



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.

Ontario town worries about hydrogen sulphide	Study says US health administration too costly
Essex Country to scout for doctors	US: FDA plays hardball with Canadian pharmaceuticals
Prostate cancer lobby group founded	UK arms exhibition: cluster bombs not welcome
Health of Northern Ontario youth needs improvement	US releases prison statistics
New Brunswick to fund Alzheimer drugs	Congo: media professionals fight AIDS
Alberta releases health satisfaction survey results	Australian premiers walk out of health talks
BC boosts education for former youth in care	Our readers say....
Aboriginal deals in Newfoundland, Northwest Territories	In my humble opinion: Sucked eggs
Saskatchewan First Nations tackle gangs	From the quotes vault
Territorial premiers to cooperate	

ONTARIO TOWN WORRIES ABOUT HYDROGEN SULPHIDE

The Town of Bluewater in Ontario's Huron County has scheduled a special public meeting on Sept. 29 in the village of Varna to gather information on the health effects of gas released from liquid manure. The meeting was scheduled after a presentation to the town's council by local resident Joe Gleason on August 26. Gleason cited studies showing the effects on health that result from exposure to hydrogen sulfide (H₂S), a gas released by the liquid manure often produced in large quantities by large-scale factory farms, particularly pig farms. Gleason says the provincial government has made it easy for factory farms to locate in the province and "it has become a dumping ground" for farms no longer allowed in other countries. "You can make it clear factory farms are not welcome here," Gleason recently told the council.

New Zealand may hold answers to questions about health effects of exposure to hydrogen sulphide. The New Zealand city of Rotorua, with a population of 65,000, is the largest population in the world exposed to natural emissions of hydrogen sulphide, which come from geothermal springs and give the city its "rotten eggs" smell. According to two recent health studies in Rotorua:



- Hospital admissions for asthma and other breathing diseases in six Rotorua districts between 1991 and 2001 were five to 10 times the national average.
- Hospital admission rates between 1993 and 1996 were between 1.5 and 2.7 times the national average for a range of breathing and nerve-related illnesses in the parts of Rotorua that are most exposed to geothermal gases. Said Rotorua's Medical Officer of Health Phil Shoemack, "*The results of this study strengthen the suggestion that there are chronic health effects from hydrogen sulphide exposure. We know that hydrogen sulphide is emitted in geothermal areas and we know that it can be very toxic in acute settings once it reaches quite high levels*".

A literature review on the health effects of hydrogen sulphide, commissioned through the Alberta environment department in 2000, concluded that:

"There are many examples that H₂S should be regarded as a broad-spectrum toxicant, and that repeated exposure may result in cumulative effects on many organ systems such as the brain, lung and heart. In addition, there is evidence that cumulative health effects of repeated low-level H₂S exposure exist, which does not support earlier claims that H₂S is only an acute toxicant due to its rapid metabolism to non-toxic products. It still remains a challenge to conclude what levels of exposure to H₂S pose a health risk to the general population and the sensitive individual. An understanding of exposure-response relationships is of primary importance and priority should be given to establish dose-response curves in all areas of investigation."

Alberta has a stake in the issue largely because of hydrogen sulphide emitted by "sour gas" natural gas wells in the province. One-third of Alberta's natural gas production is sour. The province's production comprises 80% of Canada's total natural gas production.

Alberta's literature review *Health Effects of Hydrogen Sulphide: Knowledge Gaps* is found as a 251 page PDF file at http://www3.gov.ab.ca/env/protenf/publications/H2S_Report.pdf.

ESSEX COUNTY TO SCOUT FOR DOCTORS

Essex County Council has endorsed the concept of hiring a physician recruitment officer and proposes that both the City of Windsor and the County pay for the initiative, estimated to cost \$200,000 annually. This area has been a designated underserved region since 1997, and according to the Ministry of Health and Long-Term Care, Windsor-Essex may be short as many as 38 general practitioners.

If the initiative proceeds, Essex will join a lengthening list of Ontario communities investing in physician recruitment, since quality of health services locally is a major factor that other scarce employees – as well as firms planning to locate in an area – consider before deciding where to locate.

PROSTATE CANCER LOBBY GROUP FOUNDED

Among the many groups lining up to influence candidates in the upcoming Ontario election campaign will be Early Prostate Cancer Diagnosis Ontario (EPCDO), a group founded in July by John Peck, a Toronto-area communications consultant and prostate cancer survivor. The advocacy group lobbies in particular for Ontario to cover the costs of a blood test called prostate-specific antigen (PSA), which supporters claim is



a much more effective test for prostate cancer screening than any tests and procedures currently covered by Ontario's Ministry of Health and Long-Term Care.

Currently the Ministry pays for PSA tests only if a man has already been diagnosed with prostate cancer and is part of a hospital-based treatment system. A Ministry spokesperson says its policy on PSA coverage is based on lack of evidence of the benefit of broad public screening of asymptomatic men. The test is also controversial because it is unknown if the benefits of PSA screening outweigh risks of the follow-up tests and treatments. As well, the test is said to produce a sizable number of "false positives".

But says Austin Taylor, head of a prostate cancer survivor support group in Lanark, "*Out of fairness, women have several tests – Pap tests for cervical cancer that are free, breast cancer mammograms that are free. Why would we treat one class of persons differently than another?*"

According to the EPCDO web site (found at <http://www.epcdo.ca>), one in every eight Canadian men is expected to develop prostate cancer in their lifetime, and one in four of them will die of it. It is the second most deadly form of cancer among men after lung cancer but it has the highest incidence of new cases.

HEALTH OF NORTHERN ONTARIO YOUTH NEEDS IMPROVEMENT

The *Northern Ontario Child and Youth Health Report* highlighting the health status of people aged 7 to 19 in Northern Ontario was released by the Northern Health Information Partnership (NHIP) on August 28. According to the report, the health of Northern Ontario's youth does not stack up well against young people in the rest of Ontario. The report says Northern Ontario has higher rates of youth unemployment, suicide, hospitalization, mental illness, drinking, smoking, sexually transmitted diseases, teen pregnancy and death from injury and poisoning. It also says Northern youth are less educated and have less income than southern Ontario youth.

NHIP is a health information partnership involving universities, health units and district health councils in Northern Ontario. NHIP's report and its executive summary can be accessed as PDF files at <http://www.nhip.org/child>.

NEW BRUNSWICK TO FUND ALZHEIMER DRUGS

On August 21 New Brunswick announced it will cover the drugs Aricept, Exelon, and Reminyl for the treatment of Alzheimer's disease for beneficiaries of the New Brunswick Prescription Drug Program. The province will work closely with the New Brunswick Medical Society, the Province of Nova Scotia and Dalhousie University on an education program to help doctors in identifying patients who will benefit from these drugs.

The decision was made after a recommendation was put forward by Atlantic Expert Advisory Committee, which had completed a scientific review of drugs for the treatment of Alzheimer's disease and forwarded its recommendations to the provincial drug plans in the Atlantic provinces.



ALBERTA RELEASES HEALTH SATISFACTION SURVEY RESULTS

On August 25 Alberta released the results of its *2003 Public Survey About Health and the Health System in Alberta*. The results show modest increases in many satisfaction measures, compared to results for 2002. Among the findings:

- 87% of Albertans are satisfied with the way health services were provided, up from 86% in 2002.
- 86% find it was easy to access physician services, up from 84%.
- 73% are satisfied with the health system generally, up from 69%.
- 65% rated the overall health system as excellent or good, up from 62%.
- Ease of access to health services remained constant at 62%.
- Knowledge of health services available increased to 65% from 62%.
- Self-reported health status improved in 2003, with 90% of Albertans aged 18-64 rating their health as good, very good or excellent, up from 88% in 2002.
- Among seniors, 80 per cent reported their health as good, very good, or excellent, up from 78 per cent in 2002.

The survey report is available as a 95 page PDF file at <http://www.health.gov.ab.ca/public/document/Survey2003.pdf>.

BC BOOSTS EDUCATION FOR FORMER YOUTH IN CARE

On August 26 the BC government announced a \$3-million increase to the province's Youth Educational Assistance Fund (YEAF), which helps youth who grew up in government care to pursue post-secondary education. YEAF started in June 2002 with a \$2-million investment. During its first year it helped 50 young people between 19 and 24 to continue their post-secondary education. Grant awards to a maximum of \$3,500 are available to eligible students for up to four years.

Because of the funding increase, grants are now available to youth between 19 and 24 who were in the continuing custody of the government but who were adopted before reaching the age of majority. In addition, applicants no longer need to meet the criteria of the BC student assistance program to qualify for the grants.

ABORIGINAL DEALS IN NEWFOUNDLAND, NORTHWEST TERRITORIES

Last week heralded the impending birth of two new governments in Canada.

On August 29, chief negotiators for the Labrador Inuit Association (LIA), the Government of Newfoundland and Labrador and the Government of Canada initialed the Labrador Inuit Land Claim Agreement. This land claims and self-government agreement is the first of its kind in Atlantic Canada. Before coming into effect, the agreement (which can be accessed at <http://www.gov.nf.ca/laa/liacclaims/default.htm>) must be ratified by Labrador Inuit, Newfoundland and Labrador, and Canada. The agreement sets out details of land ownership, resource sharing, and self-government. It also provides for the establishment of the Labrador



Inuit Settlement Area (LISA) totalling about 72,500 square kilometres in northern Labrador, including 15,800 square kilometres of Inuit-owned lands known as Labrador Inuit Lands. The deal affects about 5,300 Labrador Inuit who live in five coastal communities (Nain, Hopedale, Makkovik, Postville and Rigolet) and one inland area. The Inuit have never entered into a Treaty with the British Crown, Canada or Newfoundland and Labrador.

Under the agreement the Government of Canada will transfer \$140 million to the Labrador Inuit, as well as \$156 million for implementation of the Agreement. The self-government provisions of the agreement provide for the creation of the Nunatsiavut Government, five Inuit community governments and any Inuit community corporations that may be established to provide for the representation of Inuit living outside the Settlement Area.

On August 27 Prime Minister Jean Chretien, along with representatives of the Tli Cho (Dogrib) First Nation and the Northwest Territories signed a land settlement, granting the 3,000-member Dogrib Nation powers to preserve their culture, govern themselves and receive tax revenue in a territory bigger than Belgium. The Dogrib will gain self-rule over about 24,000 square kilometres of land between Great Slave Lake and Great Bear Lake. Under the agreement the area's four Dogrib communities will elect councilors and chiefs. Anyone may run and vote, but at least half the councilors and the chief must be Dogrib. The chiefs and some councilors will form the Tli Cho government to oversee the entire area. The federal government will retain control of criminal law, and the Northwest Territories will retain powers over services such as health and education. Tli Cho laws will not be allowed to conflict with laws passed by other governments.

The Dogrib will control hunting, fishing and industrial development. The Aboriginal government will be eligible for a share of revenues from extensive energy development along the Mackenzie Valley and will be entitled to all royalties on resources from its own lands (royalties that currently go to Ottawa). Tli Cho territory will also include the only two diamond mines in Canada.

SASKATCHEWAN FIRST NATIONS TACKLE GANGS

On August 28 the Federation of Saskatchewan Indian Nations (FSIN) release a report on aboriginal youth gangs. The report, *Alter-Natives to Non-Violence Report: Aboriginal Youth Gangs Exploration: A Community Development Process*, says Aboriginal street gang activity has reached epidemic proportions in Saskatchewan. According to the report, youth gang activity tends to breed where youth are incarcerated, and aboriginal youth are over-represented in the province's young offender facilities, correctional centres and federal institutions. Aboriginal youth made up about six in 10 youth accused in Regina, Saskatoon and Prince Albert in 1997. Of the 3,000 youth in the criminal justice system on any given day, about 1,800 are aboriginal. These findings have prompted FSIN to call for a moratorium on any increase in new beds at young offender facilities.

The report also argues that anti-gang efforts have so far focused on crime identification and the arrest of suspects, and it suggests that more emphasis be given to initiatives to develop community-based alternatives to gang membership. FSIN plans to establish the First Nations Alter-Natives Foundation to fund crime prevention activities throughout the province. It would be funded by private corporations and the gaming industry. Other goals are to hold an annual youth justice conference and to foster culture camps for young people.



Saskatchewan's government says it will give the report detailed consideration, and it expressed support for being part of a partnership to develop cultural camps.

TERRITORIAL PREMIERS TO COOPERATE

On September 3 the premiers of the Yukon, Northwest Territories and Nunavut will sign the Northern Cooperation Accord, an agreement to work cooperatively in areas such as the economy, devolution, aboriginal rights, the environment and social policy. As part of the accord, the territorial premiers will hold an annual Northern Premiers' Forum.

STUDY SAYS US HEALTH ADMINISTRATION TOO COSTLY

Health care administration in the United States costs more than three times as much as in Canada, which has a government-run universal system, according to a study released on August 20 and published in the *New England Journal of Medicine*. Administration costs in the United States were US\$1,059 per person in 1999 compared to US\$307 in Canada, according to the study. The two Harvard doctors who conducted it say it shows how much could be saved by overhauling the American system. Said Dr. David Himmelstein, one of the authors:

"There is an incredible amount of money going to waste for paperwork. We could save so much money [by switching to a Canadian-style system] that we could cover all of the uninsured with money left over for prescription drugs for seniors.... If you had their level of efficiency combined with our level of spending, you'd have the best health care system, by far".

Himmelstein says too much money is spent in the US on sorting through rules set by different insurance companies and wading through pages of billing requirements. The authors found that bureaucracy accounted for at least 31% of total US health spending in 1999 compared to 16.7% in Canada. They also found that administration has grown far faster in the US than in Canada. The study says that between 1969 and 1999, administrative and clerical personnel in the United States grew from 18.2% to 27.3% of the health work force, while in Canada those personnel grew from 16% in 1971 to 19.1% in 1996.

Himmelstein is a founder of Physicians for a National Health Program, and is one of the authors of a call for universal health care endorsed by about 8,000 doctors and published in the August 13 edition of the *Journal of the American Medical Association*. According to the abstract of the JAMA article:

"The United States spends more than twice as much on health care as the average of other developed nations, all of which boast universal coverage. Yet more than 41 million Americans have no health insurance. Many more are underinsured.... The United States alone treats health care as a commodity distributed according to the ability to pay, rather than as a social service to be distributed according to medical need. In this market-driven system, insurers and providers compete not so much by increasing quality or lowering costs, but by avoiding unprofitable patients and shifting costs back to patients or to other payers. This creates the paradox of a health care system based on avoiding the sick."

Critics of the study say it is flawed. Henry J. Aaron, a health care economist from the Brookings Institution, wrote in an editorial in the journal that it is hard to identify and estimate administrative costs accurately at a



single point in time in a single country and doubly difficult to do so for two countries. Aaron said he thinks the U.S. health care system is an "administrative monstrosity." But he said he thinks Himmelstein's study overestimates the difference between the two countries. He said it is probably closer to \$159 billion than the \$209 billion in Himmelstein's study.

A media release from Physicians for a National Health Program on the study is at http://www.pnhp.org/news/2003/august/administrative_costs.php.

US: FDA PLAYS HARDBALL WITH CANADIAN PHARMACEUTICALS

In one of a series of harsh moves to curtail the practice of US consumers buying prescription drugs from Canada (where they are much cheaper), the US Food and Drug Administration (FDA) has threatened the city of Springfield Massachusetts for arranging for such purchases for its employees.

In July, Springfield began the first municipal program of its kind in the nation, under which the city's 20,000 employees, retirees and dependents who receive health insurance through the city can choose to fax their prescription drug orders to a group of Ontario pharmacies and receive cheaper medications by mail. The city expects to reduce its prescription drug spending by at least \$4 million.

In response, the FDA has written to Springfield saying the program violates federal law. FDA cites quality control concerns over drug purchases from Canada, even though Springfield conducted its own quality check before creating the program.

UK ARMS EXHIBITION: CLUSTER BOMBS NOT WELCOME

As a minor but welcome concession to civilized life, the organizers of the UK's largest arms exhibition, scheduled for mid-September, have said that cluster bombs should not be displayed at the arms fair because they are considered "inappropriate" for the UK market. Cluster bombs separate into dozens or hundreds of bomblets or "bombies" after they are dropped from aircraft. Many of the bomblets turn out to be duds that do not explode immediately, but blow up later – often when they are picked up by curious or scavenging children.

British and US forces both used cluster bombs extensively in the invasion of Iraq. According to the UN children's fund UNICEF, more than 1,000 children have been injured by cluster bomblets and other unexploded munitions since the official end of conflict in Iraq.

Despite the display ban, nothing prevents exhibitors from making deals at the exhibition to sell cluster bombs to buyers. The UK arms industry accounts for around 20% of world weapons sales. It is the world's second largest manufacturer after the US, which has 32% of the market.

US RELEASES PRISON STATISTICS

On August 17, the US Department of Justice released statistics showing how prevalent imprisonment is among the US population.

According to the statistics contained in the report *Prevalence of Imprisonment in the U.S. Populations, 1974-20*, more than 5.6 million adult U.S. residents (1 in 37 adults) were serving time or had previously served time in a state or federal prison as of the end of 2001. Between 1974 and 2001 the number of



current or former inmates increased by 3.8 million men and women. Almost two-thirds of the increase in the number of those who had ever been incarcerated resulted from an increase in first incarceration rates. Only one-third of the increase was attributed to growth in the U.S. resident population and increases in life expectancy. In the future, if 2001 first-incarceration rates remain unchanged, 6.6% of U.S. residents are projected to be confined in a state or federal prison during the course of an entire lifetime, up from 5.2% since estimates were produced for 1991.

The racial disparity in prison experience is staggering. If the 2001 rates of incarceration were to continue indefinitely, a black male in the United States would have about a 1 in 3 chance of going to prison during his lifetime, while a Hispanic male would have a 1 in 6 chance and a white male would have a 1 in 17 chance of going to prison. The lifetime chances of going to prison among black females (5.6%) would be almost as high as for white males (5.9%). Hispanic females (2.2%) and white females (0.9%) would have much lower lifetime chances of imprisonment.

A media release on the report is at <http://www.ojp.usdoj.gov/bjs/pub/press/piusp01pr.htm>.

Many of those in US prisons are there for nonviolent drug offenses, and African-Americans are disproportionately represented in this group, even though experts say Whites and African Americans use drugs at about the same rate. Jason Ziedener of the US-based Justice Policy Institute, a group that favors alternatives to prison, explains the disparity in terms of the urban nature of many African-American communities: *"We enforce the drug laws more in urban communities, and then we arrest people, and then we convict people, and then they end up in prison."*

Marc Mauer, executive director of The Sentencing Project, which promotes addiction treatment programs rather than imprisonment, said African Americans released from jail also find it harder to get on with their lives. Said Mauer, *"Since the 1970s, there has been a considerable opening of social and economic opportunity in much of the black community. But I think we're seeing that for those people kind of left behind by those advances – and that's largely in urban centers – in many ways, their life prospects are probably getting considerably worse."*

CONGO: MEDIA PROFESSIONALS FIGHT AIDS

On August 27 media professionals in the Republic of Congo announced the creation of a national network to promote awareness-raising and education initiatives to prevent the spread of HIV/AIDS. Reporters and other media workers have formed a national organization – Reseau des communicateurs congolais contre le sida (Recosi) – to spearhead their fight to change public opinion and awareness about AIDS. Recosi members also pledged to work toward the consolidation of peace in the country, since it is difficult to provide AIDS interventions during armed conflict.

According to Congolese Health Minister Alain Moka, about 10% of the country's population of 3.1 million are HIV-positive, with about 300 people newly infected each day. However, only about 100 people with HIV/AIDS have access to adequate treatment.



AUSTRALIAN PREMIERS WALK OUT OF HEALTH TALKS

In a controversy that is not unfamiliar to Canadians, the premiers of eight Australian states walked out of talks with the country's federal government on August 29, protesting the federal government's opposition to a proposed year-long review of the funding arrangements between the states and the federal government. The premiers believe the review would lead to greater flexibility in the way states allocate their hospital grants.

Australia's Prime Minister, John Howard, said that he offered the premiers a review stretching over two years, but that they insisted on a one-year process so the results would be available as a potential embarrassment to the federal government in advance of Australia's next national election.

Despite the protest walk-out, even the premiers themselves concede they will likely sign a proposed funding deal with the federal government – even though it gives them less money than they want – because the feds can impose financial penalties on states if they do not sign.

OUR READERS SAY....

In response to last week's editorial *Water Wars* concerning global tensions around water quality and quantity, a reader wrote:

"Your piece on water is right on. In Canada we live in a fool's paradise as far as water consumption and cost is involved. Europeans pay 4 or 5 times more than we Canucks do for water, and use considerably less. The Ogala Aquifer has been losing water for years and wells now must be bored far more deeply than in the past. The drought which has hit western Canada is just now beginning to have its effects felt.

My guess is that once the politicians have the political courage to double the cost of hydro (really electricity rates) then they will double the water rates. We cannot afford to continue to subsidize ourselves for electricity. While the rates are frozen for the moment and huge deficits are building, we as taxpayers will ultimately have to pay the costs. These low rates are really artificial.

But watch out for water rates to really jump. We are the biggest users of water per capita in the world except for our American cousins. And watch out for them, as they will ultimately enlarge the canal south from Chicago to draw more water from Lake Michigan or maybe the Army Corps of Engineers will be looking for a mega project and will dig a canal from Lake Superior to refill the Ogala Aquifer -- it supplies Texas!!!!"

Editor's note: the Ogala Aquifer, underlying 250,000 square kilometers of the Great Plains and stretching from Nebraska to Mexico, holds as much water as Lake Huron. Like many aquifers it contains "fossil" water, much of it deposited more than a million years ago. Many hydrologists predict the aquifer will be depleted within thirty years by wells that withdraw water for crop irrigation (over 50,000 wells in and around Lubbock Texas alone, to irrigate cotton fields). And Canada also has aquifers that are being depleted to support agriculture in arid areas – the Estevan Valley Aquifer in Saskatchewan for instance (an underground tributary of the Yellowstone River), which has also been seriously "drawn down" to provide coolant for two electricity generating plants in the province when the plants' reservoirs nearly dried up.



Despite withdrawal rates that can total several metres per year, the recharge rate for the Estevan Valley Aquifer is estimated at only 1 to 3 millimetres per year.

According to Environment Canada, fewer than 20% of Canada's aquifers have been mapped, although groundwater research has started on six key regional aquifer systems and one local system to gauge their sustainable yield, quality, and vulnerability to short and long term influences. This knowledge will form the first component of a national groundwater database.

IN MY HUMBLE OPINION: SUCKED EGGS

In the period leading up to the US Civil War, President-Elect Abraham Lincoln was under pressure from some quarters (particularly the border states between North and South) to soften the positions he had taken during the presidential campaign. But Lincoln held fast, claiming in meetings with the nineteenth century equivalent of spin-doctors that *"By no act or complicity of mine shall the Republican Party become a mere sucked egg – all shell – no principle to it."*

Lincoln was remarkably skilled at compromise, but his determination showed that he knew there comes a point at which compromise sucks away the very meat of the structure, policies or processes one is so eager to create.

Canada may soon have its own highly visible health-related sucked egg – the Canada Health Council.

Creation of such a council was a flagship recommendation of the Romanow Commission. Romanow has spoken out on several occasions since his report was completed, to prod the federal and provincial governments to create the council to monitor the progress of the recent accord on health care signed by the first ministers, and to establish and measure timeliness and effectiveness of health care across the country.

So far the federal government seems intent on creating the council. Canada's Health Minister Anne McLellan said at the Canadian Medical Association annual meeting on August 18, *"My commitment to this Council has not wavered and I want to re-state today that the Health Council will proceed. In fact, I have written to my counterparts with the objective of ensuring that our work move to a timely conclusion."* And in preparation for the annual Federal-Provincial-Territorial Ministers of Health Conference being held on 3 and 4 September in Halifax, McLellan has written to her provincial and territorial counterparts reiterating her support for the council and suggesting Michael Decter, currently Chairman of the Canadian Institute for Health Information, as head of the council.

But in its haste to see the shell in place, the federal government may make compromises to please the three provinces that have reservations about the council – Ontario, BC and Alberta. All three provinces say they are wary of the council in case it becomes another bureaucracy, yet their resistance may be based just as much on a fit of pique over the possibility the feds will go back on their earlier commitment to a \$2 billion federal transfer for health – a commitment that was always contingent on a federal surplus (a now-shrinking pot).

The federal government may, for instance, collude with the provinces to compromise on the powers of the council, or its resource base, or the quality of its members.



Michael Decker looks like a good choice as its head. Decker has both ability and credibility, and he has experience in western Canada, Ontario and Quebec. But a good leader cannot compensate for the poor quality of others that might end up on the council. If the provinces decide (and if the federal government agrees) that many nominees or appointees to the council will be chosen based not on their health-sector statesmanship, but rather on the degree to which they will dig trenches to protect provincial interests alone at the council table, the council will fail even if the shell looks shiny and clean. We could end up with a sucked egg that bears some resemblance to the Canadian Senate or the UK's House of Lords – a body Winston Churchill once described as *"filled with doddering peers, cute financial magnates, clever wire-pullers, big brewers with bulbous noses. All the enemies of progress are there."*

But even if the council has the right leader and the right members, it can still have the life sucked out of it if all levels of government see its findings as mere fodder for self-defense, recriminations directed at other levels of government and continued health system friction.

Governments generally do not like bodies external to themselves that play a role in evaluating the successes or failures of government. Most governments tolerate auditors-general and the courts as necessary evils, but balk at yet more creatures that feed from the public trough while holding out the threat of nipping the hands that put food in the trough.

But Canadians seem to want their politicians to temper the crucial and unavoidable politics of health with the statesmanship of health. And it is time for the federal government and the provinces and territories to temper their protective political instincts with a little statesmanship, by creating a high-quality council, supporting it, and listening to it.

Otherwise, let's not lay this egg at all.

John Butler, The Agora Group

FROM THE QUOTES VAULT

"What is your whole Military and Police Establishment, charged at uncalculated millions, but a huge scarlet-coloured, iron-fastened Apron, wherein Society works (uneasily enough): guarding itself from some soil and stithy-sparks, in this Devil's-smithy of a world."

Thomas Carlyle, Sartor Resartus, 1837