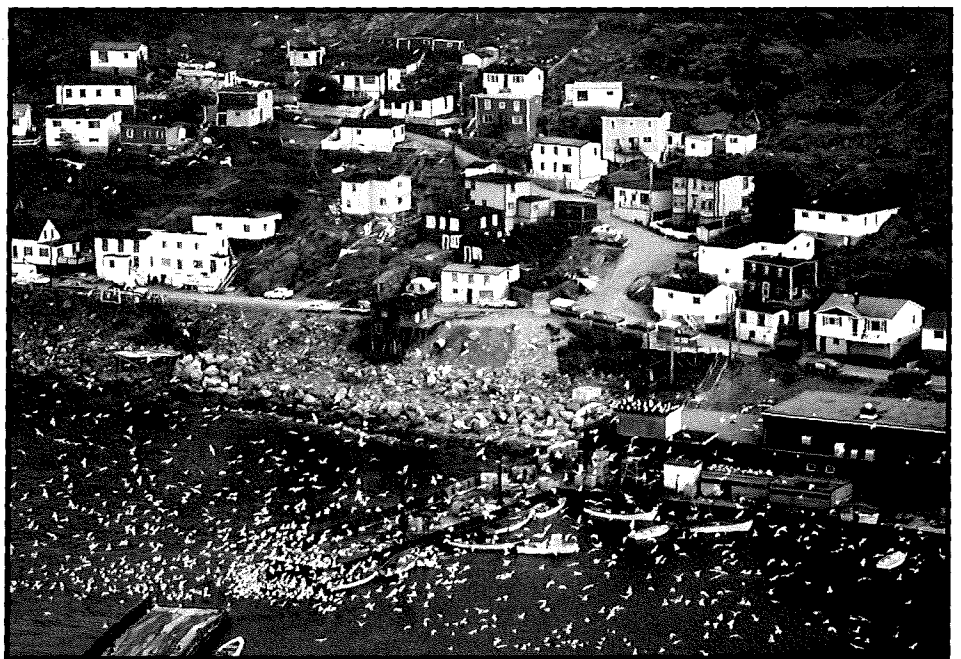
In any discussion of the availability of health care in Canada’s two official languages in the Atlantic provinces only one generalization is possible: English-language services are easily available virtually everywhere. As for services in French, their availability varies widely both between and within provinces. In New Brunswick, which is dealt with in the previous article, French-language services are superior to those of any province outside Quebec. In Newfoundland, Nova Scotia and Prince Edward Island those services range from the virtually non-existent to the precarious but improving.

Newfoundland

The most difficult situation for the official language minority language population is certainly in Newfoundland, where Francophones number

PETTY HARBOUR,
NEWFOUNDLAND

J. Eastcott/Y. Momatiuk/
Valan Photos





SPOTTED ISLAND, LABRADOR
J. Eastcott/Y. Momatiuk/Valan Photos

In Labrador City, the centre of a fairly large Francophone population in western Labrador, there was actually a brief period when Captain Jackman Hospital took some steps towards providing bilingual services, to the extent of offering French-language training to its staff. The experiment lasted two years, recalls France Bélanger, director of the Association des francophones du Labrador. It ceased two years ago as funding ran out. Bélanger is not optimistic that it will be renewed any time soon; however, she says, there are a few staffers who speak French, including one nurse.

For Francine Labrie in St. John's, representing her community is a continuing challenge. "We're still pressing for more bilingual services. We haven't given up."



"At least there is some recognition of the need for action."

Nova Scotia

Like Newfoundland, Nova Scotia has no firm program in place at present. There is, however, a hint of change in the air for the province's 40,000 Acadians.

The new government elected in 1993 has pledged to re-evaluate French language services and a working group, with represen-



CAPE BRETON, CABOT TRAIL



Michel McIntyre/Valan Photos

tation from the Fédération acadienne de la Nouvelle Écosse (FANE), was set up late last year in the Office of Agriculture Minister Wayne Gaudet, who is the minister responsible for Acadian affairs. The committee was scheduled to deliver its report to the government in the spring of this year and was expected to recommend an expansion of French-language services in several areas, including that of health care.

"At least there is now some recognition of the need for action," says Paul Comeau, director general of FANE. "Our job is to convince the government that French-language health care is essential."

Meanwhile, there has been some movement. Chéticamp Hospital in Cape Breton Island, home to a considerable concentration of Francophones, offers some bilingual services, as do the Yarmouth and Straits-Richmond facilities.

One facility that has been taking the lead is a private Halifax institution, the Izaak Walton Killam Hospital for Children. Lucille Cormier has been the co-ordinator of French-language services since the hospital began to offer them in an organized way. As a reference hospital for the whole Atlantic region, including Saint-Pierre and Miquelon, the facility was and is in a special position. "There has always been a special need to relate to Francophone families," Cormier observes. The post was set up to meet that need. There is no subsidy from government at any level, Cormier says. Instead, her post is financed, as are several other hospital expenses, by a yearly telethon.

As for hospital staffing, there are "a few" French-speaking doctors and nurses. Cormier, herself a nurse, works essentially as an administrator. She arranges for translations of documents, she interprets when necessary and in general deals with French-speaking patients and their families.

FANE publishes a province-wide guide to the whole range of available French-language professional and other services, including health care. "But they are still very limited," Paul Comeau laments. As they awaited the report of the French-



PRINCE COUNTY HOSPITAL
IN SUMMERSIDE:
RECEPTION SERVICES
AND SIGNAGE
ARE FULLY BILINGUAL

Aubrey Cormier, director general of the Société Saint-Thomas d'Aquin. He acknowledges both the real progress that has been made and the complications arising from current budgetary restric-

language services working committee, Nova Scotia Acadians were hoping it would bring some practical results.

Prince Edward Island

Although it still has a considerable distance to go, Prince Edward Island is the most advanced of the three provinces insofar as minority official language services are concerned.

The process began in 1987 when the provincial government made a commitment to its Acadian population, in conjunction with a promise of financial aid from Ottawa contained in a federal-provincial agreement, to offer basic services, including health care, in French. The Acadian population of Prince Edward Island is about 6,000.

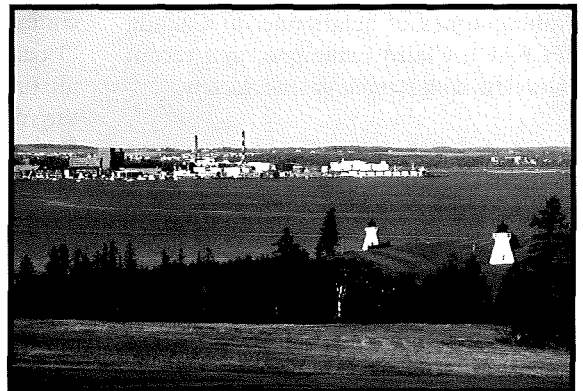
Today there are two Island hospitals where French-language service is a matter of fact as well as of principle. These are the Prince County Hospital in Summerside, where reception services and signage are fully bilingual and at least four staff nurses are French-speaking, and Queen Elizabeth Hospital in Charlottetown, with partially bilingual reception service, bilingual signage and also at least four Francophone staff nurses. A third, smaller facility at Alberton has access to bilingual volunteer workers when they are required. "It's a giant step from what we had, but it still isn't really satisfactory," says

tions. "Now it's really a matter of preserving and improving the services we have. In the present context we have to be realistic."

Johanne Irwin is a health planner at the province's Hospital and Health Services Commission. She is also the co-ordinator of French-language services for acute care facilities. "We

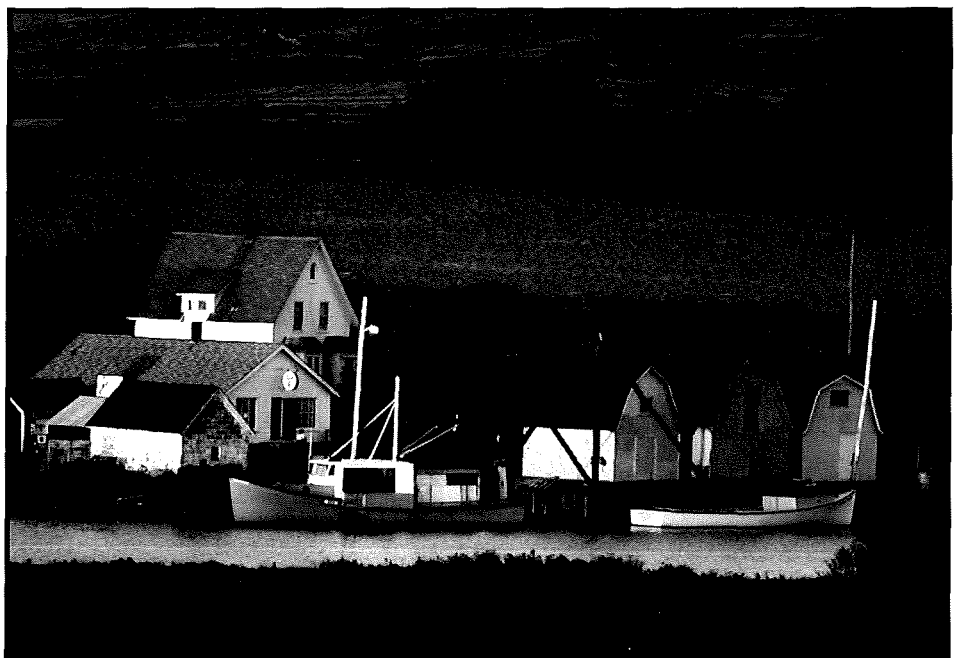
appreciate what the government is doing," Irwin says. "What's needed is the will to do something." She gives a great deal of credit to former Premier Joe Ghiz, whose enthusiastic support, she says, was a big factor in getting the language service program under way.

The federal-provincial agreements that have provided financial assistance to the province have also been a factor. Thanks to these, for example, 44 nurses and other hospital staff members are currently involved in a year-long French-language training program. For its part, Holland College, a post-secondary institution, has been periodically offering technical health care training to French-speaking Islanders. ■



FORT AMHERST,
CHARLOTTETOWN

John Fowler/Valan Photos



NEW LONDON HARBOUR,
PRINCE EDWARD ISLAND

Joseph R. Pearce/Valan Photos

The fruits of A HARD-FOUGHT STRUGGLE

GILLES LAFRAMBOISE

"If the Francophone and Acadian communities have new tools for development today it is because they fought for their rights. As soon as they rest on their laurels they will start to lose ground."

That was the warning issued by the president of the Fédération des communautés francophones et acadienne du Canada (FCFAC), Claire Lanteigne, in a recent interview with *Language and Society*.

"Francophones want to take responsibility for themselves."

Claire Lanteigne, who has headed the Fédération for a year, is a native of New Brunswick and has campaigned for many years in organizations representing the million Francophones who live outside Quebec. She was a member of the Société des Acadiens et Acadiennes du Nouveau-Brunswick and of the Fédération nationale des femmes canadiennes-françaises before becoming president of the FCFAC in June 1993.

Dynamic communities

In her view the most significant gains in recent years have been made in the area of school governance. She expressed the hope that, before the year is out, all Francophone communities will be able to have their own school boards, from the Atlantic

to the Pacific, and even in the two territories. The recognition of this right, she added, can only enhance the dynamism that already characterizes the Francophone communities.

"In travelling to the four corners of Canada," she said, "I cannot help noticing that all Francophones, those in the West as well as in the East, want to take responsibility for themselves, to manage their own affairs and thereby ensure the development of their communities. The situation is very different than it was in 1980 when the Quebec referendum campaign caused great anxiety in our communities. We now know that our achievements result from our work and our determination."

The president of the FCFAC has a warning, however, for those who might be tempted to think that the struggle is won. "All our victories are the result of the campaigns we waged in the past; nothing was given to us on a silver platter, without our asking for it for years," she remarked. "The least slackening can only slow the development of the Francophone and Acadian communities and cause the loss of acquired rights," she added.

Claire Lanteigne particularly invites young Francophones to take part in the great discussions affecting their communities. "Some of them do not realize that at their age we could not even obtain essential services," she commented. In her own region of New Brunswick secondary school students consider it "normal" to have access to textbooks in French, which was not the case just a few decades ago.



CLAIRE LANTEIGNE
Photo: Michel Tessier

In her opinion, Francophones living in a minority situation must be vigilant: "Rights can be won but can also be lost." She does not fail to point out that many Acadians underestimated the strength of a political party like CoR, a fierce opponent of bilingualism in New Brunswick.

Renewal of the Fédération

The Fédération des communautés francophones et acadienne has seen a return to its roots over the past 12 months, and a start on the road to renewal.

During the long and vigorous constitutional debate the Fédération had to devote major resources to the issue for more than two years. From the Meech Lake Accord to the national referendum on the Charlottetown Accord, the Fédération's spokespersons crisscrossed the country, not only to defend the interests of Francophone minorities, but also to win political support.

"It became urgent to get back to our grass roots."

Right after the national referendum, needless to say, the organization was exhausted. "It had become urgent to get back in touch with our grass roots, to rethink our mission and to disseminate information to the four corners of the country," Claire Lanteigne recalls today.

In the past year the FCFAC has also sought to develop a partnership with the new federal government, hoping to make maximum use of its own resources and to have a significant impact on the Francophone and Acadian communities of Canada. ■

(Our translation)

THE WORLD ACADIAN *Congress*

MARC POIRIER

Acadians from all over the world will gather in southeastern New Brunswick from August 12 to 22, 1994, for the first World Acadian Congress. This will be the first reunion of descendants of Acadians who were deported and of those who escaped what is known in French as the "Grand Dérangement".

The event will be composed of two elements. The conference component, "Acadia in 2004", will focus on the current situation of the Acadians and what it may be in 10 years, when Acadia will be 400 years old.

The discussions, centring on four major themes — culture and heritage, economy, communications, and education — will begin on August 17 at the University of Moncton and Dieppe Community College. On the evening before, writer Antoine Maillet, Chancellor of the University, will deliver an address at the gala opening ceremony. A number of distinguished guests have been invited, including the President of France, François Mitterrand, and the Secretary-General of the United Nations, Boutros Boutros-Ghali. (Their attendance will not be confirmed until shortly before the Congress.)

A related activity, the Sommet des femmes en Acadie, will take place on August 13 at the University of Moncton.

The other facet of the Congress, "Retrouvailles 94", will be a series of popular celebrations and shows of all kinds to be held in nine municipalities: Saint-Louis-de-Kent,

Rogersville, Richibucto, Bouctouche, Cap-Pelé, Shediac, Saint-Antoine, Saint-Joseph and Dieppe. Family celebrations will form the core of the Retrouvailles, and on August 14, 19 and 20 thirty reunions will bring together some 70 Acadian families from the Maritimes and elsewhere in various towns and villages of the region.

The celebrations will also include film festivals and sports, visual arts, gastronomy, crafts, theatre, and singing events, all culminating on August 15 in the Fête nationale des Acadiens at Shediac, where a gala show will bring together the great names of French song from Acadia, Quebec, Louisiana and Europe.

Several thousand delegates are expected to attend the Congress, and several tens of thousands of people,

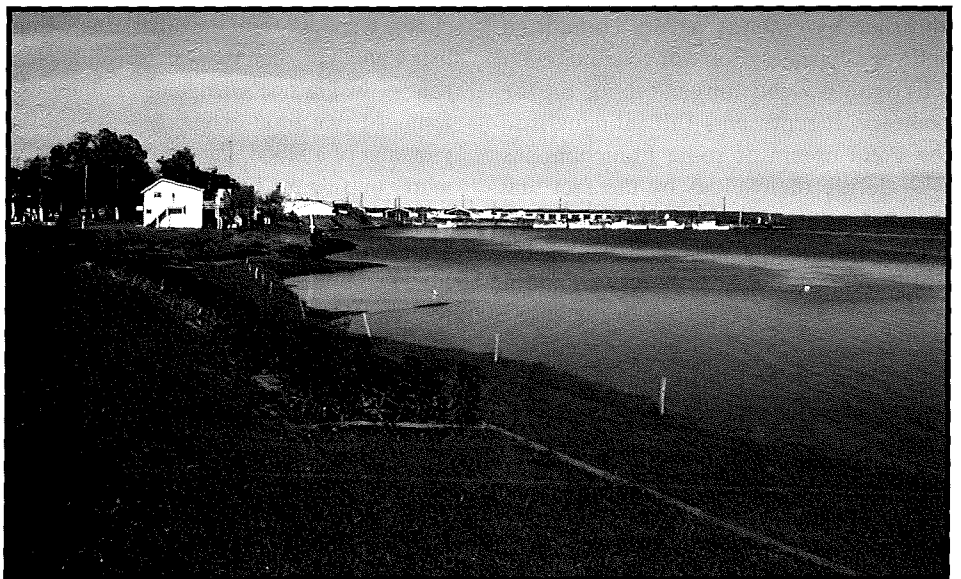
both Acadians and their friends, will participate in the Acadian event of the century.

The organizers of the World Acadian Congress can be reached at (506) 859-1994 or at Congrès mondial acadien, Box 4530, Dieppe, New Brunswick E1A 6G1. The organization responsible for the Retrouvailles can be reached at (506) 388-9494 or by writing to Retrouvailles 94, 705 Amirault Street, Dieppe, New Brunswick E1A 1E9. ■

(Our translation)



PARLEE BEACH, SHEDIAC
Val Wilkinson/Valan Photos



RICHIBUCTO
R. Moller/Valan Photos

Since the late 1960s exogamy (marriage to a partner from outside one's own group) has become a social reality that characterizes the minority Francophone and Acadian communities. In environments where they are a very small minority (where Francophones represent less than 5% of the population) more than half of Francophone children live in exogamous families. It is highly likely that these young people will themselves later form mixed families because, in general, exogamy is on the increase among young Francophones and this increase is even greater in environments where they form a small minority.

French Canadians increasingly find themselves in a minority situation, are increasingly scattered and, perforce, increasingly bilingual — three conditions of living that will lead to an increase in the number of intercultural marriages. The new demographic, ecological and social factors favour the cohabitation of the two cultural communities and the sharing of various social institutions. In addition, with the rise of multiculturalism and bilingualism the traditional cultural and religious barriers are falling and exogamy is becoming a new form of family organization that makes it possible to build bridges between the two solitudes and thereby embody a very committed and very appealing form of cohabitation.

Exogamy is no longer taboo; on the contrary, it represents full bilingualism, the great dream of some Francophones who define themselves by the fact that they belong to two cultures. It is becoming a new social reality with which the Francophone and Acadian communities must now come to terms. It is a complex and many-faceted phenomenon that involves both the private and the public sphere and, no matter what the consequences, it is here to stay.

* Roger Bernard is a sociologist in the Faculty of Education of the University of Ottawa.

The challenge of exogamy

ROGER BERNARD*

A radical cultural revolution is taking place. Let us look at the situation that prevailed in French Canadian society not very long ago.

Does exogamy inevitably mean assimilation?

A little history

Against the cultural and religious background of traditional French-Canadian society, before the Quiet Revolution, exogamy was practically unthinkable. To choose a spouse from the other group, English Canadian society, was to run a great risk — losing one's language, culture and faith. At that time exogamy was like the violation of a taboo. Parental permission to marry outside the Francophone community was difficult to obtain and the religious obstacles were difficult to overcome. Endogamy (marriage between members of the same group) was a powerful social norm and the impediments to exogamy were social, cultural and institutional.

Very often French Canadians constituted the majority in the villages and parishes where they lived. In the cities they clustered around a parish and came to form neighbourhoods where they were relatively concentrated. The primary school usual-

ly comprised a population of French-Canadian Catholic students. The two societies were imprisoned in their respective unilingualism: the great majority of English-speaking Canadians did not know French and a significant percentage of French-speaking Canadians did not know English. Contacts between the two groups were limited and the chances of inter-group association were small. The language and demographic barriers promoted endogamy as the social norm and practice.

A new reality

The transition from a traditional rural agricultural society to a modern urban industrial one has changed the environment of the minority Francophone and Acadian communities in Canada. This has resulted in the rise in exogamy to which we have referred. The phenomenon is closely linked to the vitality of the Francophone and Acadian communities. Whenever we raise the issue of marriage between Anglophones and Francophones, however, we must do so sensitively. We are dealing here with the private sphere of the family and the institutional sphere of the community, since the family is still the heart and soul of community life. In minority Francophone environments exogamy has become an inescapable social phenomenon, both fascinating and disturbing.

While love plays an essential role in the choice of a spouse, the partners who come together are still faced with difficult choices concerning identity, the education of children, language instruction and the transmission of culture. Because the choice is most often made in favour of the English language and culture, exogamy is a phenomenon to which the Francophone and Acadian communities must direct their attention.

Is exogamy inevitably a step towards assimilation? Should community organizations intervene in a sphere that is essentially a private one? What types of initiatives may be taken to develop the

A special village

MONIQUE JOLY*

Would you like to live in a very special village? You can, thanks to the Village électronique francophone (VEF), accessible everywhere in Canada and North America by ordinary telephone lines.

The VEF, designed by and for Francophones, provides you (through your computer and modem) with mail and group meeting services as well as with access to its computerized data banks.

* Monique Joly is *Language and Society's* editorial assistant.

Group meetings are open to everyone and enable the participants to be in different places at different times. You can answer and send correspondence to the Village's residents through the post office. The library offers various options. One is the address book (CARNET), which contains descriptions of the human resources available for distance education in French Ontario and elsewhere in Canada. Another option is the Banque REFAD (for Réseau d'éducation francophone à distance), which provides access to a complete list of the distance education courses in French offered in Canada.

While assisting Francophones in preserving their language and culture, the Village has specific objectives, including support for professional and community projects and for the development of distance education in schools or post-secondary institutions and the building of a pan-Canadian network of Francophones who can work together through telematics to fight isolation and hasten the handling of issues.

Since its official inauguration in 1989 the Village has welcomed new users and receives up to 1,700 calls every day. The Village continues to grow and expects to have 400,000 subscribers by 1997.

When you subscribe to the Village you receive a user code and a confidential password. You are then ready to make your first contacts. ■

(Our translation)

For further information call
(613) 830-6533 or fax (613) 837-8472.

New Brunswick is headed up the electronic information highway, and it's inviting the world along.

Connected!

NBTel was first in North America with a fully digital telephone system that gives anyone in the province access to the most up-to-date telephone services.

The new technology makes it possible to transmit data, print, video and conversation, all at the same time, along telephone lines.

Potentially, the NBTel system has wide-ranging implications for improving the quality of health care while

cutting costs at the same time. Regardless of location, patients would have access to medical specialists; medical information could be transmitted anywhere along the electronic highway at any time.

This means that a patient in a small community hospital could receive expert treatment from specialists in a major centre without actually having to be transferred there. In effect, the system would bring the specialist to the patient rather than vice versa.



P.S. Premier Frank McKenna, who has been leading the province's crusade in the development of new technologies, is connected too.

Adapted from *Trade Winds*, an information bulletin produced by Communications New Brunswick.

NBTel

Take your medicine

RÉJEAN HÉROUX*

the establishment of self-instruction groups in French, was carried out by a team of professors of the faculty under the direction of Dr. Rossier. We interviewed Dr. Rossier in his office in Ottawa.

Thematic glossaries

"This way of proceeding [the preparation of thematic glossaries] will make it possible to create other glossaries as needed, because advances in medicine occur very quickly," Dr. Rossier told us. "There is also talk," he added, "of packaging these glossaries at a later date in the form of software to assist in the writing of medical texts, both in English and in French."

"The *Lexiques anglais-français des termes médicaux*," he continued, "which are intended primarily as an instructional tool for Francophone students in the new curriculum so as to facilitate their self-instruction in French, can also be used by Anglophone students and other health specialists [nurses, physiotherapists, etc.] who wish to improve their knowledge."

Although they were designed for Francophone students facing the problem of using accurate French medical terminology and were limited to reference sources that for the most part are in English only, these reference tools will be very useful to ancillary personnel who have to write medical or other reports. It was partly with this in mind that the authors took care to add the gender of each term and to differentiate adjectives from nouns.

The thematic approach is one of the original features of these glossaries, which also call upon the students' ability to recognize connections between ideas. All the terminology associated with a given term will be found in them, although some key words of general meaning were deliberately left in the glossaries to facilitate the work of first-year students.

These glossaries, which are adapted to the type of instruction provided in Ottawa's Faculty of Medicine and to the North American Francophone setting, retain some local colour and contain some Canadianisms, which does not prevent their being used in France and enables Francophones here to understand French scientific writing more easily.

Other innovations

Fortunately, these glossaries are not the only steps being taken to assist in medical instruction in French. They are one of a series of initiatives (such as the French-language family medicine section recently opened at Hôpital Montfort in Ottawa or the exhibition of French medical textbooks held last March at the University of Ottawa) that will, says Dr. Rossier, enhance medical instruction in French in Ontario, particularly for Francophones in Northern Ontario. These initiatives should prompt students not only to learn medicine in French, but also to practise it in French. When the proper tools are available this is a realistic objective. ■

(Our translation)

Note

Readers who wish to obtain copies of the *Lexiques anglais-français des termes médicaux* may contact the Faculty of Medicine of the University of Ottawa by telephone (613 787-6601), fax (613 738-5379) or by writing to:

Dr. Edmond Rossier
Faculty of Medicine
Department of Microbiology and
Immunology
University of Ottawa
451 Smythe Road
Ottawa, Ontario
K1H 8M5

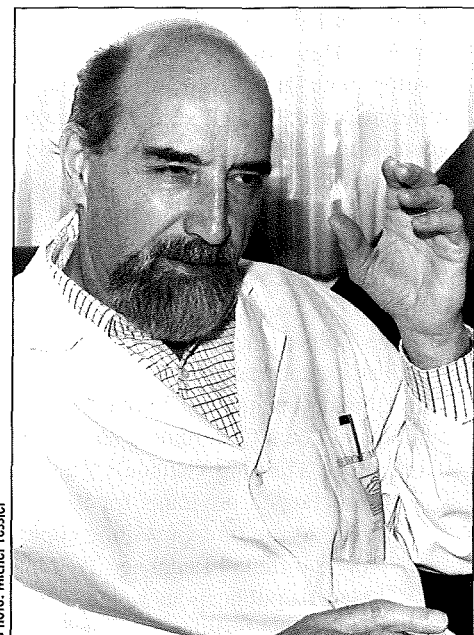


Photo: Michel Tessier

Do you want to use correct medical terminology in French? The *Lexiques anglais-français des termes médicaux* by Dr. Edmond Rossier, a professor in the Department of Microbiology and Immunology in the University of Ottawa's Faculty of Medicine, will definitely help. If, for example, you are looking for French equivalents for *striae* in the medical sense of the term, you will find them (raies, stries, vergetures) in the *Lexique de la peau*.

These 20 or so booklets published by the Ottawa Faculty of Medicine are organized by theme (anatomy, psychiatry, the nervous system, etc.). They contain in all 25,000 English medical terms and more than 50,000 French equivalents and can be kept together as a boxed set. They are the fruit of a student initiative dating from 1980 and 1981 and were corrected, revised and updated in the 1992-93 academic year. This painstaking work, which coincided with the introduction of a new medical curriculum at the University of Ottawa and

* Réjean Héroux of Gatineau has worked in the field of communications for 15 years and has specialized in recent years in writing and translation.

COMPARATIVE GLOSSOLALIA

DIAHNE MARTINDALE*



GAMING;
AUSTRIA

Dr. Howard Woods, who heads English Programs Development in the Course Development Directorate for Language Training Canada, says that exporting our expertise is nothing new. "What is new, however, is that Eastern Europe is becoming very interested." He mentioned Cracow, Poland. A person from Language Training Canada is in Cracow, directing a group of volunteer Canadian teachers. They, in turn, will train Polish teacher trainees to teach English as a second language.

The Ukraine Institute for Public Administration and Local Government has adopted Language Training Canada's English and French programs for its own use. At the time of writing copies of 18 different Language Training Canada publications were on their way to the Institute.

What do language training at a restored monastery in Austria, a new trilingual vocabulary on export trade and the French equivalent for AIDS have in common?

As it turns out, a great deal. All are the results of the incredible body of expertise generated by a country committed to linguistic duality.

In many cases that expertise is a marketable commodity in the form of books and, increasingly, electronic products that sell in Canada and abroad.

In Europe...

Take the products of Language Training Canada as an example. As part of the Public Service Commission, Language Training Canada is, first and foremost, the federal government's centre of expertise responsible for English and French second-language training for federal public servants.

In the course of fulfilling its mandate it has pioneered many tools of the trade for teaching both languages. That expertise has been exported to 44 foreign countries, from Austria to Zambia — and, recently,

Exporting
Canadian
expertise is
nothing new.

to a 14th century monastery nestled at the foot of the Alps near the small town of Gaming, Austria.

The restored site is now the Austrian campus for the Franciscan University of Steubenville, Ohio. Madeleine Rivest from Language Training Canada is on a short-term contract to the university to run the Language Institute. Using materials developed at Language Training Canada, she and two others are teaching English to student teachers from former East Bloc countries.

Says Rivest: "Interface [the Language Training Canada program] has worked very, very well here. Although it was developed for Canadian federal public servants it stands up to international standards for English extremely well."

About 80 American students take courses at the university each semester, ensuring that the language students are constantly exposed to English.

...and at home

Most of the 250 products produced by Language Training Canada are used much closer to home. The materials have found their way into numerous schools, community colleges, universities, language training schools and immigrant centres.

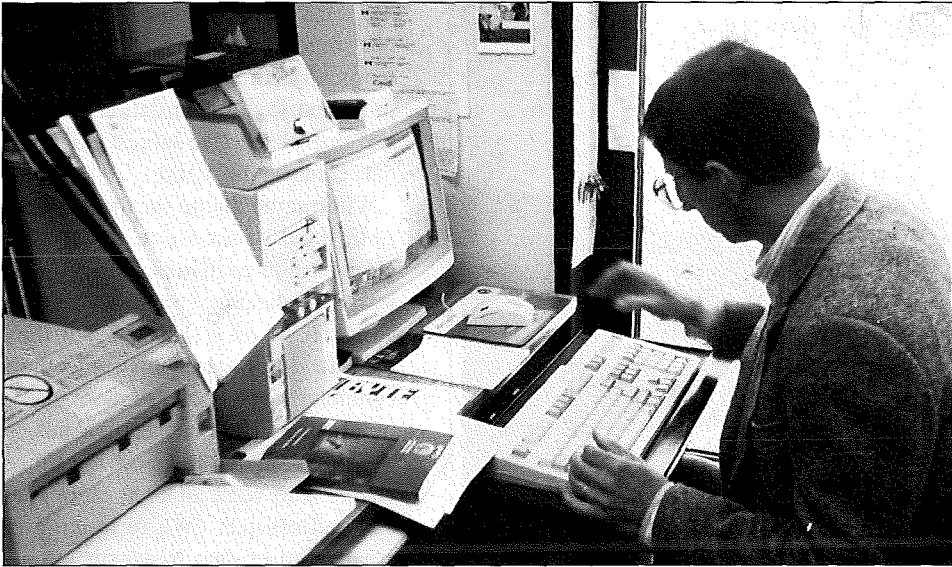
A major customer is New Brunswick, Canada's only officially bilingual province. Approximately 400 provincial public servants and 200 hospital workers are currently enrolled in French-language training.

"We use PBFT [le programme de base de français au travail] because it's a solid program," says Janet Higgins, head of New Brunswick's Second-Language Services. PBFT was developed by Language Training Canada. Higgins describes it as a "big improvement" over the less structured programs in place in previous years.

In September 1993 New Brunswick instituted a language policy for the workplace. Although no job has been designated bilingual, bilingual services must be available within various designated "teams" providing service to the public.

Public servants who volunteer to learn French must maintain responsibility for their jobs, meaning that no one goes to school full-time. They take language training several weeks a year, interspersed with their regular workload.

* Diahne Martindale is an Ottawa freelance writer.



FRANÇOIS MOUZARD

“Did you see *Terminator Two*?” he asks. It starred Arnold Schwarzenegger saving the universe from a villain who takes human form as something akin to slime. Ah! the wonders of technology! “When the computer blends a computer image with the image of a real person, that’s called morphing. It’s from the word metamorphosis,” says Mouzard.

Out of computer wizardry have sprung the likes of “tweening”, “tweaking” and “neural net” — “interpolation”, “mise au point”, and “réseau de neurones” in French.

Mouzard’s new glossary was scheduled for printing in early April by the Canada Communication Group. Terminologists are always up against deadlines. The most immediate pressure is the phone-in service; the directorate fields 150,000 requests annually. It aims for a 24-hour reply service, which is not always easy considering the complexity of the requests.

Sylvie DuPont received such a request one day in 1981. A bulletin had been issued by the prestigious Centers for Disease Control in Atlanta describing a strange new set of symptoms. The bulletin called it Acquired Immune Deficiency Syndrome or AIDS.

Somebody in the health department needed an urgent translation to issue a Canadian statement. When DuPont went looking as far afield as Belgium, Switzer-

land and France she ran into a blank wall. “I read one report by a professor at the Institut Pasteur in France who was studying the virus, but the term he used was too generic and didn’t really take into account that this was a syndrome or set of symptoms,” says DuPont.

What eventually became known as the “syndrome d’immunodéficience acquise” or “SIDA” in French was coined by DuPont to fill an urgent need. It is now used all over the French-speaking world.



Computer wizardry has spawned tweening, tweaking and the neural net.

Terminologists are working towards another deadline — this time for EDC (formerly known as the Export Development Corporation) — to provide a vocabulary for translators, importers and exporters drumming up business as a result of free trade.

“This is our first trilingual publication,” Linda Collier, co-ordinator of the project, proudly explains. The first draft is being readied for the client in a matter of weeks. It will have roughly 1,400 entries in English, French and Spanish.

“We see a real need for the vocabulary among our 2,000 clients, many of whom are already doing business in all three languages,” says Maguy Robert, who heads Linguistic Services for EDC. EDC bills itself as a customer-driven financial services corporation that provides risk management services, including insurance and financing, to Canadian companies and their global customers.

With one out of four Canadian jobs depending on the success of our exports, obviously understanding the language of export development in English, French and Spanish will be an asset. Says Robert: “We are expecting quite a demand for the vocabulary.”

Marketing

Marketing, printing and distributing this wealth of linguistic material is the government’s official publisher, the Canada Communication Group (Publishing).

“We are very pleased to be associated with these works from Language Training Canada and Translation Services, many of them unique in the world. Canada has long been acknowledged as a leader in this area, and its reputation is growing,” says Leslie Ann Scott, head of CCG’s publishing division. ■

The Canada Communication Group (Publishing) has catalogues that list the print products produced by the experts in second-language training, translators and terminologists.

The catalogues are free.

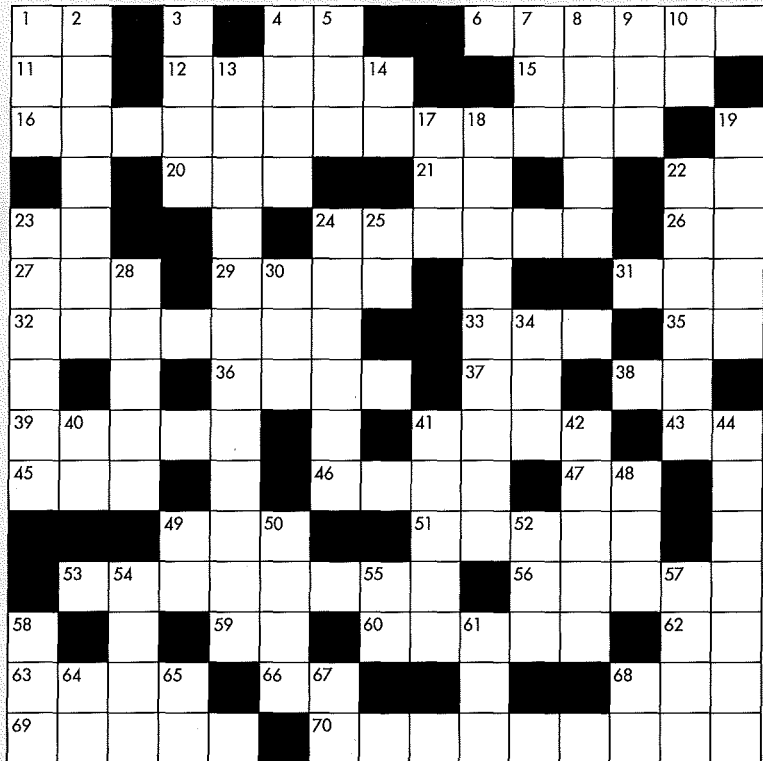
For a copy, phone (819) 956-4800 or fax (819) 994-1498.

Crossword Puzzle

by PETER CRONSBERRY

ACROSS

- 1 Political party (inits)
- 4 Continent (inits)
- 6 Confederated country: July 1, 1867
- 11 Edmonton school: ___ of ___ (abb)
- 12 At one
- 15 John A. Macdonald and Robert Borden
- 16 A role of the Commissioner of Official Languages
- 20 Female sheep
- 21 Must all Canadians be bilingual?
- 22 Question and answer (abb)
- 23 Smallest of the U.S. states (inits)
- 24 President of Canadian Parents for French
- 26 We
- 27 Slippery one
- 29 Infrequent
- 31 Set unit
- 32 Small particle
- 33 1867 Act recognizing official status for English and French in Parliament and federal courts, incl. Quebec
- 35 Shakespeare: "To ___ or not to ___..." (same word)
- 36 Official Languages Act passed by Parliament in 196 ___.
- 37 Quebec: ___ belle province
- 38 "With glowing hearts ___ see thee rise"
- 39 Approaches
- 41 Church head who visited Canada in 1984
- 43 Californium: chem. symb.
- 45 Official Languages Act applies to ___ federal institutions in ___ provinces and territories (same word)
- 46 Courageous one
- 47 The Prairie State
- 49 "___ the season to be jolly"
- 51 Semblance
- 53 Leader of the Bloc Québécois
- 56 Blue and ___ signs identify federal offices offering service in English and French
- 59 Boxing result



- 60 Visorless cap
- 62 Saskatchewan school: ___ of ___ (abb)
- 63 Head of a university faculty
- 66 Leader of Liberal party: 1887-1919 (inits)
- 68 "___ wing and a prayer"
- 69 Canada's national symbol
- 70 Ability to use two languages fluently
- 23 Home of the Language Institute (1988)
- 24 Part of Canadian history since 1534
- 25 That is (inits)
- 28 Home of the International Centre for Research on Language Planning
- 30 Baba or boxer
- 34 Short snooze
- 40 Chicago train
- 41 Self-respect
- 42 198 ___: new Official Languages Act
- 44 Institutions obliged to offer bilingual services
- 48 Hawaiian wreath
- 49 Peterborough, Ontario, school (inits)
- 50 Win, place or ___
- 52 Reverence
- 54 Ontario Student Assistance Program (abb)
- 55 Rubidium: chem. symb.
- 57 Canned fish
- 58 Edmonton (abb)
- 61 Ryerson Polytechnical Institute (abb)
- 64 Each (abb)
- 65 National League (abb)
- 67 Pound (abb)
- 68 English educational institution (inits)

DOWN

- 1 Small dog
- 2 1534 explorer
- 3 Stringed instrument
- 4 Pleasant
- 5 Attorney (abb)
- 7 Tree of olive family
- 8 ___ gritty
- 9 Agricultural Research Service (abb)
- 10 Decistere (abb)
- 13 Canada's only officially bilingual province
- 14 12 months (abb)
- 17 Tavern
- 18 Commissioner of Official Languages
- 19 Quebec peninsula
- 22 Nearly 50% of all bilingual Canadians live here

Richer MESSAGES

MARC THÉRIEN*

“Writing...in Stereo: Bilingualism in the Text” is the engaging title of a double issue of *Visible Language*.¹ Nine articles examine the complexities of bilingual writing “from cuneiform tablets and bilingual dictionaries to contemporary fiction and bilingual editions of texts. ‘Texts’ can be anything from polyglot Bibles to advertising slogans and brand names.”²

The visual interaction and the graphic context in a bilingual text are fundamentally different from those of a monolingual text. The messages are often richer. This is true of prose written by a polyglot (like Nabokov), “adapted” to another language (like Beckett’s plays) or written in a cultural environment that is not the author’s (like some of the short stories of Mavis Gallant). What readers, drawing on their own language background, bring to the experience of reading also influences the process of perception.

Four articles deal in one way or another with various forms of bilingual text. For those whose knowledge of ancient bilingual documents is limited to vague recollections of the efforts of Young and Champollion to decipher the Rosetta Stone, Jerrold Cooper’s essay is a revelation. He reminds us that throughout ancient Mesopotamia numerous “bilingual and even trilingual cuneiform tablets were produced, containing Sumerian texts with their translations, usually into Semitic Akkadian.”³

Stephen Lubell, a book designer and typographer living in Israel, discusses among other things the practical problems

of presenting other languages in Hebrew, which is written right to left. For example: Children in Israel are taught to work exclusively with Arabic numerals in all mathematical subjects...numbers and dates are read in a left to right orientation. Music, as well, is read from left to right, while the Hebrew words

standing tradition and in fact predates the policy of two official languages”.⁶ Business people are keenly aware of the importance of respecting the cultural and language preferences of their clients. After attempting a nomenclature of brand identifications (for example, Tilex/Tuilex, Shopper’s Drug Mart/Pharmaprix, Air Canada, Canadi>n, etc.), the author concludes that “The key to the interpretation of a name is translating not only words but also the intent in order to fully capture a brand’s best attributes.”⁷

Other articles explore the stylistic and cultural aspects of writing “in stereo”. For example, Phyllis Wrenn analyses the letters of one Marichette, published in *L’Évangéline* just before the turn of the century. She concludes that “Her constant recourse to English words, phrases and exchanges, notwithstanding her tireless

•••••
•
•
•
•
•
•
•
•
•
•
•
•

**“Bilingual
identification
is a long-standing
tradition.”**

are reversed in direction in order to make them compatible with the score.⁴ In examining the nature of bilingual parallel editions, Lance Hewson argues that insufficient attention has been paid to the needs of readers, their identity and their degree of familiarity with the target language and culture. He suggests that “The specific nature of the bilingual edition means that it should be given a special place in translation studies and not just passed over in silence.”⁵

Daniel Picard, in studying brand names in Canada, reminds readers that “bilingual identification is a long-

Solution to Crossword Puzzle on page 45

1	P	C		3	L		4	N	A		6	C	A	N	A	10	D	A	
11	U	A		12	U	13	N	I	T	14	Y		15	S	I	R	S		
16	P	R	O	T	E	C	T	R	17	I	G	H	T	S		19	G		
	T		20	E	W	E			21	N	O	T			22	Q	A		
23	R	I		B		24	F	I	N	L	A	Y			26	U	S		
27	E	E	L		28	R	A	R	E		D				31	R	E	P	
32	G	R	A	N	U	L	E			33	B	N	A		35	B	E		
	I		V		36	N	I	N	E		37	L	A		38	W	E		
39	N	40	E	A	R	S		C		41	P	O	P	E	42		43	44	F
45	A	L	L		W		46	H	E	R	O		47	I	L		E		
				49	T	I	S		50		51	I	M	52	A	G	E	D	
	53	B	O	U	C	H	A	54	R	D		55	W	H	I	56	T	E	
58	E	S		59	K	O		60	B	E	R	E	T		62	U	R		
63	D	E	A	N		65	W	L		66		67	P		68	O	N	A	
69	M	A	P	L	E		70	B	I	L	I	N	G	U	A	L			

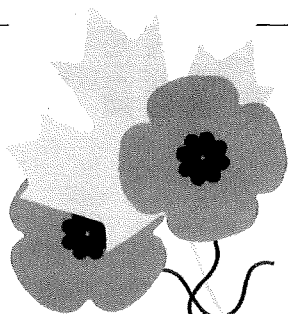
* Marc Thérien is Director General of OCOL’s Policy Branch.

wit, is an eloquent reminder of the fragility of a minority language."⁸ Yet the knowledge and use of more than one language, even in a minority context, need not be an assimilative experience. As William Mackey reminds us, "Some writers, by becoming masters of two languages and cultures, succeed in overcoming both the pitfalls of cosmopolitan authors writing only in their second or acquired language and the difficulties of unilingual authors writing in or about a culture which is not their own."⁹

There is, however, usually a price to pay for bilingualism and biculturalism, not only in terms of personal effort but of controversy, as demonstrated by the recent hullabaloo about Nancy Huston being awarded the Governor General's prize for her *Cantique des plaines*. Writing in stereo, it seems, is not always politically correct. ■

Notes

- 1 *Visible Language* 27: 1/2 Winter/Spring 1993, published by the Rhode Island School of Design, Providence, R.I., 272 pp.
- 2 Ralph Sarkonak and Richard Hodgson, "Seeing in Depth: the Practice of Bilingual Writing", p. 7.
- 3 Jerrold Cooper, "Bilingual Babel: Cuneiform Texts in Two or More Languages from Ancient Mesopotamia and Beyond", p. 69.
- 4 Stephen Lubell, "Bilingualism in the Hebrew Text", pp. 199-200.
- 5 Lance Hewson, "The Bilingual Edition in Translation Studies", p. 156.
- 6 Daniel Picard, "Jackhammers and Alarm Clocks: Perceptions in Stereo", p. 101.
- 7 *Ibid.*, p. 135.
- 8 Phyllis Wrenn, "A Case for Acadian — The Politics of Style", p. 245.
- 9 William Mackey, "Literary Diglossia, Biculturalism and Cosmopolitanism in Literature", p. 41.



CANADA REMEMBERS LE CANADA SE SOUVIENT

Canada Remembers is a program aimed at commemorating the 50th anniversary of the end of the Second World War and ensuring that the efforts of Canada, which rallied to the cause of restoring world peace, are appropriately honoured.

The mission of Canada Remembers is to help Canadians, and mainly those too young to remember, to understand the role Canada played during those dark years, and more precisely:

- to remember those who fought and died on land, at sea and in the air;
- to commemorate the spirit of a time when, united by a common cause, Canadians grew in confidence and authority by working together for freedom.

The logo

The gold maple leaf symbolizes Canada celebrating the 50th anniversary of the end of the Second World War. The foreground poppy is in remembrance of those Canadians who served and died overseas and the background poppy commemorates those who lost their lives in Canada and reminds us of the wives, husbands, children and all those who played a vital supporting role at home. The intertwining of the three elements symbolizes the unity and strength of Canadians and their loyalty, dedication and sacrifice — enduring values that will sustain Canada in the future.

The Commemorative Committee

A full-time Committee has been formed under the direction of the Minister of Veterans Affairs. The Committee is responsible for co-ordinating, fostering and supporting international and domestic commemorative activities.

Commemoration Committee
Veterans Affairs Canada
66 Slater Street, Ottawa, Ontario
K1A 0P4
Telephone: (613) 947-3837
Facsimile: (613) 947-3420

CITIZENSHIP:

The ties that bind

LYETTE DORÉ*



Photo: Secretary of State

Our Canadian identity is a mirror of who we are. It must therefore include our Aboriginal population, our linguistic duality, our multicultural make-up and our regional diversity. It is important that Canada reflect all its citizens. Our concept of

who is a Canadian extends not just to those lucky enough to be born here, but also to those for whom Canada is their land of adoption.

Our concept of citizenship must also be a reflection of the values we share and those we would like others to see

when they look at us. Equality and respect for diversity are integral parts of the vision Canadians hold in common and vital parts of Canada's identity.

The public debate has often been so focused on what divides us that it often overlooks the things we have in common — including our grassroots civic commitments to building our communities. This active concept of citizenship...is not just the legal status or the process of attaining that status, but rather our active commitment to the fundamental values we share and which give us pride in our citizenship.

In July 1991 a public opinion survey showed that 78% believe that Canadians hold many shared values, 89% stated that more should be done to emphasize those common values and 91% felt that they are important to binding people together as a nation. ■

* From a speech delivered to the conference on "Linguistic Rights in Canada: Collusions or Collisions?" at the University of Ottawa, November 5, 1993. Lyette Doré is Director General, Official Languages Support Programs



Festival du Voyageur

During his visit to Winnipeg in February 1994 the Commissioner of Official Languages met with the Manitoba Minister of Education, the directors of the Société franco-manitobaine and of the Commission nationale des parents - francophones and members of the Comité consultatif des services de soins de santé en français au Manitoba, and gave a speech to members of the Canadian Club of Winnipeg. Dr. Goldbloom took advantage of his visit to participate in some of the activities of the 25th annual Festival du Voyageur. With him is Patricia Courcelles, President of the Société franco-manitobaine. The voyageur costumes are official!