

Time to fix recurrent haze issue



By KWAN JIN YAO

THE actions taken by our administrators against the haze that hit Singapore last week seem like they are from the same script, but with different actors.

For years, Asean and its member states have been trying to solve the recurrent problem of transboundary haze pollution, with moves ranging from regional-level meetings to superficial commitments by stakeholders.

Measures have largely been all talk and no action.

Meanwhile, farmers and land developers continue to take advantage of the weak

forestry law enforcement in Indonesia, which has yet to ratify the 2002 Asean Agreement on Transboundary Haze Pollution.

With the constancy in terms of ineffective mediation and resolution processes, are those in charge oblivious to the recurrent problem year in and year out?

If not, are the relevant organisations and ministries taking more constructive steps to minimise the haze threat in the future, in order to reduce the associated health problems and inconveniences?

The environment ministers and governments – including those of Singapore – also need to take responsibility for failing to contextualise the problem and introduce more feasible and viable solutions.

Despite the recent ratification of the Asean Charter, little seems to have changed when comparing the 1997 and 2006

haze incidents with the latest occurrence.

While sovereignty and the principles of non-intervention remain key tenets of the Asean structure, something has to be done when the haze problem – along with the undesired ramifications – transcends borders.

The seeming nonchalance and lack of initiative of our administration – in particular the Ministry of Foreign Affairs and the National Environment Agency – are alarming.

Are we really satisfied with the status quo?

People with respiratory problems such as asthma would be especially affected, while outdoor activities might have to be curtailed.

For the greater good, can Singapore not take the lead in asserting greater regional clout and a more active leadership to pressure Indonesia to act?

Our decade of apathy and lethargy has not only worsened

the haze problem, but also emboldened the culprits to take advantage of the situation.

From regional policing to empowerment of farmers, there is much that can be done to address the issue.

The lack of Asean cooperation is appalling, and if Singapore does not step up and speak out more assertively, its people will ultimately be the ones on the losing end.

◆ The writer is a full-time national serviceman who blogs about current affairs at <http://guanyinmiao.wordpress.com>

HELPDESK 我的字典

Recurrent: 再发的 zài fā de

Oblivious: 忘却 wàng què

Tenets: 宗旨 zōng zhǐ

Asthma: 哮喘 xiào chuǎn

Videocam should come with warning

I REFER to the report, "Made-in-S'pore mini-videocam may pose security issues" (*my paper*, Oct 20).

While I agree that the video camera could be misused and put to illegal use, it can certainly be put to good use as well.

One positive application could be to install it in a car and link it to the vehicle's security alarm system. This would enable acts of vandalism or other illegal acts carried out on the car to be captured on video.

In order to deter those who intend to misuse the camera, a warning could be printed on the device's packaging, warning them of the consequences of misusing the device, which could include a jail term and/or a fine.

MR NELSON QUAH

Best remedy for cataracts, knee pain?

I AM told that there are two things in life that will strike everyone in due course – cataracts and knee problems.

There could also be a third problem – deafness – that may affect those who turn up the volume when listening to their portable music players. Quite often, I can enjoy the music that young people are listening to when we share a lift ride.

I recently attended a talk on cataract, during which a doctor explained a new way to treat the disease.

The doctor encouraged people to seek treatment as soon as they are diagnosed with the condition, rather than to wait for the cataracts to "ripen", which he said should be done only under the older treatment method. He added that a person would definitely enjoy a better quality of life after undergoing the new treatment.

My aunt, who is in her 70s, is consulting a doctor at a public hospital because of cataract. The doctor always says that her cataracts are not "ripe" yet.

Which method of treatment is better? Can patients at public hospitals opt for the new method?

Regarding pain in the knee, can the Ministry of Health inform the public how to manage the problem, what the possible treatment methods are and their effectiveness, and the costs involved?

Currently, the three common methods of treatment are taking painkillers, minor operations and kneecap replacements. It is daunting for a layman to decide which method provides the best value for money.

The problem of deafness is something that can be avoided, if people make sure that they do not listen to music that is too loud.

But how do we convince young people not to "enjoy" now and pay later? Perhaps schools and parents can help.

MR LIM POH SENG

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