



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 DISABILITY LEADERS HOLD CONFERENCE – DESPITE THE PROVINCE

On September 10 and 11, representatives from municipal Accessibility Advisory Committees (AACs) from across Ontario met in Sault Ste. Marie at one of the year's most controversial conferences.

According to the province's *Ontarians With Disabilities Act*, all municipalities in Ontario with populations of 10,000 or more must submit accessibility plans by the end of September. The AAC in Sault Ste. Marie had organized the conference to allow AACs from municipalities across Ontario to compare notes on their unfolding plans, brainstorm and offer each other advice.

Before the conference was held its organizers said the Ontario government had refused to provide them with contact information on AACs across the province and had said communications must be routed through the province's Accessibility Directorate. Organizers also claimed the province had failed to provide funding for the conference other than a minor start-up grant.

Joining the chorus expressing concerns before the conference, an editorial in the August 26 edition of the *Sault Star* said:



“Organizers have been forced to go cap-in-hand to local businesses and individuals to raise some cash. All we can hope is that if bureaucracies continue to rebuff the conference, the private sector will come through and the event can reach its full potential. Even the fact that the symposium is being organized by a non-governmental group in the first place points to some of the hurdles faced by people with handicaps. It should have been planned and executed by a provincial agency, considering the need for it was spawned by a provincial edict.... Of course, in this instance there may be another fly in the ointment. Such a conference is sure to bring up shortcomings in providing accessibility and other needs for people with disabilities. Maybe governments hope to avoid the humiliation of having some of their shortcomings articulated.”

According to an article in *Sault This Week*, Minister of Citizenship and Culture Carl DeFaria defended the government, claiming it could not release information on AAC members because of confidential information such as e-mail addresses. DeFaria also suggested the Sault's AAC members are exceeding their roles by engaging in advocacy rather than sticking to a coordinating role, and by wanting to move ahead in a manner not in accordance with the province's timetable for increasing accessibility for people with disabilities. He denied that funding was unavailable for the conference and said the organizers did not properly apply (a statement denied in turn by conference organizers). DeFaria did not attend the conference, citing a schedule conflict.

The controversy over the conference is embedded in a larger issue. The Ontario government requires municipal accessibility plans but has not agreed to provide funding to increase accessibility in accordance with the plans. As well, a proposal from Ontario's Progressive Conservatives to force municipalities to hold referenda before increasing taxes will, say disability advocates, make it harder for municipalities to find funds to improve accessibility.

Editor's note: a reader of *Import* who serves on the Accessibility Advisory Committee of a southern Ontario municipality and who attended the conference had this to say about the government presentation at the conference:

“After a brief nutrition break (that's the key phrase for all of the non-smokers out there), we reconvened with the Ontario Accessibility Directorate and Council. A lamer group of sheep I have never before encountered. We listened to their ramblings for a few minutes but when it became painfully clear that they were not addressing the situation, the natives became restless.”

ONTARIO'S FAITH LEADERS TO POLITICIANS: DEAL WITH HOUSING, CHILDREN

Sixty-one leaders of Ontario's faith communities (Muslim, Christian, Jewish, Sikh and Hindu) waded into the Ontario election this week by lending their names to full-page ads in newspapers headed “Prayer alone will not end child poverty”. The ads, placed by the Campaign Against Child Poverty, call on Ontario party leaders to ensure that the next government:

- matches federal funding to create sufficient affordable housing
- ensures all low-income children receive full funds from the federal National Child Benefit by ending Ontario's claw-back of funds from 146,000 Ontario children on social assistance



- invests in high quality, licensed child care services
- increases the shelter allowance portion of social assistance to reflect real rents
- raises the minimum wage, which has been frozen for 8 years.

Says the ad addressed to party leaders, *“Our children deserve much better. Your actions will affect their future. It’s a matter of conscience”.*

HURON COUNTY: NO SMOKING – WITH EXCEPTIONS

A decision by Huron County Council in southwestern Ontario means a new County smoking bylaw will come into effect on September 4 2004, subject to approval from the County’s lower-tier municipalities. This was the County’s third try at passing a bylaw. County Warden Dave Urlin claimed it passed this time because of exemptions within it, including long-term facilities that have designated smoking rooms that meet provincial regulations, and patients in the psychiatric unit at Alexandra Marine and General Hospital in Goderich.

COURT ORDERS ONTARIO TO RESTORE AGENCY FUNDING, PROPERTY

The Ontario Superior Court has ordered the Ontario government to restore funding to the St. Catharines Association for Community Living (SCACL), which had its provincial contract revoked by the Ministry of Community, Family and Children’s Services after a death and a serious injury of two men with developmental disabilities who were under care in SCACL group homes. As a result of one incident, a staff member of SCACL was charged with criminal negligence causing death after a client was severely burned in a bathtub at the hotel where he was staying while the group home was being renovated.

SCACL had managed 14 group homes serving 70 residents. In February 2003 the Ministry announced SCACL’s service contract had been switched to Niagara Support Services, which assumed control of SCACL’s 200 employees and its office.

According to the Court judgment:

“The evidence does not disclose that the Applicant SCACL received any fair warning. They had no reasonable opportunity to make representations nor did they have timely and full disclosure of the reasons.... The nature of the services and the detail necessary to assist the residents requires the government to follow a fair procedure before voiding a contract, which was of an ‘indefinite nature’. The decision to cease to fund SCACL and to seize its property and authorize a third party to operate and manage SCACL and to occupy SCACL’s property for this purpose is quashed as illegal.”

The judicial ruling also criticized the Ministry for issuing a media release before informing SCACL management of the decision, and said this action was *“not what Canadian society expects in regard to fair government action.”*

In response to the ruling Keith Powell, Executive Director of Community Living Ontario, said:

“The ruling is crystal clear. It states in no uncertain terms that the Ministry acted unfairly and without legal justification. The Court indicated that the issue needs to be resolved urgently, directing the



Ministry to restore funding and return seized property to Community Living St. Catharines immediately. The more than 10,000 members of our association across Ontario expect the government to accept the ruling of the Court in good grace and to comply with it. Individuals and families don't need any more turmoil than the Ministry's original, illegal action has already caused. People have experienced enough trauma and upheaval because of this. Let's stop the litigation battle and get on with enabling Community Living St. Catharines to provide the services and supports that people need."

On September 17 the courts gave the government a "stay" until it can prepare an application for leave to appeal the decision. Said Powell, *"This doesn't change anything about the decision of the Divisional Court. The Divisional Court got it right when it ruled that the Ministry's actions were illegal, and we are confident that the Ministry ultimately will be required to abide by that decision."*

ONTARIO NDP ELECTION PLATFORM: THE CASE FOR "PUBLIC POWER"

In previous editions of *Import* we profiled the health and human service components of the platforms of the Progressive Conservative and Liberal Parties in Ontario. In this issue we profile the NDP platform. Entitled *publicpower: Practical Solutions for Ontario: Howard Hampton and the Ontario NDP*, the New Democrats' platform on health and other issues can be accessed in PDF and Word formats at http://publicpower.ca/our_platform/index.htm.

The platform is heavy on creation of charters of rights in areas such as health, education and the environment, and the creation of commissioners as watchdogs in areas such as health.

Not surprisingly, the NDP's central health platform plank is its opposition to privatization of health care. The NDP says it will ***"cancel the expansion of private, for-profit diagnostic MRI and CT 'scans for cash' and redirect the funding to public health care for better care at less cost"***, and it will ***"immediately cancel the Conservative scheme for private hospitals in Brampton, Ottawa and elsewhere and invest in public hospitals in these communities"***. The NDP says it will also ***"end home care privatization and ensure adequate support exists to enable the elderly, people with disabilities and others to live independently in their own homes when they so choose"***.

Like the other two major parties, the NDP says it will increase the physician supply by creating more positions in medical schools and by making it easier for foreign-trained doctors to practice in Ontario. The NDP platform is similar to the Liberal platform in calling for ***"creating more full-time nursing and nurse practitioner positions and creating more nurse-friendly environments"***. But unlike the other two major parties, the NDP says it will build on the strengths of Ontario's community health centres as the keystone of primary care reform:

"Many communities already have CHCs. We know they work. But lack of adequate funding means 80 per cent of existing CHCs are closed to new patients. Many more communities have, for years, been asking for CHCs, but the government has been dragging its feet. It's time to act. Howard Hampton and the NDP would move quickly to establish 100 new Community Health



Centres and increase investment in existing CHCs so they can do an even better job of meeting the needs of their communities and attracting health professionals.”

In terms of long-term care, the NDP says it will ***“roll back the long term care fee increase and introduce tough standards which hospitals, community care and long term care providers must meet to ensure high quality health care for our senior citizens, including minimum staffing and care requirements”***. ***Interestingly the NDP follows the lead of the other two parties on the accountability theme with its emphasis on “tough standards”*** – a phrase that can become a pretext for blame-shifting to civic agencies for not meeting standards when the real problem lies in inadequate government funding to help organizations meet the standards.

The NDP continues the accountability theme by saying it will ***“guarantee accountability with a Health Care Standards Commissioner, Patients' Bill of Rights and whistleblower protection”***. It will also ***“appoint a powerful and independent Health Care Standards Commissioner to monitor and enforce the principles of the Patients' Bill of Rights. The Commissioner would investigate complaints, and work with health professionals and experts to set standards of care - including maximum waiting times, quality of care and patient safety - and enforce those standards”***.

The NDP also promises to ***“bring children's mental health and community mental health out of the cold”***. ***The NDP would “increase funding for community mental health programs, for the first time since the Conservatives came to power, and provide greater transparency in funding. We would give children's mental health the attention and priority it deserves, investing to reduce waiting lists and making one Cabinet Minister responsible for planning children's mental health services across government ministries and accountable for their overall impact”***. The NDP also ties mental health into primary care by saying it will ***“ensure a dramatically expanded network of Community Health Centres that will include health professionals trained in mental health care, providing local solutions for local people”***.

The NDP platform makes no mention of addiction services – neither under mental health nor under any of its other health-related promises.

The NDP also makes the customary nod toward health promotion by calling for ***“an ambitious preventive health plan, including a comprehensive tobacco control strategy. A healthier population means more efficient use of our health care system. Our plan includes a comprehensive tobacco control strategy that helps smokers quit and stay quit, with more cessation clinics, a 24-hour a day counseling service, and reducing smoking by young people by requiring retailers to keep tobacco products out of sight behind counters”***.

Like the Liberals (but with slightly more emphasis), the NDP also cites the need to address determinants of health, with particular emphasis on high-profile environmental health issues: ***“publicpower means the best way to keep people healthy is to have a healthy environment. Smog kills thousands, and the NDP plan to shut Ontario's coal-fired power generating stations by 2007 and convert them to cleaner gas will save countless lives. Protecting the quality of drinking water at source, getting cars off grid-locked streets, encouraging more people to ride public transit with lower fares, ensuring children are safer in***



schoolyards and in their homes, food labeling laws so we know what we eat, reducing violence against women, encouraging energy conservation and finding practical solutions to some of the social causes of bad health – poverty, homelessness, inequality, illiteracy to name a few – these are the keys to a healthy Ontario”.

The NDP also says it will pass an Ontario Drinking Water Source Protection Act and establish *“Watershed Planning Boards across the province with the mandate and resources to protect the quantity and quality of water in the watershed. These boards would produce Source Protection Plans that would prevent water contamination by human activity, intensive factory hog farms, massive water taking and other development”.*

Among its other initiatives, the NDP platform calls for:

- reducing child care fees to \$10 a day for children ages 18 months to 5 years enrolled in non-profit regulated care, and creating 20,000 new \$10 a day non-profit spaces
- a comprehensive early learning strategy that includes funding full-day Junior and Senior kindergarten, requiring that every new school include a child care centre, and including child care centres under the education funding formula
- improving community policing and safety focusing on preventing crime through a Community Safety Charter
- addressing violence against women with a comprehensive "Freedom from Fear" strategy
- scrapping privatized jails
- implementing proportional representation: *“First, we would establish an independent commission to hold public hearings and determine the details of the best model of Proportional Representation. Then, the people would have their say in a referendum. If it passes, Proportional Representation would be in effect for the next election”.*
- ending the practice of lifetime bans on social assistance recipients who abuse welfare, and reviewing social assistance rates to cover the cost of living
- rolling back anti-labour legislation passed by the Conservatives
- stopping the clawback of the Child Tax Benefit Supplement from social assistance recipients, expanding employment incentives to help people on social assistance move into the workforce, and indexing Ontario Disability Support Program benefits to inflation.
- expanding Aboriginal justice programs, revising school curricula to reflect the contributions of First Nations, and reopening negotiations with Northern First Nations to provide fire protection and reduce evacuations of First Nations communities as a result of forest fires.

Like the Liberals, the NDP recognizes it is open to accusations that its platform proposes initiatives that government will not be able to afford – so like the Liberals, the NDP claims that its proposals are “certified and fully costed”



U OF T, UNIVERSITY HEALTH NETWORK TACKLE HEALTH SECTOR STRATEGY

The health sector is a skein of interwoven disciplines and traditions, and understanding it is a challenge – much less trying to create strategies for such a complex field. The University of Toronto and the University Health Network moved closer to tackling it as a complex sector by announcing on September 8 the creation of the Sandra Rotman Chair in Health Sector Strategy at the U of T's Rotman School of Management. The first holder of the Chair is Brian R. Golden, professor of strategic management at the Rotman School with a joint appointment in the Department of Health Policy, Management and Evaluation at the U of T's Faculty of Medicine. The \$5 million chair results from a gift from the Rotman Family Foundation, the University Health Network and the Toronto General and Western Hospital Foundation. Golden will launch and direct the Rotman School's Centre for Health Sector Strategy in partnership with the University Health Network. The Centre will bring together the university's resources to conduct and promote research at the intersection of management, economics, and health policy.

NEW BRUNSWICK HONOURS MENTAL HEALTH ACTIVIST

The 2003 New Brunswick Human Rights Award was presented on September 14 to Eugène LeBlanc of Memramcook. He received the award from the New Brunswick Human Rights Commission for his work creating social and vocational opportunities for persons who have a mental illness and for promoting public awareness of mental health/illness issues and respect for persons with a mental disability. LeBlanc founded a client-run activity centre for people with a mental illness in Dieppe, and was the driving force behind the newspaper *Our Voice / Notre Voix*. Said LeBlanc in his acceptance speech:

"If there is one thing that I have observed in the last 16 years among those having long-term mental illnesses, if there is one thing that most have in common, it is the sense of lack of power and control over their own lives and a feeling of utter disconnectedness with the community. Sad to say but true, too many live their entire lives without having a real friend in this world. Think about that for a moment. They long to belong, but don't seem to know how to access society, which often puts walls and barriers in their faces."

In his speech LeBlanc implored the government to increase financial support for the province's 24 client-run activity centres for people with mental illness, and said that people who have a mental illness are living in excruciating poverty in the province. According to a recent provincial survey, their average income is about \$800 per month for an individual.

B.C.: SENIORS URGED TO PROTEST BED CUTS

In a controversy that may pit two groups of seniors against each other, The B.C. Health Coalition (a group including trade unions, seniors and people with disabilities) has urged seniors in the province to jam B.C. government switchboards this week to demand the resignation of Katherine Whittred, the minister responsible for seniors. This comes in the wake of a leaked government discussion document showing that 3,300 long-term care beds in B.C. have already been closed or are in the process of closing, from an original stock of 25,400 two years ago. Plans for the creation of 3,300 assisted-living beds have been announced by the



province, but few of them will be ready in the near future. These beds will help seniors who are frail and need support, but critics say they will do nothing to help seniors with more profound health problems.

Tom McGregor of the B.C. Coalition of People with Disabilities says he is alarmed at the suggestion in the government report that long-term care be replaced with home support. McGregor says there are not enough home support hours to give current recipients the assistance they need to live independently in dignity.

Media releases and backgrounders on the issue can be accessed on the Health Coalition web site at <http://www.bchealthcoalition.ca/news/index.html>.

NEWFOUNDLAND TO CREATE SENIORS' DRUG PROGRAM

On September 18 Newfoundland and Labrador announced it will create a seniors drug program to replace partial drug coverage for seniors currently available through the province's drug program. The new program will cover all seniors. Currently, only seniors receiving the guaranteed income supplement can make use of the government's program.

Health and Community Services Minister Gerald Smith says the new program will be consistent with the catastrophic drug program that Canada's First Ministers agreed to develop. Smith said the provincial government decided to move on a new seniors program now, since the catastrophic program will not come into effect until 2005-06. Smith said the government will seek input from seniors so the new program meets their needs. Design work on the program will start once a design committee is formed, and will take six months to complete.

A media release on the initiative is at <http://www.gov.nf.ca/releases/2003/health/0918n04.htm>.

NOVA SCOTIA: TAR PONDS COMMITTEE TO BE SET UP

On September 16 the Nova Scotia and federal governments announced they will set up a Community Liaison Committee to ensure a continuing two-way flow of information during the Sydney Tar Ponds cleanup. The two governments will also establish a storefront information office at an easily accessible location near the cleanup site. The Community Liaison Committee will comprise up to 15 citizens of the Cape Breton Regional Municipality (CBRM) nominated by local organizations in such areas as business, labour, health, environment, recreation and post-secondary education. A media release on the Liaison Committee is at <http://www.gov.ns.ca/news/details.asp?id=20030916001>.

According to the terms of reference of the committee, *"The existence of contaminated industrial properties in Sydney, and the notoriety surrounding them, affect all citizens of CBRM. They have impeded the municipality's social and economic progress, stirred bitter controversy, and diverted energy from other, more forward-looking community pursuits."*

The Tar Ponds, covering the equivalent of three city blocks, came from decades of coke-burning at Sydney's steel plant, which produces tar as a waste by-product. The ponds also became a site for dumping Sydney's sewage. The Tar Ponds have left ground water and surface water in the area seriously contaminated with arsenic, lead and other toxins (including an estimated 15 varieties of cancer related chemicals). Controversy



has dogged the Tar Ponds cleanup, in part because of disagreements over the best way to clean up the site, and differing scientific assessments of the degree of health risk posed to residents near the site. As well, some nearby residents have demanded that they be relocated at government expense from their homes near the site, claiming the cleanup will not be enough to protect their health.

MANITOBA TO STUDY RURAL DOCTOR SHORTAGE

On September 15 Manitoba announced it has appointed Dr. David Cram to consult and report on rural physician recruitment and retention in the Assiniboine Regional Health Authority (RHA). Born and raised in Neepawa Manitoba, Cram is a rural doctor who has practised in Souris since 1986. He is a founding member of the Manitoba Southwest Association of Rural Physicians.

Dr. Cram will meet with doctors, communities, the RHA, and organizations such as the College of Physicians and Surgeons of Manitoba and the Manitoba Medical Association to develop a sustainable strategy for improving doctor recruitment and retention in rural Manitoba. Cram will also work with the Office of Rural and Northern Health (ORNH), which was established to improve doctor recruitment and retention in rural and northern Manitoba. He will report to Manitoba's health minister by the end of 2003. Says Cram, *"Rural medicine has changed and continues to change. What worked for rural doctors in the past won't necessarily work in the new and ever changing rural environment"*.

A media release on the appointment is at <http://www.gov.mb.ca/chc/press/top/2003/09/2003-09-15-02.html>.

JAPAN: ELDERLY POPULATION RISES

Japan's Public Management, Home Affairs, Posts and Telecommunications Ministry released an estimate on September 13 that 19% of the country's population are elderly (aged 65 or over), up by half a percentage point from last year and the largest percentage ever. It is also the highest among industrialized nations. The latest comparable data put the corresponding percentage at 18.2% in Italy, 17.1% in Germany, 16.1% in France for 2003, and about 13% in Canada.

The number of Japanese males aged 65 or older is estimated at 10.26 million, surpassing 10 million for the first time and accounting for 16.5% of the male population. The number of women aged 65 or older is estimated at 14.05 million, or 21.5% of the female population.

The number of people in Japan aged 65 or older is expected to total 32.77 million in 2015 (26% percent of the total population) according to Japan's National Institute of Population and Social Security Research, an organization under the Health, Labor and Welfare Ministry.

INDIA: SEX LAW CURBS GAY HEALTH, JEOPARDIZES FAMILY PLANNING

While Canada debates same-sex marriages and extends human rights coverage to gays and lesbians and as Britain introduces widows' pensions for same-sex partners of deceased military personnel, momentum is gathering in India to reform the country's antiquated law on sexual behaviour. The law – Section 377 of the Indian Penal Code – dates back to 1860, and states that *"Whoever voluntarily has carnal intercourse against*



the order of nature with any man, woman or animal, shall be punished with imprisonment for life, or with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine."

The law has been interpreted to ban gay sex, and any form of sex not directly related to procreation (oral sex for example).

Opponents of the law point to what they consider an unconscionable paradox, since rape has a maximum sentence of 7 years in India and there is no specific law preventing child sexual abuse (although Section 377 is sometimes invoked in child sexual abuse cases). Advocates of law reform also suggest that under this law, India's family planning initiatives might be deemed illegal since they interfere with the procreative function that is at the heart of Section 377.

The Lawyers Collective, an NGO based in New Delhi and engaged in legal reform issues, legal support for human rights cases and free legal services for women, is in the forefront of the fledgling movement for sex law reform in India. And according to the Naz Foundation, an Indian organization that raises awareness to prevent the spread of HIV/AIDS and provides support to those affected by it, work on AIDS initiatives such as condom distribution is severely hampered because many gay people refuse to come forward to receive service for fear of arrest, prosecution and imprisonment based on Section 377. Shaleen Rakesh of the Naz Foundation also says arrests of gay Indians under Section 377 have sometimes been used by police as a tool for extortion and forced sex with policemen. The Naz Foundation has in the past unsuccessfully appealed to the National Human Rights Commission in a case where a gay man was involuntarily subjected to "aversion therapy" by a psychiatrist to "cure" him of his "malaise". The Foundation has also appealed in court about the use of Section 377 against gay Indians.

Reform advocates face opposition from India's ruling party, the Bharatiya Janata Party (BJP). Party officials last week said homosexuality cannot be legalized because Indian society does not approve of it and because it goes against public morality. Additional Solicitor General K.K. Sood, the government's leading voice against sex law reform, equates homosexuality with obscenity and defends the use of Section 377 against homosexuals, saying *"We must uphold some moral standards. We have to guard the health of future generations."* Sood downplays prosecution under Section 377, saying it will likely not be applied to cases of sexual acts between two men unless one partner complains or they engage in sex in a public place.

US: EPA SUED OVER CHILDREN'S EXPOSURE TO PESTICIDES

On September 15 two lawsuits were launched against the US Environmental Protection Agency (EPA) for failing to protect children from unsafe levels of pesticide residue found in food. The plaintiffs seek court orders forcing the EPA to comply with a 1996 law requiring that the agency set pesticide residue standards ten times stricter than those considered acceptable for adults.

One suit was brought by the attorneys general of New York, Connecticut, Massachusetts, and New Jersey. The other was brought by an 11-member group that includes the Natural Resources Defense Council (NRDC), Pesticide Action Network North America, the Breast Cancer Fund, and the Physicians for Social Responsibility. Both cases focus on high-risk pesticides used on fruits, vegetables, and nuts commonly eaten by children. According to the NRDC suit, the EPA has waived the required tenfold safety factor for the



pesticides. They said that the EPA had based residue limits on data from adults, but that Congress passed the 1996 Food Quality Protection Act to require the EPA to set residue levels that are safe for children. The act says the EPA must use an additional tenfold margin of safety to account for the special susceptibility of infants and children when establishing tolerances for pesticides in food. The tougher standard can be waived only when there is comprehensive scientific information showing that a lesser standard is still safe for children.

US: ILLINOIS MAY BUTT HEADS WITH FDA OVER DRUG REIMPORTATION FROM CANADA

On September 15 the Governor of Illinois said his state is considering buying prescription drugs from Canada for state employees and retirees, to save tens of millions of dollars. The Governor says Illinois spent \$340 million this year through drug benefit plans to provide drugs for 230,000 current and retired state employees – a figure expected to grow by 17% next year. Since the Canadian government regulates the cost of pharmaceuticals, Illinois believes it can save substantially by importing drugs from Canada. But the federal Food and Drug Administration (FDA) bars importation of drugs that it has not approved, and bars the resale of drugs made in the US, exported elsewhere, then returned to the US. The FDA cites quality control concerns as the basis for its opposition, but some analysts see the FDA policy as the result of lobbying efforts by politically powerful pharmaceutical manufacturers in the US.

Springfield Massachusetts has already set up a drug reimportation plan for its employees and retirees, despite FDA warnings that the city is breaking US federal law. Said Springfield's mayor recently, *"Let's think about this. How many Canadian citizens have been harmed by counterfeit medicines? Let's get real here. That's not an issue, and you know it's not an issue."*

In a move that may have been timed to discredit Illinois' plans, the FDA said on September 16 that as part of a continuing crackdown on counterfeit prescription drugs in the US, it had seized medicines from an Illinois company because they posed a danger to consumers.

WORLD TRADE ORGANIZATION TALKS COLLAPSE

In a move that will affect the health of millions in developing countries, World Trade Organization talks in Cancun on trade liberalization collapsed this week. On one side were developing nations (called the Group of 20+, headed by Brazil with strong support from India and China) that wanted the talks to result in reductions in massive subsidies paid by industrialized nations (particularly the US, Japan and the European Union) to their farmers, effectively lowering the price of agricultural products in developed nations and freezing farmers in developing nations out of the market. On the other side were the industrialized nations, unwilling to substantially reduce their agricultural subsidies and tariffs, and demanding instead that developing nations institute changes to their foreign investment rules as well as their rules for competition to make their domestic markets fairer and more competitive.

The British Commonwealth waded into the fray after the talks collapsed. Said Commonwealth Secretary-General Donald McKinnon, *"It is criminal to expect developing countries to accept a raw deal.... We are all familiar with the scandal of agricultural subsidies. The US, Europe and Japan dish out farm subsidies at the rate of one billion dollars a day, thus depriving developing nations of being able to trade their way out of*



poverty... It is important to realize that cutting agricultural subsidies would also benefit people in the industrialized world, by making available \$1,000 a year to every household in the US, Europe and Japan".

A leading Indian activist went even further in her condemnation. Vandana Shiva, a world-renowned physicist and founder of the New Delhi-based Research Foundation for Science, Technology and Ecology, said in a recent interview, *"The WTO is a criminal organization because it is killing people in my country. I daily watch innocent lives go"*. During her recent presentation to the International Forum on Globalization, Shiva said 20,000 Indian farmers have killed themselves in recent years because of despair over high debt incurred as a result of WTO policies that force countries to open their doors to imports, but allow developed nations to heavily subsidize their farmers. This makes Indian crops uncompetitive in First World markets and encourages overproduction by subsidized farmers in the First World, which leads to dumping of their crops in Third World markets at prices below the cost of production.

Several international aid groups attacked industrial nations for the failure of the talks. Said Oxfam, *"Rich countries overplayed their hand and misjudged the strength of feeling and unity of the developing world, who want to make trade fair and have a stake in global prosperity. Oxfam takes no delight in this failure. It is a missed opportunity"*. The Canadian Catholic social justice organization Development and Peace said in a September 15 media release, *"Development and Peace has saluted the determination of developing nations to stand firm in the face of heavy pressure from industrialized countries who tried to adopt a text at WTO negotiations in Cancun that threatened to worsen poverty rather than promote development... the stalled trade negotiations mean that the countries of the South are returning home with empty pockets, and no solution to address some of the issues of poverty caused by inequitable trade rules"*.

Many developing countries see the failure as a victory because developing countries refused to be pressured into accepting one-sided agreements from industrialized nations. Others say it is a disaster for developing countries, since they will remain shut out of First World markets.

ANTARCTICA: OZONE HOLE TIES RECORD

It's a dubious record indeed, but on September 17 the World Meteorological Organization (WMO) said the hole in the ozone layer over Antarctica has grown to the same size it was in September 2000, when it reached the maximum size of 10.8 million square miles. WMO officials said the hole may grow in size in the next few weeks, or it may shrink.

In response to increases in skin cancer and other health conditions – particularly among children – resulting from overexposure to ultraviolet radiation stemming from ozone layer depletion, the World Health Organization and the United Nations Environment Program announced on September 16 that their Intersun Project is launching a set of educational materials to help children, families and educators protect children from the risks of developing malignant and non-malignant skin cancers, cataracts and other UV-caused conditions. A media release on the educational program is at <http://www.who.int/mediacentre/releases/2003/pr66/en>. Information on the Intersun Global UV Project is at <http://www.who.int/peh-uv/index.htm>.



US REPORT: WORLD GRAIN HARVESTS SHRINK

As if the damned hole in the ozone layer isn't gloomy enough, the US Department of Agriculture announced on September 11 that this year's world grain harvest is falling short of consumption by 93 million tons, dropping world grain stocks to the lowest level in 30 years, partly because rising temperatures and falling water tables have hampered farmers' efforts to expand production. For the first time since records have been kept, the world's grain harvest has fallen short of consumption four years in a row.

According to a September 17 media release from Earth Policy Institute, scientists are beginning to focus on the effect of temperature on crop yields. Research from crop ecologists at the International Rice Research Institute and the USDA's Agriculture Research Service shows an emerging consensus that a 1-degree Celsius rise in temperature above the optimum during the growing season leads to a 10% decline in grain yields.

And once again, water shortage rears its head. According to the Earth Policy Institute release:

"This generation of farmers is also the first to face widespread aquifer depletion due in part to the use of powerful diesel and electric pumps that have become widely available only in the last few decades. Prospects for the big three grain producers – China, India, and the United States, which account for nearly half of the world's grain harvest – show the potential consequences of future water shortages. Under the North China Plain, which produces half of China's wheat and a third of its corn, water tables are falling up to 3 meters per year. A World Bank assessment of China's water situation says, 'Anecdotal evidence suggests that deep wells [drilled] around Beijing now have to reach 1,000 meters [more than half a mile] to tap fresh water, adding dramatically to the cost of supply.' In unusually strong language for a Bank report, it foresees 'catastrophic consequences for future generations unless water use and supply can quickly be brought back into balance'."

OUR NEXT DOOR NEIGHBOUR IS EVERYONE: MAKING A FAMILY

Irina Polezhayeva and her husband Omar are anomalies in Russia, a country where adoption is rare. Irina, Omar and their 15 children have the status of a "family orphanage" under Russian law. With six children of their own, Irina and Omar have adopted nine more children, including one teenager with cerebral palsy and another teenager who is profoundly hearing impaired. Many of the adopted children attend schools for children with special needs.

The Polezhayevas are one of 368 families across Russia taking part in a decaying state program that was designed to give Russia's hundreds of thousands of orphans an alternative to life in state orphanages. The status of "family orphanage" was created by a 1988 Soviet-era law that covered nearly 600 such families with adopted children. The families receive a stipend for each child and the state provides them with larger apartments.

The program was promoted by the Lenin Soviet Children's Foundation, which became the private Russian Children's Foundation after the Soviet Union collapsed. Today there are only seven "family orphanages" left in Moscow, and adoptions by Russians continue to decline while adoption of Russian children by foreigners has increased. The annual number of Russian children adopted by foreign parents surpassed the figure for



domestic adoptions for the first time in 2000 (foreigners adopted 7,000 children, while 6,200 were adopted by Russians).

Irina and Omar say "fighting the bureaucratic bosses" is their biggest challenge – a struggle to get their children access to quality education and health care and to maintain a decent living standard in Moscow. Irina was so exasperated by the system that she is studying law so she can fully defend the rights of the children. Next year, when she turns 50, Irina will be a pensioner, a fifth-year law student, a grandmother and the mother of a small child.

In 2000 the head of the Russian Children's Foundation persuaded President Vladimir Putin to authorize a one-time gift of 10,000 rubles for each adopted child living in a family orphanage. Irina and Omar used the money for apartment renovations and a replacement engine for their car. They receive a government stipend of roughly 2,900 rubles per child each month, plus a monthly salary of \$300 each. With 15 children to raise, neither of them works outside the home.

Irina says they will adopt more children: *"There are still so many children who need a family"*.

OUR READERS SAY.....

In response to last week's editorial about terms like "the Eves government", a reader said:

"How wonderful to believe that in Ontario this is Her Majesty's Government. Come now – if this were so, we would not be in such a chaotic state in every Ministry. These past eight years have been the Harris or the Eves government, and the results are mind boggling. The damage is beyond description. Should the Liberals become the next party of choice it will take a long while for them to even minimally correct the disasters. How could Her Majesty's Government of Ontario allow former Premier Harris to occupy an office at Queens Park at our expense, with staff, limo and driver, two security guards at a hundred grand per annum – plus plus – at our expense? We the taxpayers have been had big time, and no one is talking about it."

Another reader commented on the same editorial:

"Your 'rant' about the arrogance of referring to your and my government as Eves', or Harris's, or Any Premier's, is something that's riled me for a long time, so I was pleased to see you draw attention to it."

A reader in Winnipeg was kind enough to send us information that may help debunk the belief that Winnipeg is the buggiest city in Canada (although some Newfoundlanders proudly claim their mosquitoes are so large that they should be declared the province's official bird):

"Manitoba just had its first human death from West Nile Virus (and other factors underlying) and the province has had about six or so human infections. However, contrary to Winnipeg's eastern image as mosquito central, not so this year, there have been few of them thanks to effective spring larvaciding of mapped standing water, encouragement variously to homeowners and businesses to keep that drained off, and dry conditions. Saskatchewan seems to be the Canadian hotbed for the bug and its infective results now."



One reader responded to a comment in the last issue from another reader whose son has a learning disability, and for whom the beginning of the school year is fraught with anxiety:

"Your reader's comment touched me deeply. Although I am the parent of several children, I am not as aware as I should be about how our educational system – despite the good intentions of those who work within it – ends up bureaucratizing human vulnerabilities. I wish the reader and his son great success, and I hope his son achieves his full and joyful potential."

IN MY HUMBLE OPINION: REMEMBERING ROBERT

Robert (not his real name) was a tall gangly man with a shock of stiff gray hair. Even clad in the regulation Government of Ontario overalls (replete with brass buttons with the provincial crest stamped on them) he was a distinguished figure. He had been in the psychiatric hospital for decades, virtually mute and catatonic. Although his schizophrenia had made his wife's life hell for their few years of marriage before he was institutionalized, she still visited him occasionally.

As an eager twenty-one year old worker at the hospital, I was assigned to "work with" or "socialize" Robert. At first I didn't believe there was much to work with. He seemed unresponsive, prone to walk away in the middle of our one-sided conversations. But I kept at it, not knowing anything else to do, asking him about his past, trying to find out what, if anything, was still a tenuous link for him to the rest of life.

In a way, over those months Robert socialized me. Through pure osmosis I learned to understand his subtle communications – eye movements largely, and stiff but intelligible body language that let me know when he wanted me there and when he did not.

One afternoon, after months of this, Robert became agitated in his mute way. I asked him what was the matter – not expecting an answer – but he replied, "Petula Clark". I then realized that during our conversation, someone had turned off the ward's radio, in the middle of Petula Clark's song "Downtown". I asked Robert if he liked Petula Clark. With a barely perceptible nod and the closest thing to a smile I had ever seen on Robert's face, he let me know that yes, he liked Petula Clark. I turned the radio back on, and his smile approached a grin.

That evening, I hurried to a record store to buy the singer's latest album for Robert. I brought it to work with me the next day.

But Robert was dead. The evening before, at about the time I was buying the album, Robert stretched out on the ward's wooden floor and closed his eyes. Five hours later one of the ward staff noticed Robert had died. The delay was not the staff's fault. Robert often lay on the floor in the corridor, and it was easier to leave him there than to force him to his feet again.

I grieved, with no idea how to honour the life of a man I barely knew but who had touched me. Then a friend – a fellow young worker prone (as we were in the late 60s) to buck the prevailing authority – suggested that we break the law in memory of Robert.

He and I had been distressed by the standard "Government of Ontario" overalls most of the patients on the chronic unit were forced to wear. My friend (call him Chris) said he had made an arrangement with Eaton's to



donate clothing to the unit, but hospital management had decided the donation was unnecessary, since there were plenty of overalls in stock.

So I followed Chris's lead. That evening we entered the ward storeroom, removed all the overalls and took them to the hospital's incinerator. We burned every one of those pairs of overalls – in honour of Robert. A week later, new clothes arrived from Eaton's.

Two lessons remain with me after all these years. I try (and sometimes fail) to remember them. The first is that small, barely perceptible triumphs are often what matter most in the lives of people with profound health problems or disabilities. To disregard or to fail to notice or to fail to nurture these triumphs is to dishonour those we claim to serve. As a friend of mine put it, the heroes among those with disabilities may not only be the Rick Hansens and the Terry Foxes. They also include the woman who – at last – buttoned all five buttons on her blouse, after an hour of effort. And for the last few years I have been blessed as I watched my daughter – a worker in a facility for people with developmental disabilities – learn and apply that very same lesson. There have been many Roberts in her life, and she is richer for it.

The second lesson is just as important in our world of mission statements, accountabilities, service plans, job descriptions and “best practices” –

Sometimes it makes sense to break the rules.

John Butler, The Agora Group

FROM THE QUOTES VAULT

“Far away in the sunshine are my highest aspirations. I may not reach them, but I can look up and see the beauty, believe in them and try to follow where they lead.”

Louisa May Alcott