



# Import



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

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

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### **CONFERENCE BOARD OF CANADA: ROMANOW WAS WRONG**

On January 31 the Conference Board of Canada (a right-of-centre think tank) released its report *Sustainability and the Paradoxes of the Romanow Report*. The report says Romanow does not adequately address the key issue facing the system – its financial sustainability

The CBOC report says Romanow calls for structural change but rejects two potential drivers of structural reform, private sector service delivery and budget restrictions, that could provide levers for change. It also says Romanow's recommendation to index federal funding at a rate 1.25 times the annual growth in gross domestic product commits the federal government to funding levels it may not be able to maintain if its fiscal position worsens. The report forecasts that, if implemented, Romanow's funding recommendations will consume about half the remaining federal surplus in 2003-04, once funds for economic prudence and contingencies are set aside. In the long term, says the report, there will be little money left for governments to spend on other priorities such as education, national security, implementing the Kyoto Protocol or revitalizing cities.

The eight page report is available free through the CBOC web site at <http://www.conferenceboard.ca>, but readers must register before accessing the document.



## **ONTARIO TO FUND VACCINATION FOR HIV BABIES**

One day after the Canadian Treatment Action Council (CTAC, an HIV/AIDS advocacy group) criticized the government of Ontario for not funding vaccination of Ontario's estimated 120 HIV infected babies against pneumonia, meningitis and chicken pox, Health Minister Tony Clement announced the government would fund such a program at an annual cost of \$100,000 per year. Said Clement, "*The Ernie Eves government realizes the importance of protecting the most vulnerable members of our society – our children. In taking this initiative, I call on the federal government to follow our lead to formulate a national immunization program to protect all children.*"

CTAC had reacted to what it called "*a series of recent decisions taken by the Ontario Ministry of Health and Long-Term Care which... severely restricts access to badly needed medications..... these decisions have had an immense negative impact on men, women and children living with chronic diseases and life threatening disabilities including cancer, HIV/AIDS, hepatitis C, hemophilia, and arthritis.*" CTAC said the government's failure to approve the vaccines and other drugs had breached a commitment made at last fall's Annual Conference of Federal-Provincial-Territorial Ministers of Health to concentrate on the prevention of illness and promotion of good health.

## **ALBERTA: YOUNG SMOKERS BREAK THE LAW**

On January 22 the government of Alberta proclaimed the *Prevention of Youth Tobacco Use Act* which takes effect April 1. Under the Act, anyone under 18 years old found publicly using or in possession of a tobacco product will be subject to a fine of \$100 and/or seizure of the product. Alberta officials say the Act supplements the federal *Tobacco Act* that makes it illegal for retailers to sell tobacco to minors. A copy of Alberta's Act is at [http://www.qp.gov.ab.ca/documents/Acts/P22.cfm?frm\\_isbn=0779703073](http://www.qp.gov.ab.ca/documents/Acts/P22.cfm?frm_isbn=0779703073).

The government proclaimed the Act in tandem with the launch of the Alberta Alcohol and Drug Abuse Commission's Tobacco Reduction Strategy for Youth which is meant to educate children about the dangers of tobacco and prevent them from starting to smoke. The strategy includes a range of school and community education programs and cessation programs. A backgrounder on the Strategy for Youth is a two-page PDF file at <http://corp.aadac.com/news/PDF/BkgnderAATRSYouth-Jan24-03.pdf>.

## **BC TACKLES VANCOUVER'S DOWNTOWN EASTSIDE**

On January 21 BC's government announced several initiatives to help Vancouver's rundown Downtown Eastside (DTEC). With help from the federal government, BC will fund:

- programs supporting Aboriginal health and well-being, including a program to provide support to Aboriginal women involved in street activities, with a focus on safety, addiction, trauma and abuse (\$800,000)
- a dental clinic funded in part under the Western Economic Partnership Agreement serving low-income families at Strathcona Elementary School (\$342,500).

These initiatives will be accompanied by economic revitalization projects totaling \$1,709,500 for DTEC. The developments stem from the Vancouver Agreement, a multi-government commitment to "*create a strong foundation for sustainable socio-economic development in Vancouver's inner-city neighbourhoods*" as part of Vancouver's bid for the 2010 Winter Olympic Games. A media release on the DTEC initiatives is at [http://www2.news.gov.bc.ca/nrm\\_news\\_releases/2003MCAWS0015-000086.htm](http://www2.news.gov.bc.ca/nrm_news_releases/2003MCAWS0015-000086.htm).



As part of the overall DTEC package, on January 29 the province and the city of Vancouver announced plans to renovate the Woodward Building, a heritage site in the DTEC, and plans by BC Housing to fund 100 units of non-market housing in the building for people at risk of homelessness, low- and moderate-income seniors, and families and people with disabilities living in the area.

### **NEWFOUNDLAND LAUNCHES CERVICAL SCREENING INITIATIVE**

On January 31 Newfoundland and Labrador's Minister of Health and Social Services announced the launch of the province's Cervical Screening Initiatives program, an expansion of a program that had operated on a pilot project basis in Western Newfoundland since 1998. The program will now expand province-wide and will include:

- education of public and professionals
- recruitment of women for screening
- implementation of a cytology database, quality assurance standards, as well as a continuous monitoring mechanism or evaluation process.

A media release on the initiative said, "*Cervical cancer is an almost entirely preventable disease through regular screening, yet 70 per cent of women in Newfoundland and Labrador do not have an annual Pap test. Each year approximately 35 women in this province are diagnosed with invasive cervical cancer, while over 400 women are diagnosed with carcinoma in situ of the cervix.*"

The media release and a backgrounder on the initiative are at <http://www.gov.nf.ca/releases/2003/health/0131n02.htm>.

### **NOVA SCOTIA: YOUTH CONSERVATION CORPS SEEKS 2003 PARTNERS**

Nova Scotia's innovative program for youth civic engagement, the Nova Scotia Youth Conservation Corps (operated by the province's Department of Environment and Labour) has issued its annual call for community partners to submit proposals for youth volunteers to work on environmental projects this summer. Community partners can be community groups, businesses, government agencies, industries, institutions, or environmental organizations.

NSYCC provides funding of up to about \$7,000 for projects, including 75% of the labour cost of a two-, three-, or four-person crew as well as expenses for crews. It also provides administration, recruiting and payroll services, and trains workers in emergency first aid, occupational health and safety, workplace hazardous materials information system, and basic environmental issues. Community partners are required to provide the remaining 25% of the cost of labour.

Young people eligible to participate must be between 17 and 24 years old, and projects must be carried out from June 30 to August 22. In 2002 NSYCC supported 22 local programs in five categories: waste management, environmental education, watershed management, pollution prevention and climate change.

NSYCC's web site is at <http://www.gov.ns.ca/enla/ess/ycc>.



## **BC, SASKATCHEWAN BOLSTER CHILD MAINTENANCE SUPPORT**

In a welcome example of inter-jurisdictional cooperation, the August 2001 Premier's Conference agreed that each province and territory would pass legislation allowing for enforcement of maintenance support orders even when the party required to pay support lives in another province or territory. Saskatchewan and BC have become the fifth and sixth jurisdictions to proclaim such legislation, joining Alberta, Manitoba, Ontario, and Yukon.

Saskatchewan's and BC's Inter-jurisdictional Support Orders Acts will help streamline the process for obtaining, changing, and enforcing support orders. For instance, Saskatchewan residents will no longer need to have their evidence reviewed by a Saskatchewan court before the evidence is sent to the respondent's province. As well, a non-payor moving to Saskatchewan will no longer be given a 30 day notification period before payments are required to be made to a partner or child in another province.

All jurisdictions will alter their legislation by 2004, and will use nationally standardized forms, guidebooks and procedures, which were developed under BC's lead.

## **SASKATCHEWAN HELPS FUND URBAN ABORIGINAL DATABASE**

On January 28 Saskatchewan announced a \$50,000 contribution toward an urban Aboriginal database at the University of Saskatchewan. Total cost of the database will be \$125,000. In announcing contribution, a government media release said, "*The dramatic increase in Aboriginal urbanization in recent decades, and projections of rapid growth in this population, create a need for more detailed information not met by current published data. The database will be created from new cross tabulations of existing census data.*"

## **MANITOBA UNDERTAKES CLIMATE CHANGE INITIATIVE**

On January 28 Manitoba announced a public education campaign called Take Action on Climate Change. Manitobans will be invited through TV and newspaper advertisements over the next month to order a copy of a tabloid brochure called *Take Action on Climate Change*. Supplementary information is also available on a web site created for the campaign, at <http://web2.gov.mb.ca/est/climatechange>.

## **OTTAWA RIVERKEEPER APPOINTED**

The first Ottawa Riverkeeper was appointed on January 13, thanks to a grant from the Trillium Foundation. Lara Van Loon is a paid employee of the community group, Ottawa Riverkeeper Inc., that is part of a broader Waterkeeper movement in North America, South and Central America, Australia and Europe. Each of the more than 80 local Waterkeeper groups adopts a particular body of water – a river, a bay or a lake for instance – and involves itself in monitoring the quality of the water and advocating for environmental improvements.

Waterkeeper groups already operate in Canada to protect the Bay of Fundy, Lake Ontario and New Brunswick's Petitcodiac River.

The Ottawa River, 1,271 kilometres long, is threatened by encroaching development and by pollution from industrial and domestic sources. Dealing with water quality is complex for this river because it is the boundary between two provincial jurisdictions (Ontario and Quebec) and because it abuts dozens of municipal jurisdictions. Over a thousand ecotourism jobs depend on high water quality in the river.



Van Loon, who has a Master's degree in Environmental Studies, hopes to begin making daily inspections of the river by boat this June when the organization holds its official launch. Her job is to become an expert on the ecological status of the river, mobilize groups with a stake in the Ottawa River and form a network of "river watchers" to serve as an early detection system.

More information on the Waterkeeper movement can be found on the Waterkeeper Alliance web site at <http://www.waterkeeper.org>. The Ottawa Riverkeeper web site is at [www.ottawariverkeeper.ca](http://www.ottawariverkeeper.ca) (and they are always looking for volunteers!)

### **SOUTHWEST ONTARIO PLANS HEALTH-ENVIRONMENT INSTITUTE**

A multi-stakeholder group representing organizations in Windsor-Essex, Chatham-Kent and Lambton announced plans on January 25 to spearhead the development of a non-profit institute in the area to work on the connection between the environment and health. Said Frank Chalmers, Executive Director of the Essex Kent Lambton District Health Council (which helped coordinate the development of the idea), the centre will be "*a local source of reliable data and evidence on the health effects of environmental substances*". Proponents of the Centre, which will be housed at the University of Windsor, say that the area may be at particular risk of environmental effects on health.

Officials from the DHC, the Canadian Autoworkers Union (CAW), the University of Windsor, the Windsor-Essex Public Health Unit and the City of Windsor were all involved in designing the proposed institute, and CAW has already announced it will provide \$100,000 to help expedite the institute's creation. The only similar institute in Ontario is McMaster University's Institute of Environment and Health in Hamilton.

### **NUNAVUT: KEEPING THE CONNECTION**

Many Nunavut residents who need health care get the care outside their communities, often in southern Canada. Nunavut is taking measures to help them stay in touch with their families. On January 27 Nunavut announced it is installing toll free phones in six medical boarding homes it operates in Iqaluit (Nunavut's capital), Ottawa, Winnipeg, Yellowknife, Edmonton and Churchill Manitoba. By using the toll-free numbers, family members can call a boarding home and speak directly to patients without going through an administration desk or incurring phone charges. Says Health and Social Services Minister Ed Picco, "*It's a relatively low-cost way for the department to help improve the mental outlook of patients and decrease the stress often involved in separating families during times of medical distress.*"

Even when they are treated in their home communities, residents of Nunavut have problems of access to pharmacy services. Up to now, nurses in health centres in small communities have been dispensing medication, but Nunavut has reached an agreement with two pharmacies to send medications by airmail after receiving a faxed prescription. Patients will be given a temporary supply of medication until their full prescription arrives, and when the full prescription is picked up at the local health centre, patients will receive advice or precautions about the medication. Health and Social Services Minister Ed Picco says nurses will have more time to concentrate on patient care if they no longer dispense medications. The initiative, called Patients Choice, will be introduced first into Baffin Island communities, then expanded to the rest of Nunavut if it succeeds.



## **TERRITORIES WANT SPECIAL HEALTH FUND**

In preparation for the first ministers' meeting this week on health care, the premiers of Northwest Territories, Yukon and Nunavut are bringing a joint proposal to the table for an independent fund that would provide an additional 0.5% of total new health funding per territory to address the challenges of providing health care to small populations scattered over the vast geography of Canada's North. Citing evidence of the need for special consideration of the north, the territorial premiers said:

- As of 1999, Nunavut's per capita health care expenditures were 3.6 times higher than the national average. TB rates are thirteen times higher than the national average and the infant mortality rate is three times the Canadian average. Travel costs in the territory account for one fifth of the health budget. A medivac (air ambulance) for an infant on an incubator from Iqaluit to Ottawa costs upwards of \$30,000.
- In the Northwest Territories 28 of the 33 communities do not have a doctor. Only two communities provide birthing services. Terminally ill patients and expectant mothers are among the hundreds of patients that must fly thousands of kilometres to receive the services they need. A medivac between Inuvik and Yellowknife costs approximately \$10,000.
- It costs about \$53,000 a year to provide physician services to Old Crow, Yukon for two days a month. The Yukon spends about \$3 million a year (excluding the cost of personnel) to maintain dedicated and standby emergency medical evacuation services. It costs close to \$20,000 for a medivac from Old Crow to Vancouver.

The territorial premiers say they have the support of provincial premiers in asking for a northern fund.

## **US TO TRIPLE AIDS FUNDING**

In his January 28 State of the Union address, US president George W. Bush announced the US would triple its contributions to the global fight against AIDS. Bush said the US would provide \$US 15 billion over a five year period starting in 2004. New funds will focus on Botswana, Ivory Coast, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia. Of the \$10 billion in new money, the White House says \$1 billion will go to the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

## **BUSH PUSHES PRIVATE SECTOR MEDICARE ROLE**

Also in his State of the Union address, president Bush proposed changes in Medicare (the federal program covering health services for seniors) that would allow Medicare recipients to receive subsidized coverage of pharmaceutical costs if they opt out of the traditional fee-for-service Medicare program and opt instead for coverage through health care plans administered by private insurers. Proponents of the Bush proposal say it is a way to nudge seniors into plans that have the flexibility to provide preventive care and not just treatment.

Republican Senator Charles Grassley, chairman of the Finance Committee with jurisdiction over the proposal, disagreed with the Bush plan, saying he wants the drug benefit offered to all Medicare beneficiaries, including those who do not want to give up traditional Medicare. Democrats also oppose the plan. Said Democratic Senate minority leader Tom Daschle, "*To force seniors to give up the doctor they choose for the drugs they need is a huge mistake, and we will fight it to the last day.*" Washington State's Democratic Governor Gary Locke said the plan would "*only help seniors who leave traditional Medicare. Our parents shouldn't be forced to give up their*



*doctor or join an HMO to get the medicine they need. That wouldn't save Medicare; it would privatize it. And it would put too many seniors at too much risk just when they need the security of Medicare."*

### **BUSH: VOUCHERS FOR ADDICTION TREATMENT**

In his State of the Union address Bush also outlined a proposal to offer federal vouchers to subsidize treatment for people who use illicit drugs or have alcohol problems. The vouchers could be used at any treatment centre, including faith-based or secular programs. Bush said the program would cost \$US 200 million in its first year and up to \$600 million over three years. The program aims to help 300,000 people to receive substance abuse treatment. Analysts say the voucher idea is a way to skirt constitutional legal wrangles that would be caused if the federal government gave money directly to faith-based services.

### **DIOR ALTERS "ADDICT" CAMPAIGN**

After protests from people and organizations dealing with addictions, Christian Dior has changed but not abandoned its promotion of a new perfume called "Addict". Christian Dior President Claude Martinez said the company would not rename the product, but no longer use the tagline "admit it" in its ads. He also said that ads would be changed to use the full name of the product, "Dior Addict", in line with the company's assertion that the campaign implies that the Dior "brand and lifestyle" are addictive. Said Martinez, "*Christian Dior has never had any intention to trivialize or glamorize drug abuse or to offend individuals who suffer from or are trying to recover from addictions, or their families.*"

Dior also promised not to use the word "addict" alone to promote its products, and to remove an image of a bicep with a lipstick tattoo from ads and the internet. Other controversial elements of the campaign will remain, such as using the words "addiction," "sensuality," "pleasure," and "energy" to promote the perfume.

### **UK MAY CHANGE ASYLUM RIGHTS POLICY: EUROPEANS CREATE "NAVY"**

Facing what it perceives as a flood of asylum-seekers, some of whom may have terrorist connections, UK Prime Minister Tony Blair has indicated that Britain may no longer abide by Article Three of the European convention on human rights (to which the UK is a signatory). The Article prevents individuals from being sent back to countries where they claim they would be tortured or killed. Some analysts say the UK may withdraw from the convention, then join again with a reservation on Article 3 allowing for deportation, on the grounds of national security, of asylum seekers believed to pose a threat.

Blair's approach seems to be in part a reaction to an impending Conservative Party campaign against the government's handling of asylum-seekers.

As well, on January 29 the European Union (EU) launched its own "navy", called Operation Ulysses, to patrol the southern shores of Europe and intercept boats that carry illegal north African immigrants. Spain and Italy (the most common destinations for migrants from north Africa) lobbied for such a force, which comprises one vessel each from the UK, Italy, Spain, Portugal and France. The vessels have started their patrols in the Mediterranean but in two weeks they will also operate on the Atlantic seaboard, since the main route for sub-Saharan Africans wanting to enter Europe has shifted to Spain's Canary Islands.



In part, EU officials justify the operation as a way to reduce the death toll of illegal immigrants. Officials say up to 10,000 died making the crossing in the past decade.

This initiative complements an EU-funded cordon of security towers that Spain is erecting along its coast.

### **GLOBAL HEALTH NGOS LAUNCH MILLION SIGNATURE CAMPAIGN**

The People's Health Movement and the International People's Health Council (two grassroots international NGOs concerned about global health) launched their on-line Million Signature Campaign on January 3. The campaign is meant to draw attention to the gap between the principles of "health for all" enunciated in the World Health Organization's Alma Ata Declaration of 1978, and the current status of health across the world. The preamble to the petition states, "*The spirit of Alma Ata and the idea of Health For All has been under attack by anti-health, anti-poor policies, reemerging and new diseases, new challenges and above all by efforts to put private profit over public health.*"

Said Maria Zuniga, Coordinator of the International People's Health Council, "*The last 25 years have seen several experiments in the health sector. Some of them met with success in the initial stages. Of late, corporate and private interests have defeated public health. The negative impacts of unregulated globalization and privatization are neutralizing the achievements we had in making health for all a reality.*"

To symbolize the grassroots nature of the campaign, the first signatory to the petition was Ms. Parven Akhter, a 22-year old health worker from a village in the Faridpur district of Bangladesh.

Information on the Million Signature Campaign (with a link for those wanting to sign it) is at <http://phmovement.org/news/millionsignatures.html>. The Alma Ata Declaration is at <http://www.who.int/hpr/archive/docs/almaata.html>.

### **OUR READERS SAY.....**

In response to last week's editorial, a reader wrote:

*"Here we are on the cusp of what could be, finally, a stabilized Canada Health Act that would affect all of the country in positive ways. Home care must –absolutely must – be a pivotal part of the Canada Health Act. Unfortunately when the federal government reduced their share of contributions... there was no accountability required. In Ontario the Harris regime closed hospitals and reduced funding, as they did in all major areas. The result as we know was the closure of too many beds because too many nurses were let go. The Ontario government also cancelled Home Care programs and replaced Home Care with CCACs totally under Ontario government control. It wasn't long before CCACs' mandate was that hospital patients would be early-released and have priority re home care, resulting in the frail elderly having less priority as well as parents coping with multi-handicapped children and other individuals trying to manage challenging situations. Families became victims and there has been little correction in this ridiculous situation.*

*It's no secret that American businesses and agencies want to invade our health care market and we will not gain from this at all. We know what has happened to health care in America and the millions of people with no coverage whatsoever.*



*The Romanow/Kirby reports are well done and well considered. If Chretien wants a legacy he had better jump on this bandwagon. He has no other opportunity for a legacy."*

In response to an editorial in *Import* 3.2 about "presenteeism", a reader wrote:

*"I wonder if another factor affecting that state to set in is that health and social service workers are present at work, trying to bring about change but not getting any results because of the inertia of the bureaucracy they face in their day to day work environment."*

### **IN MY HUMBLE OPINION: TRAGEDY AND TECHNOLOGY**

It is possible to draw conclusions from tragedies too quickly, cheapening the immediate all-too-human impact of the tragedy. But conclusions and connections exist nonetheless, and after shock and grieving must come analysis.

On February 1, seven astronauts died in the fiery disintegration of the space shuttle Columbia. On that same day, seven high school skiers perished in a British Columbia avalanche. Both tragedies have a thread in common – the failure of technology, and the reminder that when technology fails, however rarely it happens, the results can be catastrophic for those involved with the technology.

The relationship of technology to the space shuttle disaster is obvious, but its connection to avalanches is subtler. Technologies exist both to identify areas at risk of avalanches and to deal with the risk by precipitating avalanches before they occur without warning. In this sense, technology failed in the mountains of BC.

The failures of technology are not an argument against technology. They are instead an argument for an understanding of the limits of technology, particularly when technology is wedded to the vagaries of human behaviour.

Perhaps the failures and limits of technology should be factors we keep in mind as the world approaches an almost certain war on Iraq. This war is being marketed as a near-sanitized conflict, in which high technology weaponry will keep the losses among both the invading forces and the Iraqi people to a minimum. An article in the February 2 edition of the *New York Times*, for instance, describes some of the weaponry:

- 3,000 precision-guided bombs and missiles to be fired on Iraq in the first 48 hours of the opening air campaign (ten times the number of precision-guided weapons fired in the first two days of the Gulf war of 1991)
- 6,700 satellite-guided bombs, called Joint Direct Attack Munitions, currently stockpiled in the Gulf region, as well as more than 3,000 laser-guided bombs
- high-powered experimental microwave weapons that could flash millions of watts of electricity to cripple Iraqi computers and equipment (but presumably not to cripple Iraqis).

Since many of these weapons are "precision-guided" they have an air of infallibility to them: they will destroy military installations, but not hospitals; airfields but not neighbourhoods; tank sheds but not nurseries.

But even if just a few of these go horribly wrong because of technology-aided launch errors or targeting errors, the results could, to put it very mildly, affect the health of many Iraqis – some of whom are at present dying or giving birth to deformed children as a result of exposure to shells made of depleted uranium that were used by the US in the Gulf War (an interesting albeit morbid example of the technology of recycling).



But some of the high technology deaths may not be the result of high tech glitches. They may result from a misunderstanding, bordering on ignorance, of the connection between technology and people. Witness, for example, the inexcusable gaffe in Afghanistan last year, when cluster bombs as well as food packages were both dropped over the countryside – and both were coloured yellow. And if US forces add cluster bombs to their Iraq war arsenal (as they may do if their precision-guided bombs don't do the trick), Iraqis may continue to die for decades. To quote from an ITV web site on "bombies":

*"Because cluster bombs disperse widely and are difficult to target precisely, they are especially dangerous when used near civilian areas. In addition, they are prone to failure: if the container opens at the wrong height, or the bomblets don't fuse properly, or their descent is broken by trees, or they land on soft ground –they may not detonate. With a high dud rate estimated to be 10 to 30 percent, unexploded cluster bombs lay on the ground becoming, in effect, super landmines, and can explode at the slightest touch... The CBU-87 [containing 202 bomblets], widely used by the U.S. during the Gulf War, the Kosovo War, and the war in Afghanistan, has three kill mechanisms: anti-personnel (for people), anti-armor (for tanks), and incendiary (setting the target area on fire). The B1 bomber can carry enough cluster bombs to turn an area the size of 350 football fields into a killing zone.... During the Gulf War over 30 million cluster bomblets were dropped on Kuwait and Iraq and, in the following months, unexploded bombs killed 1,600 civilians and injured another 2,500.... More than 50 international organizations, including the International Committee of the Red Cross, the Mennonite Central Committee, Human Rights Watch, Amnesty International and the International Committee to Ban Landmines have called for a moratorium on cluster bomb use. And on December 13, 2001 the European Parliament passed a resolution calling for an immediate global moratorium on their use to be followed by an outright ban."*

No such moratorium or ban is in place that is binding on America.

And it is worth keeping in mind that relatively low technology, if not controlled and fitted within civil society, can kill as well as part of the mundane tragedies of daily life. On the day that America and the world fittingly mourned the loss of seven astronauts, approximately 80 Americans died from accidental or deliberate gunshot wounds.

And in Iraq, many more will likely die from collapsed health infrastructures such as water plants and health services than will ever die from the hubris of technology.

John Butler, The Agora Group

#### **FROM THE QUOTES VAULT**

*"The undersigned oppose a preventive war against Iraq without broad international support. Military operations against Iraq may indeed lead to a relatively swift victory in the short term. But war is characterized by surprise, human loss and unintended consequences. Even with a victory, we believe that the medical, economic, environmental, moral, spiritual, political and legal consequences of an American preventive attack on Iraq would undermine, not protect, U.S. security and standing in the world."*

full text of a declaration signed on January 27 by forty-one American Nobel laureates in science and economics



*"Dear Mr. President:*

*We greet you – our President, our nation's highest military leader, and a member of the community of faith – in the name of Jesus Christ our Lord..... It is with the utmost urgency that we seek a meeting with you to convey face-to-face the message of the religious community that we represent on the moral choices that confront this nation and your Administration. You are no doubt well aware of our activities to slow the rush to war and our continuing uneasiness about the moral justification for war on Iraq. What we ask now, as fellow believers and as the spiritual leaders of Americans in congregations in every community of our great nation, is a pastoral opportunity to bring this message to you in person."*

excerpt from a January 30 letter to George W. Bush from forty-six US church leaders  
requesting a meeting with him concerning war on Iraq

*"Our common sense tells us there must be a better way than war. Our faith compels us to search for that better way."*

Dr. Bob Edgar, General Secretary of the U.S. National Council of Churches, January 2003