



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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FLU HITS CANADA EARLY AND HARD

Influenza season has arrived early in Canada and many other countries this year, and a nastier than normal strain is this year's culprit. The dominant strain, known as Fujian A, has produced above-average death and hospitalization rates. Across Canada, more than 80% cent of the flu cases being reported are the Fujian A strain. The latest flu statistics from Health Canada suggest the outbreak caused by the Fujian A strain may be abating in Alberta and Saskatchewan, but increasing in British Columbia, Ontario and Nunavut.

The vaccine available this year, aimed at a strain known as Panama A and two others, is not perfectly matched to the Fujian strain but seems close enough to provide up to 70% protection. Health Canada says the nation is not facing a vaccine shortage but the country's largest vaccine manufacturer, Shire Biologics, said it has been contacted by federal officials about the possibility of supplying up to 500,000 extra doses of the vaccine.

Ten US states, mostly in the West, are experiencing higher than normal incidences of flu, with Colorado and Texas the hardest-hit states. US officials say the US is very close to exhausting its supply of vaccine, without much hope that more can be made in time for use during the current epidemic. The World Health Organization reported on December 4 that England, France, Norway, Portugal and Spain have also had substantial flu activity.



While this year's flu epidemic may be a mere blip compared to major flu pandemics of the past (the Spanish flu pandemic of 1918-20, for instance, killed 20 million people world-wide), the Pan-American Health Organization (PAHO) recently released *Influenza Pandemic: Preparation In The Western Hemisphere*, a study that outlines current flu surveillance and control practices in the Americas and suggests improvements. But its basic message is nonetheless sobering:

"The greatest public health concern is the sudden and marked change in Influenza virus A, either through mutation or through the exchange of influenza virus genes or the transfer of whole virus among host species into novel, genetically distinct subtypes, in a process known as antigenic shift. The result is the abrupt appearance of a new virus strain to which populations may have no immunity and against which no existing vaccine may confer protection.

It is impossible to anticipate when the next major shift, resulting in a pandemic, might occur. In the past, influenza pandemics occurred, on average, three to four times each century, when new viral strains emerged by antigenic shift and were readily transmitted from person to person. Should an influenza pandemic virus appear again, increased volume and speed of international travel, high population densities in many regions, and increased urbanization will increase the likelihood of spread and may put additional severe constraints on the establishment and implementation of timely public health control measures.

Although it is not considered feasible to halt the spread of a pandemic influenza virus, the goal should be to limit the burden of disease, minimize social disruption, and reduce economic loss.... Epidemiological models project that another pandemic is most likely to result in 57 to 132 million outpatient visits, 1.0 to 2.3 million hospital admissions, and 280,000 to 650,000 deaths in less than two years, in industrialized countries alone".

The PAHO report is found as a 16 page PDF file at <http://www.paho.org/english/gov/cd/cd44-13-e.pdf>.

NATIONAL HEALTH COUNCIL MEMBERS APPOINTED

On December 9 Canada's Health Minister Anne McLellan announced the names of the 26 members of the National Health Council. McLellan said up to \$10 million has been budgeted annually for the health council.

Creation of the Council was a keystone recommendation of the Romanow Commission. Neither Quebec nor Alberta nominated members to serve on the Council, but the national body will share information with Quebec's Council on Health and Welfare. Each province and territory was allowed to nominate up to four non-government members, but could also directly name one government representative to serve as a council member.

The Council will be chaired by Michael Decker, an economist, former Ontario Deputy Minister of Health and currently Chair of the Canadian Institute for Health Information. The other members are:

from Ontario:

- Roberta L. Jamieson, Chief of Six Nations of the Grand River and former Ontario Ombudsman



- Robert McMurtry, Professor of Surgery at the University of Western Ontario and Orthopedic Consultant at St. Joseph's Health Centre in London. McMurtry was a special advisor to the Romanow Commission.
- government representative: Lyn McLeod of Thunder Bay, former leader of the Ontario Liberal Party and former party critic for education and health

from Newfoundland and Labrador:

- Dr. M. Ian Bowmer, Dean of the Faculty of Medicine at Memorial University
- government representative: Deborah Fry, the province's Deputy Minister of Health and Community Services

from Prince Edward Island:

- government representative: Albert Fogerty, a teacher and educational administrator who served as Minister of Health and Social Services and Opposition House Leader

from New Brunswick:

- Simone Comeau Geddry, a nurse, teacher and administrator
- Jean-Guy Finn, former Secretary to Cabinet, Clerk of the Executive Council and Deputy Minister for Aboriginal Affairs in the Government of New Brunswick.
- government representative: Michel C. Leger, a lawyer and former board member the New Brunswick Hospital Association, the Canadian Hospital Association and the International Hospital Association.

from Nova Scotia:

- J. Camille Gallant, an accountant with expertise in domestic and international health care finance and management. Gallant chaired the Nova Scotia Royal Commission on Health Care.
- government representative: Dr. Thomas F. Ward, Nova Scotia's Deputy Minister of Health and CEO of the Office of Health Promotion.

from Nunavut:

- Jose Amajaq Kusugak, who has focused on health care needs of Inuit in Canada's arctic rural and remote communities. He led the largest Aboriginal land claim in Canada and was instrumental in the creation of the Nunavut Territory.
- government representative: Bernie Blais, Nunavut's Deputy Minister of Health and Social Services

from Manitoba:

- Dr. Brian Postl, President and CEO of the Winnipeg Regional Health Authority
- government representative: Milton Sussman, Manitoba's Deputy Minister of Health and Deputy Minister of Healthy Living



from Saskatchewan:

- Steven Lewis, an educator and consultant who focuses on health policy and research
- Verda Lucille (Johnson) Petry, a high school and collegiate mathematics teacher and a volunteer in seniors' organizations in Saskatchewan
- government representative: Glenda Yeates, Deputy Minister of Saskatchewan Health

from Alberta:

- Jeanne F. Besner, a nurse and health service administrator who is Director of Research Initiatives in Nursing in the Calgary Health Region.
- there is no government representative from Alberta

from British Columbia:

- George L. Morfitt, Auditor General of British Columbia. His focus has been on governance and accountability initiatives in the public sector.
- government representative: Dr. Les Vertesi, an emergency physician and medical director at the Royal Columbian Hospital
- government representative: Robert S. Nakagawa, a pharmacist, expert in public drug plan management and professor in the Faculty of Pharmaceutical Sciences at the University of British Columbia

from Yukon:

- government representative: Donna Hogan, a nurse who is Director of the First Nation Health Program and acting CEO and Director of Patient Services at the Whitehorse General Hospital

from the Northwest Territories:

- Nellie J. Cournoyea, Chair and CEO of the Inuvialuit Regional Corporation and former Premier of the Northwest Territories
- government representative: D. J. (Dave) Murray, Deputy Minister of Health and Social Services for the Government of the Northwest Territories

Two distinguished Ontarians who were nominated to serve by Ontario's government but who were not selected are:

- Michelle de Courville Nicol, an advocate for francophone health services who is past chair and current member of the Board of Directors at Ottawa's Montfort Hospital
- Doris R. Grinspun, a recognized leader in the nursing profession and an outspoken advocate for medicare, who is currently the Executive Director of the Registered Nurses Association of Ontario.



The mandate of the Health Council, as described in the 2003 First Ministers' Accord on Health Care Renewal, is:

"to monitor and make annual public reports on the implementation of the Accord, particularly its accountability and transparency provisions. The Health Council will publicly report through federal/provincial/territorial Ministers of Health and will include representatives of both orders of government, experts and the public. To fulfil its mandate, the Council will draw upon consultations and relevant reports, including governments' reports, the work of the Federal/Provincial/Territorial Advisory Committee on Governance and Accountability and the Canadian Institute of Health Information (CIHI)."

ONTARIO PROVINCIAL AUDITOR FINGERS PUBLIC HEALTH FUNDING

In its 2003 annual report the Office of the Provincial Auditor took aim at the way the Ministry of Health and Long-Term Care funds mandatory public health programs operated by Ontario's 37 health units as part of cost-sharing arrangements between the Ministry and municipalities. The report noted wide variation in the Ministry's per capita funding for mandatory programs. For 2002, per capita funding for the programs averaged \$37 province-wide but ranged from \$23 per capita to \$64 per capita.

The report pointed out that Ministry funding is not based on needs assessments in the areas covered by health units. Instead it is based on a maximum 50% provincial share of municipally approved costs for providing the services. In short, if a municipality or group of municipalities chooses to underfund mandatory public health programs, the province will underfund them as well: mandatory program funding is driven not by need, but by municipal willingness to pay. The report recommends that *"the Ministry should ensure that individuals with similar needs and risks receive a similar level of service regardless of where in the province they live."*

The public health section of the 2003 auditor's report is at <http://www.auditor.on.ca/english/reports/en03/309en03.pdf>.

ONTARIO RIGHTS COMMISSION RELEASES RACIAL PROFILING REPORT

On December 9 the Ontario Human Rights Commission released *Paying The Price: The Human Cost Of Racial Profiling Inquiry Report*. Based on interviews with 400 individuals who came forward to the Commission with accounts of racial profiling, the report offers nineteen recommendations that focus on better surveillance and data-gathering to uncover racial profiling by police and security forces, stores, schools and other places where racial profiling can occur, as well as greater education to reduce racial profiling. The report also suggests that anti-profiling and anti-racism recommendations made in a series of previous reports in the province should be acted upon. In particular, instances of racial profiling of African Canadians, Aboriginal people and Muslim and Arab Canadians are cited.

The full report can be accessed at <http://www.ohrc.on.ca/english/consultations/racial-profiling-report.shtml>.



QUEBEC: GOVERNMENT TAKES OVER ABUSE-PLAGUED HOSPITAL

After releasing a government report that confirmed there have been repeated verbal and physical abuses of patients at Montreal's St. Charles Borromée chronic hospital, Quebec Health Minister Philippe Couillard announced he had suspended the board of directors and appointed an interim director. The hospital's previous administrator committed suicide shortly after abuse allegations were first made public.

Saying the St. Charles Borromée abuses are not an isolated incident, Couillard revealed he has sent inspectors to make random checks on 4,000 of the 40,000 residents of long-term care facilities in the province.

As well, on December 9 Quebec's provincial auditor said Quebec has a major shortage in care for mentally ill patients and said some institutions are "poorly adapted" for psychiatric care. Recently six people were removed from an unlicensed home for psychiatric patients in Montreal after they were found living in filth without heat. A clinic at Jean Talon Hospital referred psychiatric outpatients to the home.

NEW BRUNSWICK: ADOPTION INITIATIVE MADE PERMANENT

In April 2002 *Import* covered the New Brunswick government's creation of the New Brunswick Adoption Foundation (NBAF) to raise public awareness about the number of children available for adoption, as well as an increase in government resources to help with adoptions. The initiative was originally a three year project but based on its success so far, on November 24 New Brunswick announced it has made the initiative, called *Kids Can't Wait to Have a Family*, a permanent government program.

Prior to the establishment of the project, on average fewer than 30 children a year were adopted in New Brunswick. Since the program began, however, 270 children have been adopted.

The Government of New Brunswick's adoption web site is at <http://www.gnb.ca/0017/adoption/adoption-e.asp>.

VANCOUVER: FOUR CORNERS BANK WILL CLOSE

In last week's *Import* we reported on the possibility that the Four Corners Bank, a provincial government-supported bank serving disadvantaged and marginalized people in Vancouver's Downtown East Side, might close, although negotiations were underway between the province and the city to find a way to keep the bank open.

On December 4 the province's Competition, Science and Enterprise Minister announced that the talks had failed and that the bank will close in February 2004 "due to unsustainable operating losses".

NOVA SCOTIA TO FUND CAREGIVER TRAINING ON SENIORS WITH CHALLENGING BEHAVIOURS

On December 4 Nova Scotia's Health Department announced it has released a request for proposals for a new education program for health-care workers on how to work with seniors who exhibit "challenging behaviours". A challenging behaviour is one that may have the potential to cause harm or distress to the senior or to others and can include wandering, disruptive outbursts, and verbal, physical or sexual abuse.



This education program for continuing care providers such as nursing home and home care workers will be provided in at least six locations across the province. The province expects that between 150 and 200 people will enrol during the first year (2004-05). The program will be evaluated for its effectiveness.

The province's Challenging Behaviour Working Group consulted with caregivers and mental health professionals over the past eighteen months to determine the best model for this project, which is meant to be the first in a series of initiatives to improve continuing care for clients with challenging behaviours.

A media release on the initiative is at <http://www.gov.ns.ca/news/details.asp?id=20031204001>.

NEWFOUNDLAND ALLOWS UP-FRONT FUNDS FOR VIOLENCE VICTIMS

On December 5 Joan Burke, Newfoundland and Labrador's Minister of Human Resources and Employment and Minister Responsible for the Status of Women, announced a province-wide policy to better meet the needs of victims of violence in Newfoundland and Labrador – victims who often feel they cannot leave their current residences (which are often the sites where the violence takes place) because of the cost of starting up in a new dwelling

All Human Resources and Employment offices across the province now provide a start-up fund to help income support clients who are victims of violence in setting up a new home. The new policy allows for increased flexibility in providing of assistance with respect to household supplies under the Income Support Program. Areas of flexibility include an up-front lump sum payment. As well, clients will not be required to provide receipts of household purchases, and necessary household items will be determined at the discretion of the client.

This new policy is based on a recommendation from the province's Supports to Victims of Violence Working Group.

MANITOBA AWARDS "NEIGHBOURHOODS ALIVE" GRANTS

On December 8 Manitoba announced five grants to Winnipeg organizations under the province's Neighbourhoods Alive! Program, which supports community-driven revitalization efforts in specific neighbourhoods in Winnipeg, Brandon and Thompson. The strategy focuses on key areas such as housing and physical improvements, employment and training, education and recreation, safety, and crime prevention.

The new grants include:

- \$45,300 to the North End Women's Centre to expand services offered to women and families in the North End of Winnipeg through the purchase and development of workspace on Selkirk Avenue.
- \$22,520 to the Social Planning Council of Winnipeg to fund the North Point Douglas Project for Women 2003. Funds will help pay for a community telephone, a clothing depot, a computer, daily newspapers, a book and toy lending library, a sewing machine, a community kitchen, housing and resource directories, a laundry facility and a craft collective.
- \$46,10 to Clinic Community Health Centre to fund startup costs and the first year demonstration phase of the West Central Community Cupboard. The project enables west central area residents to



purchase small quantities of food and household supplies at a reasonable cost while providing local skill building opportunities.

- \$50,525 to Wolseley Family Place to fund the Food Connection Project's four components: a breakfast club, cooking classes, a community store and a small catering business. Most clients of Wolseley Family Place are Aboriginal single mothers.
- \$25,000 to Crossing Communities Art Project Inc. to fund the ARTCHways Project that supports arts training for women and girls in conflict with the law. The project includes art studios, workshops, and video production.

SUPREME COURT: NEGLIGENCE BY OFFICIALS MAY BE CULPABLE

Last week's *Import* profiled a recent Supreme Court case that reinforced the right of courts to hold governments accountable for following through on remedies prescribed by the courts for violations of the Charter of Rights and Freedoms. Another recent Supreme Court of Canada ruling has shed more light on the relationship between public officials and the public they serve.

On December 5 the Court ruled in a case involving the family of Manish Odhavji, who was killed by police while fleeing the scene of a robbery in Toronto. Four police officers involved in the shooting refused to cooperate with the police's Special Investigation Unit (SIU) when it was examining the incident, even though, under Ontario Police Services Act, members of the force have a statutory obligation to cooperate with SIU investigations. They had not remained segregated until SIU officials interviewed them and did not turn over to the SIU their notebooks and other relevant material that would have aided the SIU in investigating the incident. The SIU subsequently cleared the officers of any wrongdoing.

Odhavji's family launched a lawsuit against the police officers, Toronto Police Chief David Boothby, the Toronto Police Services Board and the Province of Ontario, claiming misfeasance in public office. The family claimed that the officers' failure to cooperate with the SIU, and the failure of the police chief, the board and the province to ensure the officers' cooperation with the SIU, had caused family members mental distress, anger, depression and anxiety.

A lower court had dismissed the family's lawsuit, and an appeals court upheld the lower court decision. The family then appealed to the Supreme Court.

The Supreme Court's ruling centred around whether a public official's wilful failure to discharge a statutory responsibility (as opposed to proactive acts that intentionally abuse a statutory power) fall within the scope of misfeasance in public office. In its ruling the Supreme Court said:

"There is no principled reason... why a public officer who wilfully injures a member of the public through intentional abuse of a statutory power would be liable, but not a public officer who wilfully injures a member of the public through an intentional excess of power or a deliberate failure to discharge a statutory duty. In each instance, the alleged misconduct is equally inconsistent with the obligation of a public officer not to intentionally injure a member of the public through deliberate and unlawful conduct in the exercise of public functions."



The Supreme Court ruling says, however, that the police board and the provincial government are too distanced from the details of daily police operations to be held negligent for not ensuring that the officers cooperated with the SIU. The police chief, however, can be sued along with the officers, given his duty to oversee officers under his command.

The Supreme Court ruling does not find the officers or chief guilty of misfeasance, but it does give the family the right to pursue its lawsuit, and makes it clear that the family must still prove “wilful” intent to harm, and must also prove that harm was done.

The Supreme Court decision is at <http://www.lexum.umontreal.ca/csc-scc/en/rec/texte/2003scc069.wpd.txt>.

The Supreme Court will be busy with a number of rights-oriented case in the near future, including a challenge to Quebec's language law in which French-speaking parents are seeking the right to send their children to English schools, and a religious-rights challenge in which several Jewish Montrealers who live in an upscale condominium complex want to erect ceremonial sukkah huts on their balconies.

MP ATTACKS OXFAM CANADA FOR POLITICKING

In late November Canadian Alliance MP for Calgary East, Deepak Obhrai, fired a salvo in what may become an increasing call for non-governmental organizations to limit their advocacy if they receive government funds. Obhrai is international development and multiculturalism critic for the Alliance Party and serves on Parliament's Foreign Affairs and International Trade Committee.

Obhrai took aim at Oxfam Canada for its web page, which criticizes Free Trade Area of the Americas (FTAA) negotiations in Miami, and which calls for fairer trade practices with the developed world. He also pointed out that Oxfam sent a representative to NGO meetings surrounding the Miami talks, and that Oxfam had received \$6 million from the federal government's Canadian International Development Agency (CIDA) in 2002.

In a November 20 media release Obhrai said, *“NGO's must have clearly stated mandates and goals, and they must match the goals of CIDA to get funding from the agency... It's clear that many NGO's are expanding their mandates and venturing into political advocacy issues. The funding they receive from government is not provided for these purposes, and CIDA must make certain that it maintains that standard.”*

Oxfam Canada said no CIDA funds were used to send an Oxfam official to the Miami meetings.

NEW YORK CITY CONSIDERING WASHROOM EQUITY LAW

On December 3 New York City Councilwoman Yvette Clarke introduced what is called the Restroom Equity Bill into City Council, to increase the number of women's washrooms available in the city.

The bill would apply to arenas, auditoriums, drinking places, meeting halls, movie theatres, public dance halls, stadiums and theaters, and amend the city's building code to require a 2 female-to-1 male toilet ratio in new buildings and in buildings that undergo substantial renovations. Existing buildings that have more than two restrooms would be required to reassign restroom space to provide women with twice the toilet space as men, while landmark buildings such as New York's City Hall would be exempt from the new law.

Virginia, West Virginia and Tennessee are among a number of states that have passed laws similar to the one proposed for New York City. Pittsburgh and St. Paul Minnesota have also adopted such equity laws.



Studies of public restrooms by University of Missouri professor Sandra Rawls and Virginia Tech professor Savannah Day found that women spend more than twice as long as men do in restrooms, often because they require more time to deal with their clothing, because the convenience of urinals is not available to them – and sometimes because they are looking after small children while in the restrooms. And there is also ample anecdotal evidence that some women – particularly pregnant women and those with medical conditions that require them to use washrooms frequently – avoid going to public events or avoid drinking in public places for fear of the massive lineups to use women's washrooms.

The bill has already been dubbed the “potty parity” bill or the “squatters rights” bill by some scoffers, but some in the US consider it an issue of basic rights. Said John F. Banzhaf, a public interest law professor at George Washington University Law School:

“We would never tolerate a system where women would routinely have to wait five times longer than men to have their blood tested, even if men's and women's blood were tested for different things. And we shouldn't tolerate a system where women routinely are forced to wait five or more times longer than men to perform a basic and necessary personal function.”

Banzhaf has written that several court complaints in the US to achieve restroom equity show that women are standing up for their rights “even if they can't stand up while exercising those rights.”

WORLD BANK GIVES SEED FUNDS TO ETHIOPIAN WASHROOM PROJECT

While we are on the theme of washrooms, an innovative idea from Ethiopia has been awarded one of this year's forty-seven Development Marketplace grants from the World Bank.

Most of the three million people in Addis Ababa, Ethiopia's capital, live in slums and informal settlements with no access to private toilets. The city government provides a number of free public washrooms across the city as a sanitation initiative but most of them are dirty, work irregularly or are closed due to vandalism or lack of maintenance. Only 28 out of 72 municipal public washrooms are operational. The City Administration estimates that most existing washrooms should be rehabilitated and 208 additional public washrooms should be built.

But Addis Ababa has another challenge. About 10% of the city's population are people with disabilities, who are usually unemployed. The Ethiopian Federation of Persons with Disabilities, in partnership with the City Administration, has come up with a way to take a modest run at addressing both challenges.

Using World Bank seed money, a number of cooperatives comprising people with disabilities will be established. These cooperatives will then be given responsibility and funding from the city to manage, renovate and maintain public washrooms.

This project will provide jobs for up to 250 people with disabilities. By the end of the seed-grant project, about 30 public washrooms will be renovated and cleaned, and the number of people who use each washroom is expected to jump from between 175 and 450 persons per day to 1,200.



WORLD BANK FUNDS RATS TO SMELL TUBERCULOSIS

A World Bank Development Marketplace grant to Tanzania for 2003 may produce an unorthodox but effective solution to the problem of tuberculosis testing in Africa, where TB is rampant. The World Health Organization promotes sputum smear microscopy as an affordable diagnostic method for detecting TB in low income countries, but the analysis is slow. Qualified lab technicians can take a full day to analyze just 20 samples, and highly qualified staff are needed to prepare smears and interpret microscopic images. This poses a problem, as lab technicians cannot process the number of samples pouring into Tanzania's labs.

The World Bank-funded project will use trained *Cricetomys* rats as biosensors to sniff out TB in human saliva samples – a faster and more efficient approach than current methods because it requires neither highly qualified staff nor expensive equipment. In one day a rat detection set-up could process 2,016 samples, compared to the maximum 20 samples analyzed per day by a technician using a microscope (one trained rat can assess 126 samples in 20 minutes). Rat handlers are required, but they can be trained in a matter of months. The procedure builds on previous experience in the use of rats in land mine detection: the rats are used to sniff out vapour from explosives in the land mines.

BANGLADESH FARM LABOURERS VULNERABLE

It is called “monga” in Bengali, and it is the scourge of parts of northern Bangladesh – a two month period in autumn after crops have been planted. During monga, millions of agricultural labourers are without work – and often without food unless they migrate to the capital, Daka, or to India, sell their few possessions, borrow money at outrageous rates from village money-lenders, or receive food from government and NGO food aid programs. And even the food that is available has spiked in price: a recent report from the Asian Development Bank, says prices of essential commodities rose by 400% in October and November this year compared to the similar period last year. Compounding the problems, winter weather has set in earlier than normal in northern Bangladesh.

This year's monga is receding now that the harvest of winter rice has begun but pockets of misery remain, made worse by September flash floods that drowned many of the rice fields and drove thousands from their land. Over the past two months over 100,000 rural northern Bangladeshis fled to Daka seeking work and food.

Among the worst pockets is an enclave of 20,000 people eking out a meagre life on the slopes of the Bijoy barrage, a flood control embankment to which they fled to escape the floods. Much of their land was washed away or covered by the waters of flooded rivers. Many of the people on the barrage have been reduced to eating boiled weeds and banana leaves to survive, and many suffer from diarrhea as a result.

The government of Bangladesh has been criticized by opposition parties for first denying the impact of this year's monga, then providing insufficient food aid and for doing nothing to curb crime syndicates that collect money from trucks carrying food supplies to the stricken districts. The government has also been attacked for allegedly distributing VGF (Vulnerable Group Feeding) registration cards to supporters of the government rather than to groups most in need. As well, media reports suggest a rash of attacks on farmers by “goons” hired by some rich landowners to confiscate food from farm labourers.



IN MY HUMBLE OPINION: REVISITING OUR INSTITUTIONS

In 1961 a slim volume of four essays by Canadian-born sociologist Erving Goffman was published. The book *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* added much to our understanding of social institutions, and gave birth to a new popular phrase – the “total institution”.

Goffman and his work entered my mind again as I read this week about Ontario Health and Long-Term Care Minister George Smitherman's intense, emotional – and I believe genuine – reaction to a *Toronto Star* series about abuses in Ontario long-term care facilities. It crossed my mind too as I read about abuse at Montreal's St. Charles Borromée long-term care hospital and about Nova Scotia's plan to provide a training program for health-care workers on how to work with seniors who exhibit “challenging behaviours”. It crossed my mind as I read the Ontario Human Rights Commission's report on racial profiling, since I know from the personal experiences of friends that there are times in the humdrum of our daily lives when we are reminded we are not in control – that the colour of our skin or our accent or our last name or our heritage has been used as a pretext to remove from us both control and dignity.

I believe Smitherman will act on the basis of his concerns, and for that he should be applauded. But I also hope a broader process emerges, to which Smitherman and many others can contribute. This is the process of examining, once again, the degree to which the social institutions we have created – nursing homes, mental hospitals, group homes for people with mental illnesses or intellectual disabilities – bear any resemblance to the self-destroying total institutions Goffman described. More importantly, this process should examine what to do to make these institutions less “total”, less soul destroying.

I believe we have come a long way from the egregious institutions Goffman analyzed. I believe many of the institutions we now operate are often better than the horrid facilities that existed when Goffman wrote his essays.

But I also believe any institution, no matter how small or large, no matter how well-meaning, can easily slide back into assaults on the human soul as well as the human mind and body – for the very simple reason that people who are in almost total control of the life-circumstances of those under their care or keeping are always at risk of converting care into domination and keeping into oppression.

This is not a criticism of all those who design, manage and work in such facilities. What I am talking about is risk rather than inevitability. But because the risk is always there, we must always do what we can to minimize that risk. Occasionally we must step back to look at whether we have created less than we wanted – and we must step forward to create more than we thought we could, to preserve the dignity and well-being of those around us and those under our care.

Today, in Ontario and in all of Canada, we have that opportunity to reassess the state of our institutions. This is an opportunity brought on by tragic circumstances, but it is an opportunity nonetheless.

If what we do, however, is reduce the issue only to more nursing home inspectors, more money, more advocacy offices, more cameras in police cars, we miss much of the point. These resources may all be needed – but if they only palliate the problem rather than dealing with the cultural and social issues that underlie this society's stance toward vulnerable people among us, we have missed a chance to do more.

John Butler, The Agora Group



FROM THE QUOTES VAULT

"A basic social arrangement in modern society is that we tend to sleep, play and work in different places, in each case with a different set of coparticipants, under a different authority, and without an overall rational plan. The central feature of total institutions can be described as a breakdown of the kinds of barriers ordinarily separating these three spheres of life. First, all aspects of life are conducted in the same place and under the same single authority. Second, each phase of the member's daily activity will be carried out in the immediate company of a large batch of others, all of whom are treated alike and required to do the same thing together. Third, all phases of the day's activities are tightly scheduled, with one activity leading at a prearranged time into the next, the whole circle of activities being imposed from above through a system of explicit formal rulings and a body of officials. Finally, the contents of the various enforced activities are brought together as parts of a single overall rational plan purportedly designed to fulfill the official aims of the institution."

Erving Goffman, from *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. 1961