



# Import



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

Published by The Agora Group, 12 Peter Street  
Markham Ontario L3P 2A4

phone: (905) 294-9762

fax: (905) 294-8586

e-mail: [agora@consultant-network.ca](mailto:agora@consultant-network.ca)

web site: [consultant-network.ca](http://consultant-network.ca)

**Vol. 3, No. 5**

**February 10, 2003**

*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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### **FEDS, PROVINCES (BUT NOT TERRITORIES) REACH HEALTH AGREEMENT**

It was what many of us expected. This past week, provincial premiers and the Prime Minister arrived at an Accord that gave provinces more money for health care (but not as much as they wanted), instituted new accountability mechanisms (but not as strong as the federal government wanted), and introduced several new programs proposed by Romanow, including primary care enhancement, home care and catastrophic drug coverage (but without embedding them in the Canada Health Act and without including the Rural and Remote Health Fund that Romanow had proposed).

Under the terms of the *2003 First Ministers' Accord on Health Care Renewal*, provinces and territories will receive enhanced funding through a newly created Canada Health Transfer. As well, \$16 billion in funds for primary care, home care and catastrophic drug coverage will flow over 5 years from a federal Health Reform Fund. Provinces can distribute money flowed through this Fund across the three priority areas as they see fit. If they achieve their targets in all three areas without spending all the money, they can use their "residual fiscal resources" for other



health purposes. The federal government will also establish a Diagnostic/Medical Equipment Fund to help provinces enhance their diagnostic and treatment technologies.

The political leaders also agreed to the creation of a Health Council to "*monitor and make annual public reports on the implementation of the Accord*", but it will not report directly to Canadians: it will report through federal/provincial/territorial ministers of health. The leaders also agreed to a preliminary set of performance indicators for their health systems (attached as an Annex to the Accord).

In announcing the Accord, Prime Minister Chrétien said, "*For its part, the Government of Canada is making significant investments which will translate into \$17.3 billion in increased federal support for health over the next three years and rising to \$34.8 billion over five years.*" However, the provinces dispute the accuracy of federal calculations, saying they include money already promised by the federal government to the provinces. This prodded Chrétien to make an illuminating statement in the House of Commons:

*"They [the premiers] say that the money that we had promised three years ago to be new money this year is no more new money. We have not paid it yet and it's old new money versus new monies. For me, new money is new money if paying in \$5 or \$10, it's the same money."*

The *2003 First Ministers' Accord on Health Care Renewal* is found as an 11 page PDF file at [http://www.scics.gc.ca/pdf/800039004\\_e.pdf](http://www.scics.gc.ca/pdf/800039004_e.pdf).

Absent from the Accord were any special provisions for the three Territories, whose premiers refused to sign the agreement. Territorial premiers had argued that per capita distribution of federal health funds does not reflect the poorer health status of people in the territories or the high cost for territorial residents to access services in southern centres. Provincial premiers had supported the territories in their argument for an extra \$75 million, but apparently not strongly enough to insist it be embedded in the Accord. Chrétien has said the federal government will negotiate this separately, at a later date. In a February 6 media release from the territorial premiers, Yukon Premier Dennis Fentie said, "*It is surprising that our Prime Minister, a former Minister of Indian and Northern Affairs, is so insensitive to the unique situation we're facing in the North. The deal being offered was based solely on per capita funding, a formula that everybody knows won't address the significantly higher cost of delivering health care to our people.*" Northwest Territories Premier Stephen Kakfiwi added, "*Two weeks ago in Toronto, all of the premiers agreed to support a Territorial Health Fund to help address the inequality that per capita funding creates in the North. We came to Ottawa with that support and worked incredibly hard to persuade the Prime Minister to do the right thing. What we got instead was an offer for yet another process.*"

## **NAPANEE WOMAN TACKLES FEDS ON CAREGIVING ROLE**

According to a February 8 article in the *Kingston Whig-Standard* a Napanee woman, Marie Taylor, is challenging the Canada Pension Plan over the seven years she spent caring for dying relatives (first her stepson, then her mother). She applied for a pension in 2001 but was told the government would not recognize her time as an unpaid caregiver. Her pension was reduced by 25% because of her years out of the paid work force. Taylor claims her constitutional rights have been violated, and says if she had left the workforce to care for child rather than a grown relative, her pension would be unaffected. The *Whig-Standard* article is at <http://www.thewhig.com/webapp/sitepages/content.asp?contentid=21904&catname=Local+News>.



## **ANGLICAN DIOCESES APPROVE RESIDENTIAL SCHOOL SETTLEMENT**

Canada's thirty Anglican dioceses have approved a settlement between the government of Canada and the Anglican Church that limits the church's liability for claims of abuse in Aboriginal residential schools operated by the church for the federal government. Under the November 2002 draft agreement, the Anglican Church will pay \$25 million into a church-controlled fund to settle claims from former students. If the successful claims exceed that sum, the federal government will pay the amount over \$25 million but if the total payout is less, the money will revert to the Anglican Church. Former students can lodge claims against the fund without having to pursue drawn-out and stressful lawsuits.

Lawsuits face the federal government from 12,000 former students that allege abuse in the residential school system, which operated until the 1970s. The Anglican Church operated 26 schools and has been named by more than 2,200 plaintiffs. The Roman Catholic, United and Presbyterian churches operated other schools and also face litigation. Ottawa has already struck a deal with the Presbyterian Church similar to the Anglican deal, but the Presbyterian fund cap is only \$2.1 million because it operated fewer schools. The Canadian Conference of Catholic Bishops maintains that if the government wants an agreement, it should approach Catholic Church organizations that operated the schools on contract to the federal government, rather than the Catholic Church as a whole. The United Church continues to negotiate with the government.

## **ONTARIO PULLS PLUG ON MARCH BREAK ACTIVITIES FOR DEVELOPMENTALLY DISABLED YOUTH**

Mississauga Community Living has announced it is discontinuing its March break programs for 75 developmentally disabled children and teens. The program has operated for two years using a year-by-year grant from the Ministry of Community and Social Services, which is not renewing the grant.

*"The children enjoy these activities. And for many of them it's a chance to renew old friendships, but it also provides respite for highly stressed parents,"* said Keith Tansley, Executive Director of Mississauga Community Living.

## **ALBERTA RELEASES HEALTH SURVEY RESULTS**

On January 31 Alberta released the results of a survey of 1,600 Albertans on how they view their personal health status, physical activity and nutrition habits. According to the media release on the survey:

- 93% of Albertans make an effort to include healthy eating in their lives
- 43% are not active enough to maintain health
- 42% of men and 53% of women believe they are overweight.

In response to the survey Alberta has launched "Healthy U", a \$1.8 million information and education campaign to raise awareness of the importance of healthy eating and regular physical activity. It includes television and radio ads and a newspaper supplement. The government is also promoting a web site, [www.healthyalberta.com](http://www.healthyalberta.com), where Albertans can access "*current, evidence-based information about healthy choices and factors that affect their health*". The media release on the survey results is at <http://www.gov.ab.ca/acn/200301/13818.html>.



## **ALBERTA MOVES TO NINE HEALTH REGIONS**

As another example of the interminable re-jigging of the mandates and sizes of regional health authorities across Canada, Alberta is in the process of reducing the number of health regions in the province from 17 to 9, effective April 1. On February 6 the government announced the board chairs for the 9 regions, who were chosen from the pool of existing chairs and board members. According to the government the new chairs were selected for their "*strong and successful business leadership abilities*". The government will finalize a governance structure for the expanded regions and work with the chairs to identify candidates for the new boards by the end of February.

In October 2001 the first elections of two-thirds of health board members took place in Alberta. The Alberta government has now backed away from the idea of electing any health authority board members, but it expects to produce guidelines for "*a process for community participation*" in regional authorities.

A media release on the transition is at <http://www.gov.ab.ca/acn/200301/13773.html>.

## **UK TO ABOLISH COMMUNITY HEALTH COUNCILS**

The UK government has announced plans to abolish all 184 community health councils (CHCs) in England, and plans to replace them with 571 "patient forums" by April 2004 as an alternate way to build consumer input into England's health system. CHCs have operated for 28 years as voices for National Health Service consumers and have helped patients to make complaints against health services and the government. Malcolm Alexander, Director of the Association of Community Health Councils in England and Wales, says, "*the government have reneged on their commitment to have an independent one-stop-shop in the community that you can turn to if you have a problem with your local health service.*"

The UK's newly established Commission for Patient and Public Involvement in Health, which will set up the patient forums, says it will also create an independent complaints advocacy service to cover each primary care or hospital trust in the UK. This would be independent of the NHS and in addition to the Patient Advice and Liaison Services (PALS), which is the service for handling complaints that is run by trusts.

Community health councils in Wales and local health councils in Scotland are not affected by the government decision.

## **NOVA SCOTIA: TEACHER TRACKING FOR STUDENT SAFETY**

On January 16, regulations took effect in Nova Scotia to better track the small number of teachers who pose a threat to students. School boards in the province must now report to the Department of Education any teacher who has not been hired, who has been suspended or fired, or who has resigned or retired due to conduct that could put a child at risk, or any other inappropriate behaviour. If certification is suspended, revoked or reinstated the department will report this to other provinces and territories. In September 2002 it became mandatory for every adult applying for a job or volunteer position with a Nova Scotia school board to undergo police and child abuse registry checks.

These initiatives are a follow-up to a 1999 agreement by all provinces and territories to use a common reporting protocol for instances of harm to children. Alberta, BC, New Brunswick, Ontario and Yukon have already passed regulations in accord with to the national protocol.



## **MANITOBA BOLSTERS STREAMLINED DOCTOR RECRUITMENT**

On February 6 Manitoba Health Minister Dave Chomiak announced measures to refocus and expand Manitoba's recruitment of foreign-trained doctors, including:

- a centralized recruitment process to better co-ordinate recruitment efforts by Regional Health Authorities. Manitoba Health is working with RHAs to develop a central recruitment process to eliminate duplication of recruitment efforts and better utilize recruitment resources. The process will include a central database to help link International Medical Graduates (IMGs) with job opportunities.
- broadening recruitment efforts to include physicians immigrating from countries previously ineligible for conditional registration
- expanding the intake of IMGs to the assessment component of Manitoba's Medical Licensure Program for International Medical Graduates, to maximize utilization of funded spaces.

A media release on the initiative is at <http://www.gov.mb.ca/chc/press/top/2003/02/2003-02-06-01.html>.

## **QUEBEC STRIKES TENTATIVE DEAL WITH SPECIALISTS**

Although the details have not yet been made public, the 7,500-member Quebec Federation of Medical Specialists (representing doctors in 34 specialties) said on February 7 that it had struck a tentative deal with the government. OFMS members have been staging one-day "study sessions" to pressure the Quebec government into accepting their demands for \$800 million over three years and improvements in working conditions. Five more study sessions had been planned for February. Quebec's specialists, who are paid much less than specialists in Ontario, will vote on the deal on February 13.

## **MONTREAL TO FUND ACCESSIBILITY IMPROVEMENTS**

Montreal City Council's executive committee has approved a \$100,000 fund for projects that will be part of an eventual municipal policy on universal accessibility for people with disabilities. Funds this year will be used for:

- an inventory of accessibility in the 65 municipal facilities in the Mercier/Hochelaga-Maisonneuve borough
- sensitivity training for city councillors
- a communications policy setting standards for what municipal information should be offered in large print, in Braille, on cassette and by telephone
- a study of how to serve people with intellectual and speaking disabilities better
- an evaluation of municipal sports and recreation programs
- a hiring policy.

## **MONTREAL MOTHERS FIGHT RACIAL PROFILING**

Toronto is not the only city where racial profiling has become an issue. In Montreal a number of mothers have organized themselves into a group called Mothers United Against Racism, and are gathering names for petitions aimed at municipal and provincial politicians to protest alleged racial profiling by Montreal Transit Corporation (MTC) security guards against young visible minority Montrealers. The group, which claims visible minority youth



are more likely to be ticketed by the security force for infractions on Montreal's transit system, also plans to lodge complaints with the Quebec Human Rights Commission seeking up to \$30,000 in damages for racial profiling. The group has been supported by the Montreal-based Centre for Research-Action on Race Relations (CRARR), an organization that has criticized MTC guards in the past. While progress has been made, the Centre says profiling still exists. CRARR wants the transit authority to collect information about the race of the people it tickets.

### **SASKATCHEWAN HELPS FUND HEALTH STUDY OF URANIUM MINERS**

On February 7 Saskatchewan announced it will contribute \$60,000 to a two-year federal-provincial health study of uranium workers. The funding will help complete the epidemiological study of mine workers who worked in mines before 1975 and to conduct a feasibility study for extending that study to workers engaged in uranium mining since 1975. The Canadian Nuclear Safety Commission and the uranium mining industry will also put up \$60,000 each for the study.

### **BC RELEASES MENTAL HEALTH PLAN FOR CHILDREN**

On February 7 the government of British Columbia released what it calls "Canada's first comprehensive, provincial mental health plan for children". The 68-page *Child and Youth Mental Health Plan* describes a framework for service delivery changes and a plan for resourcing and implementation over the next five years. It addresses the difficult transitions for children with mental illnesses as they move into the adult mental health system and as they move between hospital and community mental health services. The recommended service enhancements to children and youth with mental disorders will be integrated into the Ministry of Children and Family Development's community-based service delivery system so problems can be identified before they become crises.

Said Gulzar Cheema, BC's Minister of State for Mental Health:

*"Our research indicates that about one in every seven children under the age of 19 is likely to have a serious mental disorder that impacts their functioning and development. That means about 140,000 of our B.C. children and youth experience mental disorders that impair their ability to participate in activities at home, at school, with peers and in their communities. Their family members often need help to cope with the associated stresses and challenges. Early intervention in the treatment of problems such as anxiety, depression and psychosis can make an enormous difference to the success of these children in school and as adults."*

The plan is at [http://www.mcf.gov.bc.ca/mental\\_health/mh\\_publications/cymh\\_plan.htm](http://www.mcf.gov.bc.ca/mental_health/mh_publications/cymh_plan.htm).

### **"AUSTRALIAN OF THE YEAR" IS KIDS' MENTAL HEALTH ADVOCATE**

This year's Australian of the Year is a woman with a life-long mission: researching the causes of major childhood illnesses and birth defects so they can be prevented. Fiona Stanley, who is a medical doctor, a professor of pediatrics and an epidemiologist, was founding director of Western Australia's Telethon Institute for Child Health Research. In 2002 after surviving cancer, she became Chief Executive Officer of the new Australian Research Alliance for Children and Youth. Says Stanley, *"Epidemiology taught me how to use research to improve social justice - that is a pretty powerful thing."*



Recently Stanley has become an advocate for improvement in preventive mental health services for Australia's children. Says Stanley:

*"Children and adolescents are experiencing significant psychosis, schizophrenia, depression, anxiety – the rates in Australia are rising the same as they are in every country in the Western world... Government services and non-government organizations are struggling to handle the numbers of children who are in crisis. That is what I will be preaching this year – we have to put some emphasis on preventing these problems in our society... Are we going to keep on blaming schools for the problems in our children, or are we as a society going to take responsibility for preventing these illnesses?"*

Stanley's passion is fuelled by dramatic increases in young (particularly male) suicide rates in Australia (the rate for males has quadrupled and that for females has doubled over the last 30 years), and by the level of mental health morbidity. One in five West Australian teenagers has a mental health morbidity that interferes with their daily life, according to Stanley.

She points to societal changes over the past 50 years that have influenced children's mental well-being, including higher divorce rates, less community support, less social capital, and significant changes in the distribution of wealth, education opportunities, access to technology, living conditions, and employment opportunities. Stanley also points to "*the rise of the individual and the downgrading of children.*"

Stanley champions new collaborative ways to apply research resources, and hopes to pursue the new ways through the Research Alliance for Children and Youth:

*"We are emerging from a very competitive century. In the area of research we have pitted the best against the best in a competitive mode. Our new vision is to identify the best resources for a task and bring them together to combine in new ways to create new entities with bigger capacity than the sum of the individual parts. The approach will challenge us to work in new ways. Collaboration without clashing egos, exclusive 'ownership' of results, or jealous harbouring of intellectual copyright. Quite a challenge! We will have to pioneer the best ways of achieving these goals, and not be naive about the real difficulties involved."*

The web site for the Australian Research Alliance for Children and Youth, which describes itself as "*a national collaboration of researchers, policy makers and practitioners from a broad range of disciplines who are together building a better future for Australia's children and young people*", is at <http://www.aracy.org.au/index.htm>. The text of *A New Research Paradigm for Addressing Social Justice in Australia*, a February 3 speech given by Stanley over the Australian Broadcasting Corporation, is at <http://www.abc.net.au/rn/talks/lm/stories/s773610.htm>.

The Australian of the Year, Young Australian of the Year and Senior Australian of the Year are awards presented since 1960 by the National Australia Day Council.

## **US DRUG ENFORCEMENT: DOES IT WORK?**

The White House Office of Management and Budget has issued a report as part of George W. Bush's budget package that takes issue with the way the US Department of Justice's Drug Enforcement Administration (DEA) measures its work. The report says DEA spends \$US 1.56 billion each year on drug law enforcement but it has no idea how effective it is. According to the report:



*"DEA's Strategic Plan includes a general long-term goal but it is not specific.... or truly outcome oriented. The plan does not include clear time frames, nor challenge program managers to improve performance continuously.... DEA has no regularly scheduled objective, independent evaluations of program performance. DEA has two annual performance measures. The supply reduction measure is new and has no baseline data from which to measure progress. The other one does not have ambitious targets and is too broad to be used to adjust priorities, make resource allocations or take other management actions. This measure (disrupting/dismantling priority targeted organizations) is not yet linked to an effect on drug availability and the targets are not yet critically evaluated or weighted for importance."*

DEA's budget has more than doubled since 1995, but this year's federal budget proposals allocate less than 1% in new money for the agency. The report on DEA is found as an Excel file at <http://www.whitehouse.gov/omb/budget/fy2004/pma/dea.xls>.

### **AMERICANS SEEK ASYLUM IN CANADA**

According to statistics from the Immigration and Refugee Board, the number of Americans seeking refuge in Canada increased by 135% before the end of October 2002 over the entire previous year, although the numbers are still relatively low. From January to the end of October 2002, a total of 191 Americans filed refugee claims citing persecution in the US, compared to 81 in 2001. Only one American has ever been accepted as a refugee by the Board, but its 1997 decision was overturned by a federal court.

### **ARKANSAS BANS CLEAN URINE SALES**

Arkansas has passed a bill that bans the sale of "clean urine". People found guilty of trafficking in urine are now subject to three months' imprisonment and a fine of up to \$US 500. Urine tests are widely used in the US in pre-employment physical exams to identify drug users, and many employees are subjected to spot urine tests. Occasionally, patients seek clean urine to falsify their medical condition or hide illicit drug use, leading to a brisk market in pretested human urine or a urine substitute that tests as clean urine. Samples typically range in price from \$30 to \$80.

### **SLOVAK REPUBLIC: ROMANI WOMEN STERILIZED**

On January 28 the US-based Center for Reproductive Rights and the Slovak Center for Civil and Human Rights released *Body and Soul: Forced Sterilization and Other Assaults on Roma Reproductive Freedom in Slovakia*. The report, based on a fact-finding mission in 40 eastern Slovakian Romani settlements in 2002, documents 110 cases of Romani (Gypsy) women who were forcibly or coercively sterilized or had strong indications that they were sterilized over the past 10 years in government-run health facilities. The report also alleges that Romani women face misinformation on reproductive health matters, racially discriminatory access to health-care resources and treatment, physical and verbal abuse by medical providers, and denial of access to medical records. Romani and non-Romani women, obstetricians, gynecologists, hospital administrators and government officials were interviewed for the report, which says:

*"Our fact-finding clearly indicates that discrimination against Romani women remains deeply and disturbingly entrenched in Slovak society. Government officials and health-care providers today openly condone attitudes and practices that violate the bodily integrity, health rights and human dignity of Romani women in need of reproductive health-care services. Romani women are particularly vulnerable*



*to multiple forms of discrimination because they bear the double burden of both race and gender stereotypes."*

The report also describes segregated facilities for Romani women who are forced to use separate toilets, dining facilities and rooms from "white" women. Romani women also seem to disproportionately undergo risky and outdated methods of cesarean delivery.

Forced sterilization stems from a communist era policy targeting Romani women that provided monetary incentives to women to undergo sterilization. The report says the policy was rescinded over a decade ago, and although monetary incentives are no longer given, the practice continues without the full informed consent of the women.

Police, as well as medical personnel in some hospitals, reportedly threatened and retaliated against Romani women in Slovakia after the release the report, which can be found as a PDF file at [http://www.crlp.org/pub\\_bo\\_slovakia.html#report](http://www.crlp.org/pub_bo_slovakia.html#report).

Slovakia is slated to become a European Union member in 2004. Some European Parliament members hope Slovakia will respond to the report's findings by March, when the European Parliament will discuss countries that are scheduled to join the EU.

#### **LAKE STEWARDSHIP: COTTAGERS CARE**

Last week's edition of *Import* contained an article about the creation of the environmental watchdog group, Ottawa Riverkeeper. A reader was kind enough to point us in the direction of another water-quality initiative in Ontario – the Lake Stewardship Program operated through the Environment Committee of the Federation of Ontario Cottagers' Associations (FOCA). Under this initiative, individuals are nominated by cottagers' associations to be "lake stewards". Each steward takes a role in protecting the lake for which he/she is responsible, organizing cottager involvement in projects to improve the lake's environmental quality such as development of lake plans, fishery and shoreline improvement initiatives, removal of invasive species like purple loosestrife and Eurasian milfoil, encouraging maintenance and proper care of septic systems, and development of Cottagers Codes that focus on protecting lake and shoreline environments. Stewards receive support material from FOCA, including an annual stewardship newsletter, *Keeping Your Lake Great*.

More information on FOCA's lake stewardship initiative is found at <http://www.foca.on.ca/Environment.htm#Lake%20Stewardship>.

#### **WATER WATER EVERYWHERE – FOR A PRICE**

Across the world a more ominous water quality issue has emerged – the privatization of water systems, often in developing countries. On February 3 the International Consortium of Investigative Journalists (ICIJ) began publishing a ten-part series on "water barons" – large firms that take over the water supply function for cities or entire nations, for a profit. The series says firms often charge water rates too high for poor populations, forcing them to revert to disease-ridden water sources.

According to the series, France's Suez and Vivendi Environnement, and Thames Water, owned by Germany's RWE AG, dominate the private water market globally, joined to a lesser extent by Saur of France and United Utilities of England, working with Bechtel of the United States. In 1990, private water companies operated in a dozen countries. By 2002 they operated in at least 56 countries. They work closely with the World Bank and other



international financial institutions and lobby aggressively for legislation and trade laws to require cities to privatize their water. In cities such as Buenos Aires, Manila and Jakarta, the World Bank has coerced governments into signing long-term contracts with major private water companies based on "total cost recovery" (the abolition of all state subsidies for water costs). Of the 193 short-term loans the bank approved from 1996 to 1999, 58% had privatization as a condition.

The companies' performance has been highly criticized. In the US, the city of Atlanta recently canceled its private water contract with a Suez subsidiary after widespread complaints about poor service and dirty water.

In South Africa, people who could not afford huge increases in water rates were forced to get drinking water from lakes and streams, resulting in the country's worst cholera outbreak: more than 12,000 cases were reported, and 24 people died of cholera.

Up to 10 million South Africans have had their water cut off for non-payment since 1994, according to a 2002 national survey by the Municipal Services Project, a university-based research centre with offices in South Africa and Canada. Two million people have been evicted for not paying utility bills, and poor families pay up to 40% of their income for water and electricity. Faced with water payment defaults, the Siza Water Company – supplying water to the 40,000 people in Nkobongo South Africa – raised water rates by between 98% and 140% since the start of its monopoly contract four years ago.

David Hemson of South Africa's Human Sciences Research Council says, "*The cost recovery program sounds good, but...it forced people to go back to the original sources of water, polluted streams and rivers and the like. That was the direct cause of the cholera epidemic.*" Said Canadian researcher David McDonald, "*People are saying: I have to choose between water and food – or between electricity and sending my child to school. Nobody really ever bothered to find out if people could afford these services. And, as it turns out, people can't.*"

Many South African townships have put meters on communal taps. To access the taps residents must buy a prepaid water card that works like a phone card. The customer slips the card into a meter and takes water from an activated tap. The water stops when the card is removed. When the card runs out the customer must buy another, but many people cannot afford \$US 4.02 for a card. Another tactic involves "the trickler", a disc with two tiny holes. When people miss several payments, the water company inserts a disc into a valve, causing water to trickle through to their pipes at greatly reduced pressure. Residents still get a little water, but only once or twice a day. All this, despite a provision in South Africa's Constitution guaranteeing access to food and water.

The complete series of articles examining water privatization in Canada, Australia, the Philippines, Indonesia, Colombia, Argentina and the US can be accessed at <http://www.icij.org/dtaweb/water/default.aspx?SECTION=ARTICLE&AID=6>. The February 13 article in the series will profile water privatization in Hamilton Ontario.

## **UNNECESSARY WAR?**

As the US prepares to attack Iraq with or without UN backing, an article in the January/February edition of the US journal *Foreign Policy* argues that war is not the only way to deter Saddam Hussein. In their article *Unnecessary War*, political scientists John Mearsheimer and Stephen Walt say Saddam can be deterred by other means:

*"[Saddam] started two wars against his neighbors – Iran in 1980 and Kuwait in 1990. Saddam's record in this regard is no worse than that of neighboring states such as Egypt or Israel, each of which played a role in starting several wars since 1948. Furthermore, a careful look at Saddam's two wars shows his behavior was far from reckless. Both times, he attacked because Iraq was vulnerable and because he*



*believed his targets were weak and isolated.... Such reasoning does not excuse Saddam's aggression, but his willingness to use force on these occasions hardly demonstrates that he cannot be deterred.... History provides at least two more pieces of evidence that demonstrate Saddam is deterrable. First, although he launched conventionally armed Scud missiles at Saudi Arabia and Israel during the Gulf War, he did not launch chemical or biological weapons at the coalition forces that were decimating the Iraqi military. Moreover, senior Iraqi officials.... have said that Iraq refrained from using chemical weapons because the Bush Sr. administration made ambiguous but unmistakable threats to retaliate if Iraq used WMD [weapons of mass destruction]. Second, in 1994 Iraq mobilized the remnants of its army on the Kuwaiti border in an apparent attempt to force a modification of the U.N. Special Commission's (UNSCOM) weapons inspection regime. But when the United Nations issued a new warning and the United States reinforced its troops in Kuwait, Iraq backed down quickly. In both cases, the allegedly irrational Iraqi leader was deterred."*

The article can be accessed through the *Foreign Policy* web page at <http://www.foreignpolicy.com> (scroll down and look for "An Unnecessary War").

### **CHURCHES: NO WAR**

Religious groups continue to voice opposition to war on Iraq. Rev. Marion Pardy, Moderator of the United Church of Canada, has asked her congregations to sign a "public declaration against war as a means to peace." Said Pardy:

*"Just as widespread opposition to unilateral American aggression was a major factor in preventing an outbreak of war last fall, we believe that broadening our public witness could prevent war in the upcoming months. As Christians we know that violence is wrong. The international community will not foster stability, nor will people in states such as Iraq enjoy safety and well being, as long as we hold to the view that war is a means to peace. Canadian church leaders communicated this view in a joint statement to Prime Minister Chrétien in September.... Military solutions brought about by outsiders often suppress conflicts only for a time and, in some cases, provide the opportunity for each side to regroup for a deadlier battle. Adding war with Iraq to the numerous armed conflicts already raging around the world at the beginning of 2003 will not further the security of humanity and our earth."*

As well, at a February 5 meeting spearheaded by the World Council of Churches, European religious leaders issued a statement on the war:

*"As European church leaders, in consultation with councils of churches in the USA and the Middle East, we remain extremely concerned with the continued calls for military action against Iraq by the US and some European governments. As people of faith, our love of neighbour compels us to oppose war and to seek peaceful resolution of conflicts. As churches we pray for peace and freedom, justice and safety for the people of Iraq and in the Middle East as a whole. Such prayer obliges us to be instruments of peace."*

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

In response to an editorial in *Import 3.2* that suggested BC Premier Gordon Campbell's arrest for drunk driving should not be a reason for him to resign, a reader wrote:



*"Thanks for raising the issue of Campbell's impaired driving. My concern is somewhat corollary to the main issue: this is a person who is a leader of government, who demonstrated critically poor planning and judgement. In so doing, he broke the law. As more information emerged regarding how much alcohol he consumed and how far he drove, the potential consequences of that poor planning and poor judgement grow exponentially. There appears to have been all the potential for a traffic fatality. I think it is a mistake to focus solely on the issue of drinking and driving, as Campbell himself has done. I haven't seen anything that indicates that he has put this incident in a larger, behavioural, context.*

*I am not unbiased on the topic of drunk driving, and I am not unbiased on the topic of Campbell's policies (or those of his ilk across the country, including our own province). Nonetheless, this specific situation does raise for me additional concerns about Campbell's basic processes – clinicians will recognize the model as Behaviour-and-Consequence thinking."*

In response to an editorial in *Import* 3.4 about the failures of technology and the likely effects of technology in the war on Iraq, a reader wrote:

*"Thank you for the 'In My Humble Opinion' piece: it is comforting to hear a reasoned series of thoughts regarding technology and its relation to human activities. Further, your references to the church folk who are confronting their president with other options serves to provide some relief to the overarching sense of dread many feel as the potential for armed conflict escalates."*

On the same subject another reader wrote:

*"I note in '...Humble...' that you suggest failure of technology, but do you think that it might be more complacency and not paying sufficient attention to 'warnings'? I have to think that there should have been some sort of external survey of the [space shuttle Columbia's] hull prior to re-entry? On the slopes, one would have thought that seasoned skiers/guides should have been 'reading' the snow?"*

## **IN MY HUMBLE OPINION: THE ACCORD COULD BE BETTER**

Since I'd like to snivel about something other than the weather and the most recent antics of Michael Jackson, I thought I might take a whack at the new Health Accord between the premiers and our esteemed (and soon-to-be-gone) Prime Minister. The details of the Accord are described earlier in this edition of *Import*.

My first snivel has to do with primary care reform. Yes, the Accord calls it a priority. Yes, it throws money in the direction of this reform. But rather than describing it as something as laudable as *"twenty-four hour access to a multidisciplinary primary health care team"*, the Accord waters it down to *"access to an appropriate health care provider, 24 hours a day, seven days a week"*. This provider could be a well-meaning over-the-phone first responder, who tells you to take an aspirin (if you have one) or failing that, go see your doctor in the morning (if you have one) or failing that, go to an emergency department (if you have six hours to spare).

Not good enough.

My second snivel has to do with the way the three Territories – Yukon, Nunavut and the Northwest Territories – were treated. Before the fractious negotiations among first ministers had begun, all provincial premiers had supported a proposal from the three territorial premiers for a special \$75 million allocation for the territories, above and beyond per capita federal transfers, to take into account the high burden of ill health among territorial residents and the high cost to the territories of accessing southern health services for their populations. Somehow



this chunk of money got lost in the negotiations among the bigger players. Not surprisingly, the three territorial premiers refused to sign the Accord.

It helps to keep the plight of the territories in perspective. Combined, the three territories are home to about 90,000 people. That's less than half the population of the town of Markham where I live. Although just under half the territorial populations live in Whitehorse, Yellowknife and Iqaluit, the remainder live scattered in small communities over an area comprising 40% of the land mass of the entire country.

We're not talking about a lot of people – but we are talking about people who rank low on almost every measure of health and on measures of the determinants of health.

I can understand (but not agree with) a reluctance on the part of the federal government to flow extra funds for the territories. Just under half the combined population of the territories are Aboriginal (including Inuit), and the feds may have qualms about three streams of health funding going to the territories – one for Aboriginal health, another the kind of cash-flow for health that all provinces and territories receive, and the third a “top up” of \$75 million. But if this is the problem, it is a problem the federal government and territories should have solved decades ago.

It's not stretching the truth to say we perpetuate third world conditions in 40% of our country, despite the best efforts of the people of the territories and the few health and social development workers the territories have been able to train or to lure to their jurisdictions.

And \$75 million would have helped, to improve health services or to tackle the determinants of health.

John Butler, The Agora Group

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

*"If you want a future, if you want to compete as a knowledge-based nation, you cannot have one in five kids going off the rails, because that is one in five future parents going off the rails."*

pediatrician and epidemiologist Dr. Fiona Stanley, the Australian of the Year for 2003