



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.

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ONTARIO GRITS: LET'S NOT GO PRIVATE

Several issues ago, *Import* profiled the Ontario Progressive Conservative Party's election platform for health. Today we profile the Liberal Party's health platform, which is contained in a 24 page PDF file at http://www.ontarioliberal.on.ca/en/platform/4/Health_Care.pdf.

After attacking what it calls the Harris-Eves government's commitment to privatize health care, the Liberal platform promises ***"We will pass a Commitment to Medicare Act that will make universal, public medicare the law in Ontario.... We will end the Harris-Eves agenda of creeping privatization"***.

Cashing in on accountability as the system buzz-word, the Liberals promise, ***"We will create an independent Health Standards Council that will track health care measures that are important to you. Are we reducing waiting times? Are we eliminating ER backlogs? Are we hiring more doctors and nurses? Is the health of Ontarians improving? Are you getting value for your hard-earned tax dollars? You have a right to know the answers. The arms' length Health Standards Council will deliver them, directly to you"***.

While the platform praises the Romanow Commission report, it does not explain how its proposed Health Standards Council will be anything but a provincial duplication of the work of the Canada Health Council



promoted so strongly by Romanow. Nor does it suggest why arms' length district health councils, already in place at the sub-regional level in Ontario, could not carry out this function.

In terms of health system savings, the platform says, ***"We could save up to \$30 million every year by adding generic drugs to the Ontario Drug Benefit Program as soon as they are approved by Health Canada. We could save, at a minimum, hundreds of millions of dollars every year by making pharmacists part of family health care to help you manage your prescription medicines"***.

The platform also says the Liberals will give the Provincial Auditor the authority to audit all health care agencies and deliverers. However, the platform does not indicate why this would be any better than the independent audit system currently in place for health agencies in Ontario.

Building on the anxiety found in many jurisdictions about waiting lists, the platform says, ***"We will work with experts to set and meet maximum needs-based waiting times for care. These standards will be made public, so you know you will get treated within a safe time period. We will begin by setting and meeting standards for cardiac care, cancer care, total joint replacements and MRI/CT scans. We will meet these standards by making the smart investments described in this plan and by building on successes like the Cardiac Care Network"***.

In another swipe at privatization of diagnostic services, the Liberals say, ***"We will expand MRI and CT services in the public system to provide better access for everyone. The Harris-Eves government opened private, two-tier MRI and CT clinics. These clinics will sell vanity scans alongside public services, giving quicker access to those who can afford to buy their way to the front of the line. We will cancel the Harris-Eves private clinics and replace them with public services"***.

In terms of primary care, the Liberals promise to create at least 150 "Family Health Teams" across the province: ***"Family health teams will be made up of doctors, nurses, nurse practitioners, pharmacists and other health care professionals who will protect and promote your health. You will have access to a team member around the clock so that you do not have to wait in an emergency room with minor health problems. Most important, your team will focus on keeping you healthy, not just on treating you when you are sick"***.

The Liberals do not indicate in detail how they will deal with the Family Health Networks created by the Tories in collusion with the Ontario Medical Association, nor do they specifically embrace an expansion of Ontario's community health centres as the way to implement their Family Health Team idea (even though the platform profiles Sault Ste. Marie's Group Health Centre as a "success story").

Not surprisingly given the high political profile of hospitals, the Liberals promise to bolster hospitals while also (almost as an afterthought) enhancing community services, particularly home care: ***"We will place an immediate moratorium on ER closures. We will unclog existing ER's, ensure safe occupancy levels in hospitals and move patients out of hallways by opening 1,600 beds. Finally, we will create better community supports so you do not have to stay in the hospital if you do not need to be there. We will bring stability to our hospitals by providing adequate multi-year funding... Our long-term vision is to make homecare a medically necessary service. Our first step is to get our vulnerable and elderly the services they need. We will remove the arbitrary Harris-Eves limits on homecare. If you require care and want it in your home, and that care costs less than sending you to a hospital or***



nursing home, we will make sure you get it". Interestingly, the Liberals' criterion for homecare eligibility would not be the degree of benefit to the client – it would be the degree of cost to the government.

The Liberals also make a clear pitch to seniors who are voters: *"We will work with our seniors to develop a comprehensive Seniors Strategy that will improve all services that affect them. We will begin by fixing the mess the Harris-Eves government created and improving key services for seniors. We will:*

- *Cancel the Harris-Eves 15% increase in nursing home fees.*
- *Set high standards for our nursing homes and regularly inspect them to make sure those standards are being met.*
- *Strengthen homecare so seniors can stay in their homes as long as possible.*
- *Support seniors' centres that provide social, recreational, educational and volunteer opportunities.*
- *Improve the Ontario Drug Benefit Program to ensure seniors get the medications they need*".

In terms of mental health, the platform says, *"Inadequate mental health services also contribute to the homelessness tragedy fostered by the Harris-Eves government. We will invest in community mental health agencies to improve services, including family self-help, crisis intervention and community treatment. And we will significantly increase supportive housing options for those suffering from mental illness"*. The platform makes no mention of addiction services, perhaps because they are seen as merely a variant of mental health (an approach that does not find favour within the addictions field).

The Liberals propose to address health human resource issues by creating more nursing school and medical school spaces, making it easier for foreign-trained health professionals to practice, hiring 8,000 more nurses, expanding the use of nurse practitioners, improving working conditions for nurses, increasing the proportion of nurses who work full-time, and improving incentives to attract and retain doctors for under-served communities (including factors such as job placement for spouses of physicians).

Acknowledging the role of family caregivers, the Liberals promise to *"recognize this reality with a new Family Medical Leave Act to provide up to six weeks of job-protected unpaid leave to help you care for a member of your family"*.

The Liberals also make what has become the customary political nod toward health promotion: *"Our Best Start plan for early childhood education will get our kids off on the right foot, helping them develop healthy habits and learning skills sooner.... We will partner with businesses to create and expand healthy workplace practices.... We will help kids stay healthy through mandatory daily physical activity in schools.... We will also set a strong example on nutrition by banning the sale of junk food in our elementary schools.... We will support community sport and recreation... We will address the number one killer in Ontario with an aggressive plan to reduce smoking.... We will ensure cleaner air and safer water for Ontarians"*.



While not elaborating on any plans to address the social and economic determinants of health (including socioeconomic inequities), the platform does at least acknowledge a connection between economics and health: *“We will grow Ontario’s economy and create healthier people opportunities for better health for all. People who have affordable housing, good jobs and a decent living wage are much more likely to be healthy. Our plan to grow Ontario’s economy will create jobs, raise the minimum wage and provide more affordable housing”.*

In addition to its health platform, other platform components call for better immigration and settlement services, tackling gridlock, containing sprawl, preserving greenspace, providing greater protection for tenants, investing more in affordable housing, and (for the law-and-order crowd) building safe communities, with more police and more prosecutors.

ALBERTA: HEALTH REFORM PROCEEDING

According to a report from Alberta’s Health Reform Implementation Team, health reform in the province is proceeding well, although some reform sectors still lag behind. The report cites the province-wide expansion of the telephone health information service Health Link and the decrease in the number of Albertans who buy and use tobacco as two major accomplishments. However, the report says the development of an electronic health record system and a wait list registry for selected services and procedures are yet to be completed, and multi-year performance agreements between government and regional health authorities are still being negotiated.

The two Health Reform Implementation Team members are Dr. Larry Ohlhauser, former registrar of the College of Physicians and Surgeons of Alberta and Jeanette Pick RN, consultant and former chief operating officer of the Calgary Regional Health Authority.

The *Report of the Alberta Health Reform Implementation Team to the Minister of Health and Wellness, September 2003* is found as a 2 page PDF file at http://www.healthreform.ca/fall_2003.pdf.

BC: PROVINCE TO FUND VANCOUVER SAFE INJECTION SITE

Days before Vancouver’s precedent-setting injection site for drug users – the first of its kind in North America – is slated to open, the Vancouver Coastal Health Authority has received confirmation from the provincial health ministry that it will provide \$2 million to fund the pilot project, although its commitment runs only until the end of March 2004.

Lying behind the funding issue are unresolved negotiations about where ongoing funding will come from, beyond the start of the next fiscal year. The federal government has agreed to fund the scientific evaluation of the pilot project at a cost of \$1.5 million, but it has not committed to ongoing operational funding of the injection site. The city and the province have asked the federal government to fund the operation of the safe injection site from a special federal fund for health care dedicated to helping provinces make changes in the way they deliver primary care.



BC SUPREME COURT: PROVINCE'S HEALTH LAW IS CONSTITUTIONAL

On September 11, BC's Supreme Court ruled that Bill 29, the province's linchpin legislation that allowed the government to make massive changes in BC's health system, does not violate the Charter of Rights and Freedoms. Three BC unions argued that Bill 29 had violated three provisions of the Charter:

- violation of the right of Freedom of Association, by stripping away the fundamental collective rights of unionized health care workers
- violation of the right of Liberty and Security of the Person, by arbitrarily stripping health workers of their employment, without regard to basic principles of justice
- violation of Equality Rights, singling out for differential, inferior treatment a workforce that is predominantly female, is disproportionately old, and contains a larger proportion of visible minority members than Canadian society at large.

Government lawyers argued before the Court that the Supreme Court of Canada has conclusively determined that the Charter's guarantee of freedom of association does not extend to the right to engage in collective bargaining, nor does it prohibit legislative alteration or imposition of the terms of collective agreements. They also argued that Bill 29 has neither the purpose nor effect of "deunionizing" the health care sector. Its purpose was to take particular operational matters out of collective bargaining so as to permit health care employers more operational flexibility in managing the health care system efficiently and cost-effectively.

In ruling in favour of the government, the BC Supreme Court said, *"This evidence does not establish that the impact of Bill 29 interferes with or prohibits membership in one of the plaintiff unions. The evidence does establish that the plaintiffs are disappointed about losing hard-fought for achievements, and that many may lose their jobs but the evidence does not go so far as to establish that the plaintiffs' Charter-guaranteed right to join a trade union is interfered with, only that some of the benefits of such association have been circumscribed by Bill 29... Nothing in Bill 29 limits or otherwise interferes with the plaintiffs' ability to form or participate in the lawful activities of a trade union"*.

In terms of the claim that Bill 29 violated the right of Liberty and Security of the Person, the Court said, *"There is absolutely no doubt that employment provides both economic and non-economic benefits to individuals. Nevertheless, the fact that work or employment may be possessed of a psychological dimension, however significant, is insufficient... to elevate it to an entitlement deserving of constitutional status"*. In terms of the claim that Bill 29 violated equality rights, the Court said, *"the fact that this group is predominantly female does not constitutionally shield it from governmental action that may adversely affect them without evidence that it is being subject to differential treatment"*.

The Court's full written ruling is at <http://www.courts.gov.bc.ca/Jdb-txt/SC/03/13/2003BCSC1379.htm>.



YOUTH SEXUAL HEALTH REPORT RELEASED

Canada's Council of Ministers of Education, in collaboration with the Canadian Strategy on HIV/AIDS of Health Canada has released a study on youth sexual health and HIV/AIDS. The *Canadian Youth, Sexual Health and HIV/AIDS Study* was conducted by researchers from four Canadian universities (Queen's, Acadia, Laval and University of Alberta) to increase understanding of the factors that contribute to the sexual health of youth by examining the socio-cultural, socio-environmental and interpersonal determinants of adolescent sexual activity. The study focused particularly on the context of sexual risk taking, especially with regard to HIV/AIDS prevention.

The study surveyed 11,074 students in Grades 7, 9, and 11 (approximate ages 12, 14, and 16) from all provinces and territories except Nunavut. The study showed that most students report relatively rare use of harmful addictive drugs, a "happy home life," and indicate that the school serves as an important source of sexual and HIV/AIDS information, especially for Grade 9 students.

Of the students surveyed, 23% of boys and 19% of girls in Grade 9 report having had sexual intercourse at least once, compared to 40% of boys and 46% of girls in Grade 11 who report having sexual intercourse at least once. Those who are sexually active most commonly cite love and curiosity/experimentation as rationales. There is also an indication that youth are familiar with condom use, and that over one-quarter of them used both a condom and birth control pill at last intercourse.

On the worrisome side, the study shows that confidence levels related to coping skills and self-esteem have dropped since a similar study was conducted in 1989. Over 20% of students report being the brunt of sexual jokes or comments related to their looks on at least one occasion over a two-month period. Of some concern to the report's authors is students' reported prevalence of alcohol use and episodes of drunkenness. In addition, substantial numbers of students name partying and engaging in rebellious activities as ways of becoming popular at school. Of the girls in grade 11 who responded, 8% reported that they had been pregnant and of those in grade 9, 6% had been pregnant.

Most troublesome of all, perhaps, is the study's finding that a large number of youth believe that there is not only a cure for HIV/AIDS, but also a vaccine available to prevent HIV infection (one-half of grade 9 students think that AIDS can be cured if treated early).

According to the study's executive summary:

"From an educational perspective, the findings of this study reinforce the need for a comprehensive focus on students' sexual health. Such a focus must go beyond an exploration of the knowledge, attitudes, and behaviour of youth, to an exploration of the contexts under which they engage in sexual activities and the belief systems that inform both positive and negative actions. There is also a continued need to ensure that sexual health services are targeted towards those who need them most."

In response to the study, the Canadian AIDS Society called for Secretary of State for Children and Youth, Ethel Blondin-Andrew, to develop and implement a youth action plan that will address the findings of the study – a plan that would address HIV/AIDS prevention and education, but also broader issues such as substance use, poverty, healthy sexuality and body image



The full study and its executive summary can be accessed at <http://www.cmec.ca/publications/aids/index.html>.

HAPPY ANNIVERSARY, NARCOTICS ANONYMOUS

Fifty years ago, Narcotics Anonymous held its first meeting at the Salvation Army Dad's Club in Sun Valley, California. During the late 1950s NA became virtually defunct, but resurrected itself in the early 1960s and currently operates 19,742 groups in 106 countries.

NA is an offshoot of the Alcoholics Anonymous movement and uses many of the same principles as AA (a Twelve Step tradition, for instance, and a "big book", called the *Basic Text*, to guide its members).

People addicted to narcotics faced a number of challenges less commonly found among those addicted to alcohol. Since their drug-taking was illegal, many worried about infiltration of their meetings by police officials. As well, a significant number of NA's members were in prison for drug offences, leading to a strong emphasis on "H&I" (hospitals and institutions) outreach work within institutions.

Happy anniversary, NA!

For those interested in more information about the history of NA, please view the July 2003 edition of NA's magazine, *NA Way*, found as a 24 page PDF file at http://www.na.org/pdf/usnaway_july2003.pdf.

FRANCE: GOVERNMENT NEGLIGENT IN HEAT WAVE

In the aftermath of Europe's brutal August heat wave, French Health Minister Jean-Francois Mattei has admitted in testimony to a parliamentary committee that the French government failed to anticipate the severity of last month's heat wave and to respond quickly to stem the death toll. Original estimates suggested that 5,000 died in France from the heat wave's effects, but Mattei has admitted that 12,000 more deaths than normal had been recorded from August 1 to 15. And France's largest chain of undertakers, the Pompes Funebres Generales, put the number of deaths above normal during the month of August at 15,000. Final government figures are due later this month.

Administrative confusion, and the large number of French doctors on vacation during the heat wave, have been blamed for the poor response of health services to the heat wave's effects. A team of medical experts examining the event said the *"compartmentalization of services between the (health) ministry, other ministries and workers on the ground prevented a pooling of available information"* about the scope of the emergency.

Since a disproportionate number of the deaths were elderly living alone without air conditioning in French urban centres with no nearby family supports, the heat wave has also triggered a debate in France about the extent to which French society provides adequate supports for its elderly population.

While the death rate was highest in France, Italy now reports that at least 4,175 more elderly Italians died in the heat wave compared with the same period last year, and a Dutch official has estimated the Netherlands' death toll from the heat wave to be as many as 1,400.



SCIENCE RUN AMOK: THE DRUGGED MONKEYS

In one of the biggest gaffes in health sciences in quite a while, researchers from Johns Hopkins University will publish a retraction of research results originally published last September in the journal *Science*, concerning the effects of the drug ecstasy.

According to the original article, laboratory monkeys and baboons had a severe reaction to ecstasy when it was injected in small doses. The study concluded that taking the drug for just one evening could leave users with irreversible brain damage, and trigger the onset of Parkinson's disease. In response to the findings, some doctors and anti-drug advocates spoke of a "neurological time bomb" facing the young. Others suggested that taking one of the tablets was the equivalent of playing Russian roulette with the brain, and demanded tighter anti-rave laws to deal with it.

It has now been learned that the alleged ecstasy administered to the laboratory animals was actually methamphetamine (speed), a drug that affects the body's dopamine system. The tubes had been mislabelled by the supplier. The mistake only came to light when follow-up tests gave conflicting results.

WATER WARS: THE AFRICAN EXPERIENCE

Editor's note: our editorial in Import 3.14, entitled Water Wars, described the potential for conflict over water across the world. A recent conference in Africa highlights both the possibility of conflict, and the will to find peaceful alternatives to water wars.

A pan-African summit on water resources ended on September 10 in Addis Ababa with warnings of the potential for conflict over water. More than two-thirds of Africa's 60 river basins are shared by more than one country, creating potential conflict over how they should be harnessed and used. The United Nations Development Program (UNDP) warned in a recent report that water wars are likely in areas where rivers are shared by more than one country. But Sam Nyambi, the head of UNDP in Ethiopia, offered a more positive vision to the summit's delegates from 19 African nations: *"The shared rivers offer many opportunities for increased food production; for transport, energy, and sound environmental management; and for trade and growth"*.

Abdirahman Beileh, a water resource expert with the African Development Bank, said the Bank had already pledged US\$33 million for the Nile Basin Initiative, a project that aims to promote the rational use of the river. David Grey, a senior water adviser with the World Bank, said that US\$2 billion could be invested in Nile river projects alone in the coming years, much of it from the private sector.

The Nile River watershed includes Burundi, Rwanda, Uganda, Tanzania, Congo, Kenya, Ethiopia, Sudan and Egypt, and supplies water to about 300 million people. Africa's two other major watersheds – the Zambesi and Senegal watersheds – were also discussed at the summit.

The web site for the Nile Basin initiative is at <http://www.nilebasin.org>.

In another recent development, the Canadian Roman Catholic social justice organization Development and Peace has made water its campaign theme for this autumn. Development and Peace is encouraging Canadians to sign its four-point Water Declaration:



1. Water is a sacred gift that connects all life.
2. Access to clean water is a basic human right.
3. The value of the earth's fresh water to the common good takes priority over any possible commercial value.
4. Fresh water is a shared legacy, a public trust and a collective responsibility.

Readers can access and sign the Declaration at <http://www.devp.org/testA/current.htm>.

OUR NEXT DOOR NEIGHBOUR IS EVERYONE: TWO MEN, ONE VISION

Too often the news from Africa is bad – and it can create the impression of a “basket case” continent. This week we profile two Africans who are making their continent and the world better, in vastly different ways.

Dikembe Mutombo

Dikembe Mutombo is over seven feet tall. But this player for the NBA basketball team the New Jersey Nets is even taller in the eyes of many in the African and international communities.

Born in the Congo in 1966, Dikembe Mutombo attended Georgetown University on an academic scholarship. During his second college year, coach John Thompson asked him to play basketball and launched the career that led to four awards as the NBA 's Defensive Player of the Year. Mutombo also holds a degree from Georgetown University with a double major in linguistics and diplomacy. His current four-year contract will earn him US\$68 million, and much of that will find its way to the Congo, to help heal his war-torn homeland.

For Congo's national women's basketball team, he provided equipment and funding for their trip to the 1996 Atlanta Olympics. To Special Olympians, he has donated his time and energy for clinics and workshops. In support of the Global Polio Eradication Initiative, Mutombo, who speaks nine languages including English, French, Spanish and his native Lingala, has given his voice for a series of public-service announcements, encouraging millions of Central African parents to immunize their children against the disease. And in his hometown, the Congolese capital Kinshasa, he is building a \$14.5 million hospital, using his own money as well as funds he has raised. When it opens next year as the Congo's first new fully equipped medical facility in nearly 30 years, it will be named the Biamba Marie Mutombo Hospital in honour of Mutombo's mother, who died in 1998 of a stroke.

Says Tom Keefe, president of the International Medical Equipment Collaborative, a charity that will help to equip the hospital, *“Mutombo believes that God has given him this opportunity to do great things for his country, especially in health care. This facility will create the most dramatic change in health-care delivery, not just in the capital, but in the country and the whole region.”*

In 1997 he founded the Dikembe Mutombo Foundation, his main mechanism for contributing to the war against poverty. Through the foundation he has raised and channelled funding to development efforts in support of youth, focusing on improving health and education services for children. In 2000 Mutombo worked actively with MAP International, a non-profit Christian global relief and development agency, to send medicines to two facilities in Kinshasa at a time when an estimated 810,000 Congolese displaced persons had little access to the necessities of life.



Dikembe Mutombo does not limit his contributions to Africa. In the US he has been involved in the "Strong STARTS" program (Strong Schools Taking Action to Reach Troubled Students) which assists emotionally disturbed adolescents and helps them to succeed in school. When he played with the Atlanta Hawks he was spokesman for the team's "Team Up" program which encourages middle-school students in the US to become active in their communities by participating in food drives and working in senior-citizen homes and soup kitchens.

In 1999 Mutombo was chosen as the United Nations Development Program's first Youth Emissary, with the task of helping bring visibility to youth-related development projects around the world. In 2002 he also joined forces with the United Nations Office for Drug Control and Crime Prevention and the United Nations Program on HIV/AIDS to create new public service announcements aimed at educating young people about the relationship between drug abuse and the HIV/AIDS virus.

This month Mutombo is coaching at the NBA's Africa Camp 100, where he will raise awareness about the UN Millennium Development Goals' targets for 2015 – reversing the spread of HIV/AIDS, getting all children through primary school, and halving severe poverty. A hundred top young players from 19 African countries are at the camp, being held in South Africa.

Mutombo himself explains his contributions through a modern African proverb: *"When you take the elevator up to reach the top, please don't forget to send the elevator back down, so that someone else can take it to the top. This is my way of sending the elevator down."*

In addition to his career and his civic work, Mutombo and his wife Rose are raising five children, four of them adopted.

P.S. Mutombo and his team will play the Raptors in Toronto on October 29.

Zackie Achmat

Until this month, South African Zackie Achmat was on strike – and an unusual strike it has been. Achmat, head of the South African organization AIDS Treatment Action Campaign (TAC), has been fighting his country's government for several years because of its opposition to creation of a national campaign to provide antiretroviral drugs to people with HIV/AIDS. And as part of the fight Achmat, who is HIV positive, has refused to take antiretroviral drugs himself – and even the country's President Emeritus Nelson Mandela (who sympathizes with TAC's aims) was not able to convince Achmat to call of the "strike".

Adurrazack (Zackie) Achmat was born into a Muslim family in Cape Town in 1962. Early in his life he developed impeccable credentials as a rebel. As a schoolboy in the 1970s in a segregated Cape Town township he was caught up in the violent student campaign against apartheid, and was arrested and detained five times. For ten years he operated as an underground activist for the banned African National Congress (now the country's ruling party), evading the secret police and organizing youth resistance groups. He created a series of NGOs to providing educational support to disadvantaged youth, skills training for school leavers and health support to youth. He was active in promoting the ANC at a mass level, from organizing the first open mass ANC funeral in the Western Cape, to publicizing the ANC's Freedom Charter in massive murals spray painted onto walls all over Cape Town.



Achmat, who is gay and who has openly championed gay rights, initiated the National Coalition for Gay and Lesbian Equality and, as its director successfully ran campaigns to ensure the retention of the clause prohibiting discrimination on grounds of sexual orientation in South Africa's Bill of Rights.

Achmat has used many of the same confrontational techniques through TAC to pressure the South African government to introduce a national antiretroviral program.

In October 2001 Achmat won the Desmond Tutu Leadership Award. In April 2003 Achmat received an honorary degree from the University of Natal, which praised him for playing *"a key role in expanding democratic participation, widening frontiers of public knowledge and challenging conceptions of public morality. He had relentlessly involved himself in organisations and social movements that oppose state and societal oppression, prejudice and elitism"*.

In April Achmat also received the Jonathan Mann Award for Global Health Human Rights, awarded by the Washington-based Global Health Council. Achmat donated half of the award money to ATC. In accepting the award on Achmat's behalf, TAC's women's health programmes co-ordinator Nonkosi Khumalo said:

"I accept this award not only on Zackie's behalf but also for the TAC and its many volunteers across South Africa who dedicate their lives to alleviating an epidemic that this year will claim more than 600 of my countrymen every day.... I also accept this award in memory of Christopher Moraka, Sarah Hlalele, Edvard Mabunda, Kebareng Moeketsi, Nomfundo Somana and many other activists that not only dedicated their lives to ensuring better access to health care services for all, but died because they could not have access to life-saving medicines for HIV/AIDS. The TAC will continue ensuring that the barriers to the lack of access to medicines in Africa come down. In the last four years, it has been our honour to have been part of a global campaign of people who hold human rights above profit. This global campaign has forced drug companies to drop some of their essential medicine prices. It has also resulted in the Global Fund to Fight AIDS, TB and Malaria."

In August, after several years of domestic and international pressure, the South African government committed itself to the development of a national antiretroviral strategy.

On September 8 Zackie Achmat announced he has ended his "pharmaceutical fast" and is now receiving antiretroviral therapy, saying, *"We all recognize that the process government has committed to is irreversible. It's not a question of if, but when and how."*

OUR READERS SAY....

In the cover message to *Import 3.15*, we took a positive view of back-to-school time, saying, *"But when the new school year begins I am flooded with memories of new pencil cases, stacks of unsullied lined paper, and resolutions to do my homework on time"*. A reader reminded us in heartfelt terms, however, that the beginning of the school year can be less than sanguine for the parents of children with special needs:

"My bad attack of 'jitters' this morning comes from the formal discovery late last school year that my son has a learning disability. However, not being one of the flavour-of-the-month kinds of diagnoses, this means that although the learning strategies that must be adopted are the same, the potential for serious consequences down-the-line is just as looming as one of the popular



flavours. The reality is that my son will not likely qualify for 'identification' and thus assistance (funding).

Yes, we are now formally introduced to yet another institution, the institution of Ontario's education system. And here I sat thinking that after many years in the health business, I'd more-or-less got the hang of it – but no, now I must master yet another dialect of the high priestess, learn yet another lexicon to enable us to come before the altar of the priestess to do what is best for our son.

And so the jitters. Hoping my son is able to navigate the day without a meltdown, hoping my son is able to maintain his friends and them him, hoping that the sincerity that has been displayed by the teacher and principal translates into the actions necessary in spite of the demands of all the other things going on in the classroom, hoping that the incredible gifts that my son has are nurtured and encouraged, hoping, hoping that we can provide him with everything he needs.

Hopefully the jitters will be gone tomorrow”.

IN MY HUMBLE OPINION: WHOSE GOVERNMENT IS IT ANYWAY?

I have been saving up this rant for some time – but bear with me. It is mercifully short.

I read a great many government media releases and other documents from governments in the course of preparing each edition of *Import*, and I am heartily sick of reading phrases like “the Eves government” (formerly known as “the Harris government”), or the “Campbell government” emanating from government documents.

In my more charitable moments I accept these phrases as a kind of shorthand, a way of differentiating the current government from the one that came before it. In my least charitable moments, I see yet another in-your-face reminder that political spin doctors are relentless in pushing that which is partisan, rather than that which is public and civic.

Keep in mind that not all parties-in-power behave quite this way. Take, for instance, the month of February 2003. In that month, the Government of Ontario issued ten government-wide media releases (i.e. releases not from a specific minister). Of the ten, six had titles that started with the phrase “The Eves government”, and four just started with “Eves”.

But in the months of February and March 2003, the Premier's Office of the Province of Nova Scotia issued eleven media releases. None referred to “the Hamm government” or to “Hamm” in the news release title, and only one of the titles even used the word “Premier”.

I suppose I could curb my irritation if this quirk was the only assault on my sensibilities in provinces like Ontario and British Columbia. Instead, it seems to be part of a larger process of decisions by wonks – a process that perversely twists a John F. Kennedy phrase to read, “do not ask what your government can do for you. Ask what you can do for your government” – a process that bases the timing of decisions and announcements not on what is best for citizens and vulnerable populations, but on what is best for the sake of a partisan edge, however minor. And no, a “McGuinty government” will be no better than “Eves government” if it also reflects the subjugation of the civic to the partisan.



Mister Eves, it is not your government. It is not the government of any one individual (except, in an archaic sense, the Government of Her Majesty). It is the government of the people of Ontario, entrusted by a minority of Ontario voters to your political party as its steward for a transitory time, and you happen to be the leader of that party for a transitory time.

And it would be a deserved, fitting and refreshing courtesy to the people of this province if you and your media minions mentioned that fact from time to time.

John Butler, The Agora Group

FROM THE QUOTES VAULT

"Yesterday's upbringing was in the streets

Today's upbringing is in the streets

Parents, let's help our children,

And provide them with a stable upbringing.

When the children wave, I will wave.

When the women wave, I will wave."

from the song Souka Nayo ("I will follow you") by Senegalese singer and songwriter Baaba Maal, who was appointed a Youth Emissary of the United Nations Development Fund on July 29 2003. Souka Nayo is found on Baaba Maal's 1998 CD Nomad Soul.

Editor's note: I have this CD and it is an amazingly powerful piece of work!