



# Import

## A WEEKLY REVIEW OF DEVELOPMENTS IN HEALTH AND HUMAN SERVICES

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*Welcome to this edition of Import. In it you will find summaries of new and interesting issues and developments in health and human services, as well as "In My Humble Opinion," a short analytical article by an Agora Group affiliate. Please feel free to visit The Agora Group's web site, which can be accessed by pressing the "our affiliates" button on the Consultant Network web site: [consultant-network.ca](http://consultant-network.ca).*

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### ONTARIO CREATES INTERNATIONAL NURSE RECRUITMENT TOOL

On May 9 the College of Nurses of Ontario (CNO) launched an "e-factsheet", an interactive Web guide to help international nurses become registered to practise in Ontario. Nurses in other countries can use the tool to review the requirements to become an Ontario nurse and to assess their current credentials. According to CNO the number of international applicants to practise in Ontario has risen nearly 75% to 2,659 in 2002 from 741 in 1998. The guide is at [http://www.cno.org/international\\_en/index.html](http://www.cno.org/international_en/index.html).

Meanwhile, figures released on May 12 by the UK's Nursing and Midwifery Council show that 3,472 nurses from countries on the "banned" list were registered in the UK in 2002. Most were from African nations, particularly South Africa. The UK had agreed not to recruit nurses from these "banned" countries to avoid stripping the countries of their health care workers. In 1999 the UK created the list of banned countries,



including many African and Caribbean nations. In 2001 the UK extended the ban to all developing countries except for the Philippines and parts of India which had indicated that they would allow Britain to recruit.

### **RNAO RELEASES REPORT ON NURSING EMPLOYMENT TRENDS**

On May 12 the Registered Nurses Association of Ontario (RNAO) released its *Survey of Casual and Part-Time Registered Nurses in Ontario*. Based on a representative sample of 5,000 RNs working part-time or casual in Ontario, the survey asked RNs if this employment status was their choice and what conditions would make them consider full-time employment. The results show that 11% of RNs working part-time or casual would immediately move to full-time employment and a significant number of respondents (42.7%) would move to full-time employment under certain conditions. Flexible scheduling, availability of full-time work in clinical area of choice, and reasonable workloads were the most frequently cited conditions.

Among the respondents, 25.3% said they turned to part-time or casual employment because of the lack of full-time employment, and 24.7% reported having multiple jobs.

Said RNAO Executive Director Doris Grinspun, *"We must immediately create many more opportunities for full-time employment to entice casual, part-time and agency nurses. Full-time career opportunities are the necessary magnet for recently graduated nurses and a policy imperative if we are to prevent the drain of hundreds of new graduates to the U.S."*

Among its nine recommendations, the report proposes that employers and unions negotiate arrangements that will allow RNs to balance work and home life, and that government and employers work with RNAO to fund and introduce programs to make nursing (particularly full-time nursing) more attractive and meaningful (including on-going professional development, the promotion of a collegial atmosphere and strong collaboration to build healthy workplaces).

The report is available as a 53 page PDF file at [http://www.rnao.org/html/PDF/RNAO\\_part\\_time\\_casual\\_report.pdf](http://www.rnao.org/html/PDF/RNAO_part_time_casual_report.pdf).

### **ONTARIO APPOINTS NEW PROVINCIAL CHIEF NURSING OFFICER**

On May 14 Ontario's Health and Long-Term Care Minister Tony Clement announced the appointment of Sue Matthews as the new Provincial Chief Nursing Officer. Matthews, who is chief of nursing and professional practice at Southlake Regional Health Centre in Newmarket, will take over her new position on June 16. She will advise Ontario on health and relevant public policy from a nursing perspective, foster collaboration between government and nursing stakeholders, and support the implementation and monitoring of the Nursing Task Force recommendations. The position of Provincial Chief Nursing Officer has existed in Ontario since 1999. Matthews replaces Mary Beth Valentine, who has been Interim Provincial Chief Nursing Officer.



## **KINGSTON DOCTOR CALLS FOR DEBATE ON HEP C IN PRISONS**

According to an article in the May 15 edition of the *Kingston-Whig Standard* Dr. Peter Ford, director of the HIV clinic at Kingston General Hospital, is calling for a national public debate on the epidemic of hepatitis C among federal inmates. Says Ford:

*"Unlike SARS, which kills you in a couple of weeks, this takes 20 years to do it. The burden of cost to the health-care system from all these folks is going to be awesome.... They're sending a lot of people to prison for drug offences who should go into rehab and shouldn't go to prison at all. Drug use is an illness. These people are addicted. They're just as sick as if they were alcoholics but we don't provide them with adequate treatment or the wherewithal to behave safely...HIV rates are going down in the drug-using community because of needle exchange schemes but almost certainly going up in the prisons because there is no needle exchange."*

Ford cited a recent report by the Correctional Service of Canada that found almost one in four inmates are infected with hepatitis. Ford says it is common knowledge that syringes are shared by as many as 20 to 30 inmates, and that *"This means the chances of that syringe having hep C in it is 100 per cent."* Injection drug use is the common means of transmitting the hepatitis C virus, which causes an inflammation of the liver that can lead to cirrhosis or liver cancer.

The *Whig-Standard* article is at <http://www.thewhig.com/webapp/sitepages/content.asp?contentid=31965&catname=Local+News>.

## **QUEBEC TO EXPAND FAMILY MEDICINE CLINICS**

On May 15 Quebec Health Minister Philippe Couillard inaugurated a new family medicine clinic at Centre Hospitalier de Verdun with the promise to greatly expand the network of family clinics across Quebec by adding 300 such clinics in the next three years. There are now 21 family medicine clinics accredited in Quebec. The clinics, an initiative of the former Parti Québécois government, provide access to round-the-clock medical care in a patient's neighbourhood and ease crowding in hospital emergency rooms.

## **ALBERTA UPS DIABETES AID**

On May 10 Alberta announced improvements in its diabetes program, including \$8 million more for the Alberta Monitoring for Health (AMFH) program administered by the Canadian Diabetes Association. The program provides financial help to low-income Albertans without insurance so they can buy supplies to help them manage the disease. The program will now also include people with diabetes who are not insulin dependent but can manage their disease through diet and oral medication. As well, \$1.5 million will be used to educate the public on how to prevent type 2 diabetes, and to develop educational tools for people with diabetes and for health professionals. Another \$1 million will be used to work with Aboriginal people living off-reserve, to screen them for diabetes and its complications.

A media release on the expansions is at <http://www.gov.ab.ca/acn/200305/14351.html>.



## **BC TO TIGHTEN CONTROL OVER SELF-REGULATING HEALTH PROFESSIONALS**

Under the new Health Professions Amendment Act announced on May 14, the BC government will have greater powers to control self-regulating health professional colleges. The province's Minister of Health Planning will have the power to appoint an independent investigator and even order a college to take specific actions if the government decides the college is not acting in the public interest. The legislation will also require members of health professions to report another member to the college if they are aware of sexual misconduct or other serious problems. Regulatory bodies for health professionals will be required to establish quality-assurance programs that improve the way health services are delivered by setting standards for health-care practices. A media release on the changes is at

[http://www2.news.gov.bc.ca/nrm\\_news\\_releases/2003HLTH0011-000477.htm](http://www2.news.gov.bc.ca/nrm_news_releases/2003HLTH0011-000477.htm).

## **NOVA SCOTIA INCREASES TOBACCO ADDICTION SERVICE**

Nova Scotia, which is ahead of many other provinces in integrating tobacco addiction programming with other addiction services, announced on May 15 that it has funded district health authorities to hire eight new nicotine treatment staff. These specialists will work with the other members of local addiction teams to plan and deliver quit-smoking programs in their communities. The range of tobacco addiction programs offered by Addiction Services varies in each area of Nova Scotia, but services can include self-help resources, individual counseling, group therapy programs and quit-smoking aids such as patches and gum for appropriate clients. Clients who take part in programs offered through Addiction Services, and are assessed as needing quit-smoking aids, will now get them free of charge during the course of their treatment.

A media release on the initiative is at <http://www.gov.ns.ca/news/details.asp?id=20030515001>.

## **GROUPS TAKE MCLELLAN TO COURT FOR BREACHING CANADA HEALTH ACT**

On May 5 the Canadian Federation of Nurses Unions along with the Council of Canadians, the Canadian Health Coalition, the Canadian Union of Public Employees, the Communication Energy and Paperworkers Union, filed an application with the Federal Court for *"judicial review in respect of the failure of the Minister of Health to exercise duties and responsibilities under the Canada Health Act, and in particular to monitor, investigate and enforce the requirements of the Act"*. This follows a November 21 2002 letter to federal Health Minister Anne McLellan in which the groups say:

*"We have retained counsel to initiate legal proceedings concerning your failure to comply with the requirements of the Canada Health Act. We have decided on this course of action only after repeated and less formal efforts failed to persuade you and your officials of the need for concerted action to defend our public health care system.*

*Not-for-profit health care is under unprecedented attack. It is clear that certain provinces are taking advantage of the hiatus in federal health care policy to accelerate their efforts to undermine our public system. With plans to establish for-profit hospitals and clinics underway in several provinces, the privatization of health services has now reached epidemic proportions.*

*Unfortunately, not only have you failed to defend the public system against these incursions, you*



*have yet to even speak out clearly against them. In fact, your government's failure to respond decisively to this challenge reflects a general neglect of the entire system. In addition to the problem of chronic under-funding, the Auditor General has recently, and for the second time in recent years, documented the failure of Health Canada and its Ministers to comply with, and take adequate steps to enforce, the requirements of the Canada Health Act."*

The court application is at <http://www.nursesunions.ca/cha.pdf>.

## **GOVERNMENT, CHARITIES RELEASE REPORT ON REGULATION OF CHARITIES**

The Voluntary Sector Initiative, a joint initiative of the federal government and Canada's charities, has released a report recommending ways to improve government regulation of charities. The report *Strengthening Canada's Charitable Sector: Regulatory Reform* contains 75 proposals meant to:

- improve the transparency of administrative processes, most notably the processes for registration and de-registration of charities
- introduce more effective ways of ensuring that charities meet their legal obligations under the *Income Tax Act*
- improve the process for appealing regulatory decisions affecting registered charities.

The report can be accessed at [http://www.vsi-isbc.ca/eng/joint\\_tables/regulatory/reports.cfm](http://www.vsi-isbc.ca/eng/joint_tables/regulatory/reports.cfm).

## **CMA ROASTS GOVERNMENT FOR "INADEQUATE" DRUG STRATEGY**

In reaction to a recent announcement from the federal government that penalties for possession of small amounts of marijuana would be reduced, the Canadian Medical Association (CMA) on May 14 issued a media release highly critical of the government for not positioning the proposed legal change within the broader context of a renewed national drug strategy. Said CMA President Dr. Dana Hanson, *"Canada's current drug strategy is inadequate because it is primarily focused on using the criminal justice system. Addiction is a disease and individuals suffering with drug dependency should be diverted, whenever possible, from the criminal justice system to treatment and rehabilitation."*

CMA called the government's approach "half-measures" and said it is *"dismayed with the lack of consultations on the development of the legislation affecting the legal status of marijuana and the expected renewed drug strategy."* CMA then called for a four-part strategy:

- prevention and education programs to deter usage and the stigma associated with addiction
- treatment and rehabilitation programs for those who are addicted
- increased research on the cause, effects, treatment options and the long-term health effects of addiction
- a rigorously monitored evaluation system to ensure that progress is being made to combat drug use and addiction.

The CMA media release is at <http://www.newswire.ca/releases/May2003/14/c1768.html>.



Many analysts expect the federal government will issue its drug strategy within the next few weeks, and that it will contain some “get tough” provisions to please US drug enforcement officials and Bush administration spokespersons, who have indicated any major relaxation of Canadian drug laws may lead to delays at border crossings between the two countries as US officials conduct drug searches.

### **LIQUOR ADS: TARGETING TEENS?**

A study of liquor ads in 35 major US magazines between 1997 and 2001, published in the May 14 issue of *The Journal of the American Medical Association*, indicates that US magazines that have the highest teen readerships also have the highest number of ads for beer and distilled spirits – most notably *Sports Illustrated*, *Rolling Stone*, *People* and *TV Guide*. The authors do not claim that alcohol companies deliberately target teen readers, although their research shows that ads for wine – a beverage not favoured by teens – seldom appear in magazines with large teen readerships. The authors conclude that *“Magazine advertising by the beer and liquor industries is associated with adolescent readership. Industry and federal policymakers should examine ways to regulate advertising that reaches large numbers of adolescents.”*

Teens drink one fifth of all alcohol in the US and spent \$22.5 billion on alcohol in 1999.

An abstract of the article is at <http://jama.ama-assn.org/cgi/content/abstract/289/18/2424>.

### **TORONTO COUNCIL ENDORSES THE TORONTO CHARTER**

The Council of the City of Toronto has formally endorsed the Toronto Charter for a Healthy Canada, a document developed from a conference on the social determinants of health held at Toronto’s York University late last year. Among its recommendations, the Charter says that:

*“Governments at all levels should review their current economic, social, and service policies to consider the impacts of their policies upon these social determinants of health. Areas of special importance are the provision of adequate income and social assistance levels, provision of affordable housing, development of quality childcare arrangements, and enforcement of anti-discrimination laws and human rights codes. It is also important to increase support for the social infrastructure including public education, social and health services, and improvement of job security and working conditions.”*

The text of the Charter is at <http://www.socialjustice.org/conference/torontoCharter.PDF>.

### **MANITOBA TRIES TO KEEP DOCTORS WITH SHARE PLAN**

The Manitoba Medical Association, with funding from the government of Manitoba, has instituted a new physician retention program. Under the program, physicians earn a “share” for each year they practise in Manitoba. The shares earn a substantial payoff after every 5 consecutive years in practice. Shares are weighted according to the number of years practised. The 5-year payouts range from \$10,500 for



physicians who complete their first 5 years of consecutive practice to \$21,000 for doctors completing their 26th to 30th years. Shares can be cashed in only at the end of each 5-year milestone period and are revoked if the physician leaves before the milestone is reached. The first 5-year milestone is March 31 2007.

### **“DEVELOPMENT AND PEACE” OPPOSES SEED PATENTS**

Development and Peace, the social development arm of the Roman Catholic Church in Canada, announced on May 14 that it has sent 256,319 petition-postcards to the Prime Minister calling on Canada to oppose corporate patenting of seeds for staple food crops at World Trade Organization (WTO) negotiations, and to tell Canadians where Ottawa stands on the issue. The petition sign-up campaign took place between October 2002 and March 2003.

According to Development and Peace, *“Patenting seeds forces millions of poor farmers to buy products from corporations that they used to exchange freely among themselves at the end of each harvest – a cost-efficient practice that has been followed since the start of time”.*

### **OUR NEXT DOOR NEIGHBOUR IS EVERYONE: DENVER VOTES FOR DISABILITY SERVICES**

Citizens seldom get a chance to vote for or against funding for a particular kind of human service. Voters in Denver Colorado had that opportunity during the city’s May 6 municipal election when they voted on Initiative 100, a proposal to allow \$6.5 million to be raised in new municipal taxes to help pay for services for people in Denver with autism and developmental disabilities. The funds would be earmarked primarily to serve children under age 3, allowing more of them to remain with their families instead of in institutions. The funds would also increase programs to help developmentally disabled adults find jobs and become more self-sufficient. Programs to be funded under Initiative 100 would be provided by Denver Options, an agency providing services to people with disabilities in Denver. The staff of Denver Options gave up a pay hike and bonuses to help raise about \$150,000 to promote the initiative.

More than 68% of Denver voters cast their ballots in favour of Initiative 100. The initiative had the support of all mayoralty candidates and of both the Republican and Democratic parties in the city. It was opposed by the Independence Institute, a conservative Colorado think tank, as an excessive burden on taxpayers during a slow economy.

### **INTERNET USE FOR HEALTH LOWER THAN EXPECTED**

According to the results of a study published in the May 14 edition of the *Journal of the American Medical Association*, use of the Internet to make health decisions is not as widespread in the US as some had expected. The study was based on a survey of 4,764 people aged 21 years or older who were self-reported Internet users. Approximately 40% of respondents with Internet access (equating to 20% of the general population) reported using the Internet to look for advice or information about health or health care in 2001. Six percent reported using e-mail to contact a physician or other health care professional. About one third of those using the Internet for health reported that using the Internet affected a decision about health or their health care, but very few reported impacts on measurable health care utilization; 94% said



that Internet use had no effect on the number of physician visits they had and 93% said it had no effect on the number of telephone contacts. Five percent or less reported use of the Internet to obtain prescriptions or purchase pharmaceutical products.

The study's authors conclude:

*"Although many people use the Internet for health information, use is not as common as is sometimes reported. Effects on actual health care utilization are also less substantial than some have claimed. Discussions of the role of the Internet in health care and the development of policies that might influence this role should not presume that use of the Internet for health information is universal or that the Internet strongly influences health care utilization".*

An abstract of the article is at <http://jama.ama-assn.org/cgi/content/abstract/289/18/2400>.

### **FRANCE: PUBLIC SECTOR STRIKES OVER PENSIONS**

In what may become common in Western European nations, public sector unions in France staged a massive one-day strike on May 13 to protest the center-right government's plan to overhaul the country's pension system to reduce its cost and to keep skilled elderly workers in the workforce. The strike halted most public and private mass transportation, accompanied by demonstrations in over 100 towns and cities.

The French government has begun a \$20 million public information campaign to sell its plan to curb pensions, and says it does not intend to shelve its plan, which calls for bringing public sector workers (a quarter of France's workers) in line with the private sector by 2008. This would require public sector workers to contribute to the state pension system for 40 years, up from 37.5 years. Government support for early retirement would be phased out. Tax incentives would be introduced to attract workers to company-based savings programs, and workers would receive a pension bonus if they worked beyond 40 years.

The demographics of many Western European countries suggest such strikes may become common as retirees live longer and as baby boomers join their ranks in nations in which younger age cohorts are not growing as quickly as older age cohorts.

On the same day in Austria, up to 100,000 schoolteachers joined a nationwide strike to protest planned cuts in pension benefits.

### **BRAZIL: LANDLESS PEASANTS INVADE RESERVE**

In a conflict that pits two marginalized groups against each other, about 5,000 landless peasants armed with guns and machetes have invaded an Indian reserve in the remote Brazilian Amazon state of Rondonia. The reserve is home to 350 Uru-Eu-Wau-Wau Indians, a tribe that only came into contact with non-aboriginal Brazilians 20 years ago and maintains its traditional hunter-gatherer way of life.

The peasants are supported in their action by the Peasant League, a radical offshoot of the larger Brazil's Landless Workers Movement (BLWM). In the past BLWM has called for landless peasants to occupy unused agricultural lands, but has stopped short of encouraging or condoning the occupation of lands held by Brazil's indigenous people.



Almir Surui, a prominent Indian leader in Rondonia, has traveled to Brazil's capital, Brasilia, to lobby for federal intervention to end the invasion. He said the army may have to be sent in because the peasants are heavily armed. The government of Brazilian President Luiz Inacio Lula da Silva has promised to help Brazil's millions of rural poor but staunchly defends the rights of Indians. Government officials have said they will expel the peasants forcibly if necessary but Jercinho Jose da Silva Filho, the government's agrarian ombudsman charged with preventing rural conflicts, said he would first try to persuade the peasants to leave.

### **AUSTRALIA: MEDICARE REFORM HEATS UP**

Australia's federal government is proceeding with plans to reform the nation's medicare system, announced in a May 13 budget speech, despite opposition from major medical groups and in the face of polls that suggest less than 10% of Australians favour the reforms.

Under the "Fairer Medicare" reforms, physicians would be paid up to Aus\$ 22,000 a year if they agree to bulk-bill pensioners and healthcare cardholders (such cardholders are generally the poorest Australians). Bulk-billing is less onerous for physicians and the government, but it means physicians cannot charge user fees for those patients on whose behalf they bulk-bill. Four major GP lobby groups and Australia's states have said this will ensure millions more Australians will pay extra to see a doctor because GPs who join the scheme will find it easier to charge bigger "gap" fees for their other patients, including working-poor families earning more than Aus\$32,300 a year who are not eligible for a healthcare card.

The Government has also proposed a 30% rise in patient co-payments on prescription drugs. It has also reduced its forecasted expenditures on public hospitals, saying a steep rise in private hospital admissions has taken pressure off public hospitals.

The government has added 150 GP trainee places each year targeted to rural and outer-metropolitan areas, and 234 new medical school places each year will be bonded so that when their training has been completed, the doctors will start practising in areas of shortage. The budget also allocates \$253 million over five years for a Pathways Home Initiative to help people discharged from hospital, particularly the elderly, to make a smooth and easy transition back home. The government also reinforced its Tough on Drugs Strategy (based largely on drug law enforcement rather than expansion of treatment services) by allocating Aus\$316 million over the next four years to *"strengthen our ability to disrupt supplies of illicit drugs and prevent the production of illicit drugs on our shores."*

Medical groups and opposition parties also say the government's proposed Aus\$2.4 billion tax cut announced in the budget could have been better spent fixing Medicare.

### **AUSTRALIA: MENTAL ILLNESS PLAGUES DETAINEES**

The International Organisation for Migration (IOM) runs refugee claimant detention centres on the island of Nauru on behalf of the Australian government. Detainees have usually had their refugee applications denied. The Government says most are in good physical and mental health.

Recently IOM employed psychiatrist Dr. Maarten Dormaar to assess the mental health of detainees in the centres, and his findings are being cited as evidence of the barbarity of Australia's detainee policy.



Dormaar says the prison-like conditions of the camps were causing a mental health disaster. According to Dormaar, mental illness is "endemic" among the detainees (many of them from Afghanistan). Said Dormaar, *"I seldom or never encounter an asylum seeker who still sleeps soundly and is able to enjoy life. Mental health, or psychiatry for that matter, is basically not equipped to improve their situation in any essential respect."* In a November letter to the IOM, Dr Dormaar stated that the harsh prison-like conditions, the inability to carry out simple daily tasks like shopping, and separation from family were compounding the mental health problems.

In October 2002 the Royal Australian and New Zealand College of Psychiatrists reiterated its call for an immediate review of the physical and mental health of detainees and the services available to them, and labeled as "misleading" a statement by Immigration Minister Philip Ruddock that *"detainees are in many respects better served by professionals than people in the Australian community"*. On May 13 2003, twelve authors from the School of Psychiatry at the University of New South Wales presented a paper to the College's annual conference, citing serious mental health problems among child detainees in camps across Australia. Said co-author Zachary Steel:

*"The most distressing thing is this constant exposure to the depression of adults and to the access of harm by adults, and the children are responding with very intense depression, with having nightmares and flashbacks to the things that they've seen within detention... the whole of the medical community over 12 months ago called for the immediate release of children from detention because we thought it was a toxic environment to their development and health and essentially the information we have provided today has irrefutably demonstrated that this is no place for children and that children just completely disintegrate."*

## **JAPAN OPENS DOORS TO MORE REFUGEES**

Japan, a nation not noted for its hospitality to refugees, has introduced a bill to amend the Immigration Control and Refugee Recognition Act. The bill would abolish the notorious "60-day rule," which effectively voids applications for refugee status filed by anyone who has been in Japan for more than two months.

From 1989 to 1997, only two refugee applicants a year were successful in receiving refugee status in Japan, and only 19 annually from 1998 to 2002. Last year refugee status was granted to 14 foreigners, while 250 people applied for the first time for refugee status.

Japan's Justice Ministry says the bill is meant to *"send a message to the international community that Japan will more positively accept refugees. By abolishing the 60-day rule, the screening of applicants in Japan will be merely to examine whether they meet the criteria defined by the (U.N.) Refugee Convention."*

Opposition lawmakers and legal experts claim that under the proposed changes, the system would still lag behind other nations in securing the rights of asylum-seekers because it would impose strict restrictions on granting residency status to refugee-status applicants. Many also complain that the ministry's closed, ad hoc screening process would remain intact. The government proposal, if passed by the Diet, would grant "temporarily residency permission" to applicants who meet certain criteria. The proposed temporary residency status, however, would only be granted to people who have entered Japan directly from their home countries and who have applied for refugee status within six months after arrival.



## INDIA PUSHES POLIO ERADICATION GOAL TO 2005

India has announced it has now set 2005 as its new goal for eradicating polio. The international Pulse Polio program, initiated in 1995, had aimed at eradicating the polio virus from India by 2000. Polio is now considered endemic in only seven countries – India, Nigeria, Pakistan, Egypt, Afghanistan, Niger, and Somalia – but 99% of polio in the world is found in only three of these countries – India, Nigeria and Pakistan.

India's plans faced a setback last year when polio epidemics broke out in the states of Uttar Pradesh and West Bengal, leading to non-epidemic polio cases in eight other states. India's Health Minister Sushma Swaraj is proposing at least six rounds of house-to-house immunization in these 10 states. Said Swaraj, *"By 2005 we want to eradicate it and then keep it at zero level for the next two years. India can then get the WHO's certificate for polio eradication by 2007."*

Swaraj also said that the Muslim population in some parts of Uttar Pradesh had refused to accept the vaccine due to "certain myths". She said the government has tried to address the issue by involving the Shahi Imam and also forming a group called the Polio Killer Parliamentarians, including Muslim MPs.

Meanwhile, the World Health Organization has announced it will now concentrate its polio eradication efforts on the seven countries where it is endemic, and six countries considered at high risk of polio reinfection – Angola, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Nepal, and the Sudan.

## WHO RELEASES INJURY STUDIES

On May 12 the World Health Organization (WHO) released two new publications highlighting that injuries kill more than five million people worldwide each year and account for nearly 1 of every 10 deaths globally.

*The Injury Chartbook and Injury: A Leading Cause of the Global Burden of Disease* show that of the five million fatalities due to injuries in 2000, approximately 1.2 million people died of road traffic incidents, 815,000 from suicide and 520,000 from homicides.

The studies show that many injury victims are primary breadwinners. Young people between the ages of 15 and 44 years account for almost 50% of the world's injury-related deaths. Seven of the 15 leading causes of deaths for people aged 5-29 years world-wide are injury-related: road traffic injuries, suicide, homicide, war, drowning, poisoning and burns.

Worldwide, injury mortality is two times higher for males than for females. Three times as many men die as a result of road traffic collisions than women, and three times as many men are murdered than women. Nearly 90% of deaths due to injuries take place in poorer countries. The Newly Independent States in Europe have the highest overall injury mortality rates while North America, Western Europe, and Australia/New Zealand have the lowest rates.

A media release on these reports is found at <http://www.who.int/mediacentre/releases/2003/pr40/en>.



In related news, on May 12 Health Canada announced at the 3rd World Congress on Child and Youth Health, held in Vancouver, that Canada endorses and is committed to continuing its work on realizing the nine recommendations set out in the *World Report on Violence and Health*, released by WHO in late 2002:

- create, implement and monitor a national action plan for violence prevention
- enhance capacity for collecting data on violence
- define priorities for, and support research on, the causes, consequences, costs and prevention of violence
- promote primary prevention responses
- strengthen responses for victims of violence
- integrate violence prevention into social and educational policies, and thereby promote gender and social equality
- increase collaboration and exchange of information on violence prevention
- promote and monitor adherence to international treaties, laws and other mechanisms to protect human rights
- seek practical, internationally agreed responses to the global drugs trade and the global arms trade.

A 54 page PDF summary of the *World Report on Violence and Health* is found at [http://www5.who.int/violence\\_injury\\_prevention/download.cfm?id=0000000559](http://www5.who.int/violence_injury_prevention/download.cfm?id=0000000559).

### **CANADIAN DOCTOR CITED IN CHINA'S SARS BATTLES**

The reputation of Canadian surgeon Norman Bethune, a Chinese Communist hero for his services caring for Communist troops during China's war against Japan, has been in eclipse in China for several years. His image has been resurrected in China's current battle against SARS. According to an article in the May 13 edition of the *Globe and Mail*:

*"Whenever a Chinese doctor dies from the SARS virus these days, he is invariably lauded as 'a Dr. Bethune of the new century'. When military volunteers go to Beijing to fight the disease, they are referred to as Bethunes. When medical workers spend long hours in dangerous conditions, they are praised for 'carrying forward the spirit of Bethune.' When a new hospital for patients of severe acute respiratory syndrome was hastily built near Beijing this month, one of China's leading artists presented a portrait of Dr. Bethune to the medical staff."*

Bethune, a native of Gravenhurst Ontario, died in China in 1939 of septicemia contracted while operating on a wounded soldier. Earlier, as a surgeon during the Spanish Civil War, Bethune pioneered battlefield blood transfusion services, developing transfusion procedures used later during the Second World War.

**A note to readers:** the film *Bethune*, starring Donald Sutherland in the title role, is well worth a watch for those not familiar with Bethune, since it portrays him "warts and all".



### **CHINA: DEATH FOR SPREADING SARS**

In its continuing efforts to control the spread of SARS, on May 15 the government of China temporarily suspended most foreign adoptions of Chinese babies and announced severe penalties for anyone knowingly spreading the disease. The law against spreading SARS carries penalties ranging from 10 years in prison to death. It was announced days after the government issued rules holding officials legally accountable for delays in reporting health emergencies and requiring rapid public disclosure of health threats.

There is evidence that reported new SARS cases in China are leveling off, but experts say a new surge in cases remains possible. Meanwhile the SARS epidemic seems to be gathering steam in Taiwan, where it has taken on political overtones. Taiwan, supported by the US, claims it should be allowed to join the World Health Assembly (the governing body of the World Health Organization) so it can have greater access to SARS information. China opposes the move on the grounds that Taiwan is a renegade Chinese province, and that China already is a WHA member.

### **CALIFORNIA: WHO WILL TRANSLATE?**

A bill under consideration by the California Legislature is causing controversy over the role of family members in translations during health care encounters. Bill AB 292 would prohibit a state or local governmental agency, or a public or private organization or entity that receives state funding, from using a child or permitting a child to be used as an interpreter in any matter involving the organization. This would effectively ban using children as interpreters between doctors and parents who do not speak English, except in emergencies or routine situations such as booking appointments. The bill would apply to organizations that receive state funding for health services. It is prompted by concerns about inaccuracies when children act as translators, and also by problems of embarrassment to both children and parents when translation involves sensitive medical issues.

Some physicians oppose the bill because it makes no provisions for funding professional translation services, and may lead some doctors to avoid treating people for whom translation services are necessary. Others oppose the bill on the grounds that it fails to allow a parent to choose a child as a translator: trust is a big issue in medical care, and removing the child as an option may make a bad situation even worse.

### **RHODE ISLAND APPROVES DRUG RE-IMPORTATION FROM CANADA**

As part of the continuing controversy over the purchase of cheaper Canadian prescription drugs by US residents (often seniors), the Rhode Island House on May 13 unanimously passed a bill (HR 5478A) that would help state residents purchase prescription drugs from Canadian pharmacies. Under the bill, Canadian pharmacies could obtain state licenses to sell drugs to Rhode Island residents. The Rhode Island Medical Society supports the legislation. The State Senate will now consider the bill.

US federal officials have opposed the re-importation of prescription drugs from Canada on the grounds that the quality of the pharmaceuticals is not guaranteed, although Health Canada recently announced it would take measures to guarantee the quality of the drugs.



## IN MY HUMBLE OPINION: POLITICS AS USUAL

Whether a provincial election is held this spring or this fall, Ontario's governing party is prepared. It has issued its election platform, *The Road Ahead*, and not surprisingly the platform had a hefty health care plank, including a position paper on health called *Better Health Care for You and Your Family*. The position paper, on its cover page, highlights the "more" component of the health plank: *More Doctors, More Nurses, More Hospitals, Shorter Waiting Times, Accountability to Patients, Investing in Priority Services*.

Amid the welter of promises in the paper, a section called *Investing Where It Matter Most* lists what the government considers its major health care achievements. Missing from this list is any reference to addressing the determinants of health – the actions that just about everyone agrees are the most important things any government can do to foster the health and wellbeing of its population.

In fairness, another position paper – *Helping Families and Children* – promises the creation of:

*"a new Cabinet post of Minister for Human Development... responsible for all human development programs now in place at the ministries of Health and of Community, Family and Children's Services, including the Early Years program and Healthy Babies, Healthy Children. The Minister will also have a broad and powerful mandate to review ALL proposed government policy (including education and health policies) from the human development perspective, helping us make sure that all services and programs work together for the benefit of the next generation of Ontarians...."*

This is an interesting idea, even though the track record of ministers who are responsible for reviewing the pet policies of other ministers has generally failed (remember the "policy fields" of three decades ago?) But let me let go of my cynicism for a moment. Perhaps the idea is workable. But if it is, why not push it further? Why not give a minister the mandate to *"review ALL proposed government policy... from the health and wellbeing perspective, helping us make sure that all services and programs work together for the benefit of all generations of Ontarians?"*

The distressing lack of connectivity other than for children manifests itself elsewhere in the health policy paper, under "Responsible Care for the Homeless". The paper promises:

*"To increase our funding of the Shared Care Teams (teams of outreach workers, nurses and physicians supported by psychiatrists) that bring health and mental health services to homeless people. Legislation will give the Shared Care Teams the power to remove people from the streets and take them into care when, in the Teams' opinion, it is necessary for their protection."*

Drafted perhaps by someone whose latest reading on social policy went no further than the Victorian poor laws, this promise contains not a word about addressing the causes of homelessness – causes with solutions lying well within the capacity of a government. It goes further, too, by shifting the emphasis from homelessness to mental illness. Yes, many homeless people suffer from a mental illness and deserve help with their illness. But the overly simplistic stoop-and-scoop language of the promise can easily be construed to mean homelessness is not a problem of inadequate incomes and tattered support systems – it's a result of mental illness!



The Ontario Progressive Conservative position paper on health (as well as other position papers) be accesses by clicking on “the Road Ahead” Link at <http://www.ontariopc.com/scripts/ispag26.dll?Catalog=pcpo&File=4-0-ie.htm>.

I intend to be equally cranky in taking a whack at the election platforms of other parties in upcoming issues of *Import*.

John Butler, The Agora Group

### FROM THE QUOTES VAULT

*“A six-week war to disarm Iraq of its alleged weapons of mass destruction has cost us at least \$80 billion. So \$15 billion to battle AIDS seems conservative.”*

from the editorial *AIDS: Disease of mass destruction*, in the *Seattle Post-Intelligencer*, May 15 2003  
(commenting on a plan before the US Senate to contribute \$15 billion to combat AIDS globally)

*“Saddam wasn't a threat to America – he had no important links to terrorism, and the main U.S. team searching for weapons of mass destruction has packed up and gone home. Meanwhile, true to form, the Bush team lost focus as soon as the TV coverage slackened off. The first result was an orgy of looting – including looting of nuclear waste dumps that, incredibly, we failed to secure. Dirty bombs, anyone? Now, according to an article in *The New Republic*, armed Iraqi factions are preparing for civil war. That leaves us facing exactly the dilemma war skeptics feared. If we leave Iraq quickly it may well turn into a bigger, more dangerous version of Afghanistan. But if we stay for an extended period we risk becoming, as one commentator put it, ‘an occupying power in a bitterly hostile land’ – just the recruiting tool Al Qaeda needs. Who said that? President George H. W. Bush, explaining his decision not to go on to Baghdad back in 1991.”*

Paul Krugman from the editorial *Paths of Glory* in the *New York Times*, May 16 2003