



# 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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### **ONTARIO: WEST NILE VIRUS CONTROVERSY HEATS UP**

A February 28 investigative report by the CTV newsmagazine W-Five claimed that Ontario's Ministry of Health and Long-Term Care is under-reporting cases of West Nile virus infections in Ontario. The report said the Ministry only acknowledged 373 human cases of West Nile in Ontario last summer, and the report cited data suggesting that at least 1,000 people required medical attention for West Nile. Ministry officials have blamed the discrepancy in part on delays in testing for the virus by the federal lab in Winnipeg, and Ontario has announced plans to do its own testing for the virus in future.

The issue may heat up even more as spring approaches. Some public health specialists argue for spraying in southern Ontario to kill mosquito larvae as a way of controlling the spread of the virus, while many environmentalists argue the malathion spray may do more harm than it prevents. Ontario says it will allow municipalities to decide whether to use malathion to kill mosquitoes that spread the virus.

Michael Drebot, chief of zoonotic diseases and special pathogens at Health Canada, said on March 8 that about 100,000 Canadians were infected with West Nile last summer. The vast majority of people who



contract the virus are unaffected, but in a small percentage of cases the virus can lead to severe neurological illnesses, including meningitis, encephalitis and polio-like paralysis.

### **ONTARIO CANCELS COMMUNITY LIVING SERVICE CONTRACT**

A recent decision by Ontario's Ministry of Community, Family and Children's Services to abruptly cancel the service contracts of Community Living St. Catharines has drawn a sharp statement of concern from Community Living Ontario (CLO). The cancellation appears to have been prompted by the accidental deaths of two men with developmental disabilities who were under the care of Community Living St. Catharines – one death in the year 2000, and another in 2002. However, OACL argued in a February 20 media release that the St. Catharines ACL took corrective action after both incidents and that the Ministry's cancellation of contracts to provide services to people with developmental disabilities was unwarranted. OACL says that:

*"Arbitrarily shutting out a local association with a long and respected record of family involvement and service to the community may do more harm than good when it comes to building and ensuring a safe community for people.... Instead, the Ministry should commit to working with the association to ensure that people receive supports and services in a safe and secure environment. At minimum, due process should be followed, allowing the association to demonstrate that it is taking whatever steps may be recommended to ensure the best quality of service possible."*

Said Keith Powell, Executive Director of CLO:

*"All of a sudden, dozens of families have had the services and supports they were receiving arbitrarily transferred to a service provider outside the community. It contradicts the Ministry's own goal of providing local, community-based supports.... This decision not only has an immediate impact on families in St. Catharines, it has a chilling effect on all family- and community-based associations supporting people throughout Ontario. If the Ministry just terminates service contracts without due process, what does this say about its commitment to individuals and families who for years have banded together to operate local, community-based support associations?"*

### **ONTARIO STUDY: MRI SCANNER DATA INADEQUATE**

On the heels of recent Ministry of Health awards of MRI scanner contracts to private operators across the province, a study released by Ontario's Institute of Clinical Evaluative Sciences (ICES) suggests there is little data that can be used to determine if there has been an improvement in access to scans for those who need them most. The report points out that the presence of scanners increases the number of physician referrals for scans, and that current databases in Canada and elsewhere do not reflect the degree to which scans are needed. Says the report:

*"Increasing MRI capacity (number of scanners, operating hours and staff) is likely to improve access and wait times in the very short term. However, experience in other jurisdictions suggest that simply increasing capacity is not likely to alleviate waiting lists over time. The reasons for this include: expanding indications for MRI, changing referral patterns caused by increased availability, and others. Developing a scale that will allow accurate and reliable assessment of a patient's need for a scan is difficult."*



The report also points out that use of MRI scans has increased five-fold in Ontario in the last decade, but Ontario and Canada as a whole have low rates of MRI scanning compared to many other jurisdictions.

The report *Access to MRI in Ontario: Addressing the Information Gap* is found as a 42 page PDF file at [http://www.ices.on.ca/PDFs/TechnicalReports/MRI\\_Report\\_web.pdf](http://www.ices.on.ca/PDFs/TechnicalReports/MRI_Report_web.pdf).

### **ONTARIO INCREASES EARLY YEARS SITES**

On March 6 Ontario announced funding for an additional 61 Ontario Early Years Centres in Ontario (22 of them in Toronto), to augment the 42 centres already operating. Early Years Centres give families with young children opportunities to explore a variety of early child development services and information on parenting skills and children's literacy. Funding for Ontario Early Years Centres is part of the federal/provincial Early Childhood Development agreement through which money is transferred to provinces to enhance services for young children and their families.

A media release on the announcement is at <http://www.cfcs.gov.on.ca/CFCS/en/newsRoom/newsReleases/030306.htm>.

### **ALBERTA CHANGES PATIENT CONFIDENTIALITY LAWS**

On February 25 Alberta said it would introduce a Health Information Amendment Act to ease several provisions of the Health information Act. The amendment removes the requirement for patient consent before information is shared through electronic means, and allows discretionary disclosure of information of deceased people. Under the current Act, only the personal representative of someone who was 18 or older at time of death may exercise rights on behalf of the deceased. Because access to information may be needed to administer an estate of a child, Bill 10 removes the age restriction.

A media release on the new Act is at <http://www.gov.ab.ca/acn/200302/13965.html>.

### **NEWFOUNDLAND TO CONSULT ON A PROVINCIAL HEALTH CHARTER**

On February 25 Newfoundland and Labrador announced that public consultation will be held on development of a provincial health charter to outline government's responsibility for the health and community services system and the general public's role in their own health and in use of the health system. The province asks individual Newfoundlanders along with health and community services boards, community groups, unions, and other players in the health and community services system to review a discussion paper on the proposed charter and submit comments to Health and Community Services Minister Gerald Smith by April 30.

The discussion paper *Building a Healthier Future* is a 7 page PDF file at <http://www.gov.nf.ca/health/publications/pdffiles/HealthCharter2003.pdf>.

### **NOVA SCOTIA BOLSTERS YOUTH MENTAL HEALTH**

On February 24 Nova Scotia announced the creation of two intensive community-based treatment teams for children and youth, along with a new 12-bed mental health residential rehabilitation treatment centre for youth between the ages of 12 and 19 years that will open later this year. The treatment teams, one based at the rehabilitation centre in Halifax, the other at the Cape Breton Regional Hospital, will work with



children and youth where they live. The treatment centre in Halifax will be available to those who require medium to longer term care.

Said Health Minister Jane Purves, *"In the past, we've had to send children to other provinces for this kind of professional treatment. Now children and youth will not have to be separated from families or endure financial hardships to receive care."*

A media release on the initiative is at <http://www.gov.ns.ca/news/details.asp?id=20030224001>.

### **SASKATCHEWAN SUPPORTS NORTHERN NURSING EDUCATION**

On March 7 Saskatchewan announced it will fund 40 additional nursing seats as part of a new four-year northern nursing degree program at the Saskatchewan Indian Federated College (SIFC) campus in Prince Albert. The initiative is meant to help address the need for more health professionals in northern Saskatchewan and for greater Aboriginal and northern representation in the health care system.

A media release on the initiative is at <http://www.gov.sk.ca/newsrel/releases/2003/03/07-133.html>.

### **REPORT RELEASED ON PREVENTING YOUTH SUICIDE IN FIRST NATIONS**

On March 4 federal Health Minister Anne McLellan and Assembly of First Nations National Chief Matthew Coon Come announced the release of *Acting on What We Know: Preventing Youth Suicide in First Nations*. The report, developed by an eight-member Advisory Group on Suicide Prevention, makes recommendations under four main themes:

- increasing knowledge about what works in suicide prevention
- developing more effective and integrated health care services at national, regional, and local levels
- supporting community-driven approaches
- creating strategies for building youth identity, resilience and culture.

In response to the report, Health Canada has agreed to hold a youth roundtable to discuss the report's recommendations, work with communities on a tool for identifying preconditions for suicide and risk levels to prevent further tragedies from taking place, and explore partnerships with the Institute of Aboriginal Peoples' Health of the Canadian Institutes of Health Research (CIHR) to establish a research fund on suicide prevention.

The report *Acting on What We Know: Preventing Youth Suicide in First Nations* is at: [http://www.hc-sc.gc.ca/fnihb/cp/publications/preventing\\_youth\\_suicide.htm](http://www.hc-sc.gc.ca/fnihb/cp/publications/preventing_youth_suicide.htm).

### **US LIVER TRANSPLANT DECISION IRKS SOME**

Carolyn Joy, a former prostitute found guilty of murdering another prostitute in 1983, is serving a life sentence for murder at the Correctional Center for Women in Nebraska. Joy has been approved to join the list of 17,300 people awaiting liver transplants in the US, provided she loses weight and gets her diabetes under control. But the decision has drawn disapproval from a number of people on the waiting list or otherwise involved with liver transplants. Joy was a daily heroin and alcoholic for over nine years, leading to liver damage that now makes a transplant necessary.



Some critics argue that placing a convicted murderer on the waiting list will lead to a reduction in the number of people willing to offer liver donations. Others are concerned because taxpayers would pay up to \$200,000 for Joy's transplant, based on a 1976 US Supreme Court ruling that prisoners have a constitutional right to equal medical care. The ruling requires governments to cover the medical costs of their inmates.

Others argue Joy has a right to be on the list, regardless of her past crime or past use of drugs and alcohol. Says Dr. Lainie Friedman Ross of the University of Chicago's MacLean Center for Clinical Medical Ethics:

*"I'm a workaholic, and when I get my first heart attack I'll say I've earned it but no one will keep me off a list for that. We don't blame the workaholic but we blame the alcoholic.... Yeah, she belongs on the list like I belong on the list."*

### **SPOUSAL CAREGIVING INCREASES HEART ATTACK RISK**

According to a study published in the February edition of the *American Journal of Preventive Medicine*, women providing 9 or more hours a week of unpaid caregiving to sick or disabled spouses are at greater risk of heart attacks. The study shows, however, that providing care for a disabled or ill parent, sibling or other individual did not significantly increase the risk of heart disease, suggesting that the caregiving commitment in these cases may have been less burdensome or intense than caring for a spouse.

The study's authors collected data on caregiving and coronary heart disease from 1992 to 1996 for 54,412 US women nurses aged 46 to 71 with no prior history of heart disease who were enrolled in a long-term nurses' study. During the study period the researchers documented 321 cases of nonfatal and fatal coronary heart disease among the nurses.

Questionnaires filled out by the nurses tracked how many hours each woman spent in caregiving activities each week and asked them to rate how stressful or rewarding their caregiving experiences were. After adjusting for other factors such as age, body mass, exercise, smoking and saturated fat intake and a history of high blood pressure or diabetes, the researchers found the risk of coronary heart disease for the women increased with nine or more hours of caregiving per week.

The researchers found no association between how much stress or reward from caregiving that the nurses reported and their risk of coronary heart disease. Despite this, say the authors, *"the mental distress from seeing loved ones suffer, added to the stress from financial burdens and the pressures of juggling work with caregiving, may have contributed to the risk of disease in caregivers."*

### **UN LOWERS GLOBAL POPULATION PROJECTIONS**

On February 26 the United Nations Population Division issued a report lowering by 400 million the global population projections it made two years ago for the year 2050, reflecting a higher death rate due to HIV/AIDS and a reduction in fertility levels.

Although the probability of being infected by HIV is assumed to decline significantly in the future, the long-term impact of the epidemic remains dire, with 278 million more people expected to die of AIDS by 2050. *"HIV/AIDS is a disease of mass destruction,"* said Joseph Chamie, Director of the Population Division



The populations of countries most affected by HIV/AIDS are generally expected to be larger by mid-century than today, mainly because most of them maintain moderate fertility levels. However, for the first time ever, the Division forecasts that future fertility levels in most developing countries will fall to 2.1 per woman, the level needed to ensure the long-term replacement of the population. By 2050, three out of every four countries in the less developed regions will be experiencing below-replacement fertility.

The report *World Population Prospects: The 2002 Revision* can be accessed at <http://www.un.org/esa/population/unpop.htm>.

### **GLOBAL TOBACCO TREATY TEXT IS APPROVED**

On March 1 in Geneva, 171 nations belonging to the World Health Organization (WHO) agreed to the final text of a Framework Convention on Tobacco Control to be presented to WHO in May for adoption. Thereafter only 40 nations need to ratify it for it to go into effect in the countries that approve it. WHO says smoking kills 4 million people a year and will kill 10 million a year by 2030 if trends continue.

The treaty would require nations to implement serious tobacco control programs. It would force cigarette companies to put a health warning that would take up at least 30% of the surface of a pack and would eliminate labeling that misleads smokers to think that a particular "light" or "mild" cigarette is less harmful than others. The pact would also require signatories to move toward a ban on cigarette advertising within the limits of a nation's laws. Signatories would be required to fund tobacco control programs and consider taxes that reduce smoking. The treaty also includes provisions pledging help to poorer countries in financing public health campaigns to raise awareness about the risks of smoking and in finding profitable alternatives to tobacco production.

The US, with support from Japan, China and Germany, opposes the draft treaty unless it contains a provision allowing countries to opt out of those provisions they do not like.

Opposition from Japan and the US came as no surprise. The Japanese government is a major investor in the tobacco industry as part owner of Japan Tobacco International. In the US 2002 election cycle, tobacco firms gave \$6.4 million of \$8.1 million in political contributions to Republicans. Philip Morris, the world's biggest cigarette exporter, gave \$3.4 million, with 80% of its contributions going to Republicans or the Republican Party. According to news reports the US administration is not happy with the idea of federal funding of anti-tobacco programs, a ban on free samples, or putting giant health warning on packs. US health attaché in Geneva, David Hohman, called the treaty's provisions a "*complication for our legislative process.*"

Commenting on the US position, John Seffrin, CEO of the American Cancer Society, said: "*At this critical juncture, the United States government is working methodically to weaken virtually every aspect of this treaty. We call on the US government to observe the first rule of the Hippocratic Oath: Do no harm.*"

The Framework Convention text is at <http://www.who.int/gb/fctc/PDF/inb6/einb65.pdf>.

### **SCOTLAND PLANS HEALTH SYSTEM REDESIGN**

The Scottish Authority has released a White Paper, **Partnership for Care**, proposing major changes in how health services are organized. The paper proposes greater involvement of front-line clinicians in the design and operation of health systems and it calls for the abolition of Scotland's primary care and hospital trusts.



Trusts were set up across the UK under the Thatcher government to link hospitals and primary care groups into units governed by boards dominated by business people. Trusts were meant to be competitive within an “internal market” for health care.

One strategy to foster greater influence by clinicians will be the creation of Community Health Partnerships (CHPs) that bring together health professionals at a local level to work with community planning partners in promoting good health. These will be an outgrowth of Local Health Care Co-operatives that already exist, and each will be required to work closely with a consumer-driven local Public Partnership Forum. The country will also set up a Scottish Health Council to promote public involvement in decisions about the National Health Service in Scotland. A Change and Innovation Fund will also be established.

Scotland also proposes to develop a new statement of a patient's rights and responsibilities. As well, a Patient Information Initiative will provide better information and make it more widely available.

The White Paper proposes a Health Improvement Challenge to focus attention on four priority groups: children in early years, teenagers, people at work, and communities.

The White Paper and a summary version are at <http://www.show.scot.nhs.uk>.

### **UK: MALE CHILDCARE WORKERS WANTED**

Daycare Trust, a UK charity involved in childcare issues, will launch a major publicity campaign in June to attract more men to work in the childcare field, based on the slogan “He Who Cares Wins”. Only 2% of UK childcare workers are men, and up to 180,000 new childcare workers will be needed in the next three years.

As part of the campaign, Daycare Trust is launching a national competition inviting children to draw pictures of their male heroes as part of the celebrations for National Childcare Week (June 9-15).

The theme of the UK's National Childcare Week this year will be “men and childcare”, focusing on men's roles working in childcare and as active fathers. It will explore why more men are needed in childcare, what stops men from caring for children and how men can be encouraged to play a more active role in childcare. The week will also feature a survey of public attitudes towards men in child care, a national conference on men caring for children, a new report on key policy issues surrounding men and child care, and famous fathers talking about their role as caregivers.

### **SOUTH AFRICA: HOW TO SAVE THREE MILLION LIVES**

A national prevention and treatment program in South Africa for HIV/Aids would save three million lives and cost no more than \$Can 300 million a year by 2015, according to a cost-benefit analysis conducted by the Centre for Actuarial Research at the University of Cape Town and recently presented to the South African parliament. The report also says the social benefits of a treatment program would far outweigh its costs. It estimates that if only opportunistic infections are treated, rather than AIDS/HIV itself, South Africa will have nearly three million maternal orphans younger than 18 by 2015.



## **OUR NEXT DOOR NEIGHBOUR IS EVERYONE: THE “A” TEAM**

For some time, AIDS activists as well as social researchers at South Africa’s University of Cape Town have been concerned about the AIDS “industry” – the proliferation of profit-making endeavours that benefit from AIDS funding, often to the exclusion of people with AIDS/HIV. The university’s AIDS and Society Research Unit decided to do something about it.

For some time the Centre has collaborated in the Memory Box project, an outreach and community mobilization project originally meant to help people with AIDS to prepare for death by recording their experiences. The Memory Box project has evolved into a public awareness, educational, mobilization and advocacy movement as well. More recently the project realized that many people with AIDS/HIV could compete for research and educational contracts and grants relating to HIV/AIDS, if they received training to help them take on the role. This led to the creation of the “A Team”.

Every year five new A Team interns (usually women) are recruited from the ranks of HIV positive and directly affected individuals. They undergo a 10-month period of training and support. In the last 5 months of the internship they constitute themselves into a self-managed collective and are supported to tender for a wide range of HIV and AIDS contracts. The A Team offers Memory Box workshops as well as research services including fieldwork, setting up focus groups, individual and household interviews and translation (not necessarily only for HIV and AIDS related research). Says Jonathan Morgan, the Memory Box project director, *“Rather than being recruited into yet another bead or craft enterprise, individuals are being asked to deliver around their real area of expertise – their insider knowledge as people living with AIDS and their fluency in their language.”*

Morgan stresses that memory boxes are not only for those with HIV/AIDS. He has made two memory boxes for his children, bunching them with stories and pictures about their melting pot of ancestors. Says Morgan, *“The memory box should not be a red-flag saying ‘I’m HIV-positive’. It has changed my life. I now feel very hooked into the political struggle to get access for people to treatment.”*

The Memory Box project is intergenerational. South Africa’s Howick Hospice Memory Box Project, for instance, identifies children who have been orphaned or are likely to become orphans. Each child decorates and personalizes a metal box with a lock, and is encouraged to fill it with personal mementos of family and other personal treasures. Carers help those children who are too young to do this for themselves. The dying parent, often the mother, is given the opportunity to document her hopes and dreams for her surviving child. All letters and photos are laminated. The box gives the child a sense of roots and belonging as well as aiding the grieving process.

## **CANADA MAKES ASIAN WOMEN’S RIGHTS GRANT**

On March 7 the Canadian International Development Agency (CIDA) announced it will give \$6.6 million to the United Nations Development Fund for Women (UNIFEM) to help governments in seven Southeast Asian countries to promote and protect women’s rights. The funds will help UNIFEM and other UN partners to work with governments and civil society organizations in Cambodia, Timor-Leste (East Timor), Indonesia, Laos, the Philippines, Thailand and Vietnam so they can strengthen their implementation of the 1979 Convention on the Elimination of All Forms of Discrimination against Women. Canada’s contribution is the largest pledge to UNIFEM to date for efforts to support implementation of the Convention.



Also on March 7, UNIFEM announced it has signed a Memorandum of Understanding with the International Organization for Migration (IOM) to strengthen their collaboration. The Memorandum outlines the fight against trafficking in human beings (particularly in women and girls), the needs of women in post-conflict situations, and the promotion of the rights of female labour migrants as key areas of collaboration between the organizations. According to IOM estimates, up to 2 million women and children were trafficked across borders in 2001 – a problem made worse by war and civil unrest, and the involvement of organized crime. Said UNIFEM Executive Director Noeleen Heyzer:

*"The breakdown of law and order and of border controls that accompany armed conflicts create an environment in which the trafficking of women has flourished. But there is also a growing demand for cheap, low-skilled labour in countries unaffected by war. It has increased the proportion of women and children in the migration stream, and therefore of women and girls being trafficked. Working long hours with little pay, they are stuck at the bottom of a hierarchy of exploitation".*

### **UNIONS, STUDENTS, CHURCHES OPPOSE WAR**

American unions usually support the US President during preparations for war, but on February 27 the executive council of AFL-CIO, the largest union coalition in the US (representing 13 million unionized workers), unanimously passed a motion opposing war on Iraq at this time. Said the resolution:

*"There may be times when we must stand alone and act unilaterally in defense of our national security, but the threat posed by Saddam Hussein deserves multilateral resolve, not unilateral action. The president has not fulfilled his responsibility to make a compelling and coherent explanation to the American people and the world as to the need for military action against Iraq at this time."*

The antiwar coalition U.S. Labor Against the War has called for a "Labor Day for Peace" on March 12, with antiwar activities planned at work sites around the country.

Over 200 labour organizations worldwide have signed an International Declaration Against War on Iraq, including the Canadian Union of Public Employees, the National Union of Public and General Employees, the Canadian Auto Workers Union, the CSQ (the federation of Quebec Unions) and the Canadian Union of Postal Workers.

As well, students at an estimated 300 US high schools and colleges held "Books not Bombs" walkouts on March 5 to protest the war, coordinated by the National Youth and Student Peace Coalition, a group of 15 student groups that came together after the attacks of September 11 2001. Student groups in Canada, Australia, Spain, Bulgaria, France, Brazil and Scotland held strikes to support American students.

Meanwhile US Catholic and Protestant church leaders have delivered a letter to Pope John Paul II asking him to address the UN Security Council. The letter, supported by Pax Christi International and the U.S. Council of Churches (a Protestant church coalition), says, *"we can think of little else that could have such consequence in helping the U.S. pull back from the brink of war."* For months the Vatican has opposed war with Iraq, warning military action would kill thousands of civilians and be construed as a Western war on Islam.

And on February 24 Christian patriarchs from three cities that know the recent face of war – Jerusalem, Sarajevo and Baghdad – issued a joint declaration:



*"We, who lived and continue to live the tragedy of war, wish to say to the whole world, and in particular to the powers of the world: do not follow the path of war because it is a dead end. Peace is the only course to follow and the only binding direction. There exists no violence, no terrorism and no war that would not entail further violence, hatred, destruction, suffering and death.*

*We beseech all, believers or non-believers, men and women of good will, and especially those in office and those who hold the power to decide the future, to give predominance to logic and dialogue as they continue to recall that 'war is an irrevocable adventure.' We also unite with the Pope in saying: 'No to war! War is always a defeat for humanity.'"*

## **US STUDY: HIGH RATES OF UNINSURED HURTS HEALTH SERVICES**

Many analysts have pointed out the often dire health consequences for more than 41 million Americans without health insurance. However, a recent study published by the US Institute of Medicine points out that communities as a whole suffer when they have high numbers of people without insurance, in part because services providers and institutions often do not locate in areas where they cannot maximize profits. The report *A Shared Destiny: Community Effects of Uninsurance* says:

*"A community's high uninsured rate has adverse consequences for its health care institutions and providers. These consequences reduce access to clinic-based primary care, specialty health services, and hospital-based care, particularly emergency medical services and trauma care, and may also result in lessened availability of other primary and preventive care and the closure or privatization of community hospitals. The Committee thinks that uninsurance affects access through providers' responses to lower revenues. In aggregate, providers' revenues in areas with high uninsured rates are lower because uninsured persons on average use fewer services than do the insured and the care that uninsured persons do receive is typically not paid for in full by the uninsured.... The unreimbursed costs of caring for uninsured Americans are ultimately paid for by higher taxes and higher prices for services and insurance. Local communities tend to bear the main economic burden of subsidizing service delivery, while the costs of public insurance are more broadly spread across state and federal budgets. Federal support can alleviate some of the financial demands that uninsurance places on communities.... The sheer number of uninsured persons in an area can add to the community burden of disease and disability. The Committee hypothesizes that this may result both from the poorer health of uninsured residents and from spillover effects on other residents. These spillover effects can happen through the spread of communicable disease from unvaccinated or ill individuals, shortages of health care providers and the loss of local capacity to deliver essential health care services."*

The full report and a summary can be accessed at <http://www.iom.edu/iom/iomhome.nsf/Pages/Recently+Released+Reports>.

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

Responding to an article in last week's *Import* about Alberta's plans to study rural health, one reader wrote:

*"Crikey...another study of rural health care. Everyone and their brother knows what the issues are, what the challenges are in rural health care. Access, access and access....inadequate supply of health practitioners, funding models that were developed for dense urban areas, small packages*



*of "rural" funding so tightly-targeted that make no sense to local folks' needs. What have been the answers provided for rural health...close a hospital, close another hospital and quite frankly, ignore the issue, there are a small number of constituents anyway..."*

In response to last week's editorial about the pre-election slogans adopted by Ontario's three main political parties, a reader wrote:

*Will we vote viscerally? Maybe the bigger issue is will we vote at all? With each successive election, fewer of us are taking the time to vote. I'm willing to bet that even among those who do vote, few actually spend time analyzing party platforms but rather base their decision on who had the most entertaining or least offensive advertisements or they are more interested in the response to the question "What have you done for me lately?" And even if you do want to vote, for many (be forewarned anyone who moved in the last couple of years) making sure you are on the voters registration list isn't easy. This is one system that is user-friendly only for techno-geeks (electronic systems are better, faster, cheaper aren't they and doesn't everyone have access to the Internet?). Heaven help you if you want to vote and find you aren't on the list on election day.*

*So, on election day, whenever it may be - take your spouse or a friend or a neighbour along with you, encourage your colleagues to stop to vote on their way home from work, gently nudge the guy next to you on the bus or the GO train and remind them to vote, be a role model and make sure your kids know you vote, make sure your kids vote! Voting is fundamental to democracy and remember what Churchill once said '... democracy is the worst form of government except all the others that have been tried.'*

**Editor's note:** The reader is, of course, right in her defense of voting and the democratic process. A healthy oddity of democracy is that it is a system that citizens cherish (or ought to), while those same citizens trash the results of the process. This is nothing new – witness the comments of George Eliot (Mary Ann Evans) in her 1872 novel *Middlemarch*:

*"It's good to have resident members [of Parliament].... They represent the local stupidity better, and they are kept on their best behaviour in the neighbourhood."*

### **IN MY HUMBLE OPINION: THE CHILD IN THE PHOTOGRAPH**

It is grainy photograph, as if the picture were taken quickly and with a poor camera. From the body shape the child looks to be three or four years old. She (or he) is shown from behind, leaving a room, moving into the outside world. The child is not much more than a silhouette, one leg lifted off the ground as if the child were running outside to play or running away, slightly off balance as children often are before their little bodies have fully learned how to use their legs.

This photograph constitutes a poster, available free from the Mennonite Central Committee.

The bar at the top of the poster contains one sentence: *"Whatever our intentions, war still comes down to killing."* At the bottom the poster says, *"There is no justice in war."*

Few images have affected me as deeply as this poster. It is the very anonymity of the child, the uncertainty of what came before and what will come after the millisecond caught by the camera, that gives the image its power. A child running into healing sunshine? A child fleeing?



There are children in Iraq today who will be dead within the next two months from malnutrition, from bombs, from foul water, from the toxic effects of depleted uranium shell casings left over from an earlier war. Statistically, they do not matter. They are a few more souls joining the estimated half million Iraqi children who have died since shotgun-style sanctions were imposed on Iraq – according to the World Health Organization, about six thousand per month, month after month, all in keeping with the logic of sanctions that says, *“We do not like your government. We will impoverish your lives until you overthrow it in the face of all its tanks and bombs and terror. We will allow you food and basic medicine, but nothing else to repair your shattered environments and daily lives. Sorry about the children”.*

The child in the photograph is every one of those children. The child in the photograph is every son, daughter, niece, nephew, granddaughter, grandson you have ever known.

Perhaps this is too simplistic. Perhaps it is too emotional. Perhaps I do not understand geopolitics.

But perhaps Dennis Halliday did not understand these things either. Halliday resigned in 1998 from his position as United Nations relief coordinator for Iraq, on the grounds that UN sanctions on Iraq amounted to genocide. In an October 1998 speech on Washington’s Capitol Hill one month after his resignation, Halliday said:

*“Many people have questioned the propriety of sustaining Security Council sanctions in the full knowledge of their devastating impact on the children of Iraq. Human rights violations in Iraq greatly trouble many of us. We see a tragic incompatibility between sanctions which are harming innocent children and people of Iraq and the United Nations charter, specifically the convention on human rights and the rights of the child. The incompatibility with the spirit and letter of the charter constitutes a tragedy for the United Nations itself, and severely threatens to undermine the UN’s credibility and legitimacy as a benign force for peace and human well-being throughout the world.... I recently met with [Iraqi] trade union leaders who asked me why the United Nations does not simply bomb the Iraqi people, and do it efficiently, rather than extending sanctions which kill Iraqis incrementally over a long period.”*

Yes. Perhaps the Iraq unionists had it right. If we are going to kill children, by all means let’s do it efficiently. But as Halliday also said, in all his naïve simplicity:

*“No matter what we may think of President Saddam Hussein, nothing justifies killing the children of Iraq. Nothing.”*

This week some of us will sigh with relief if the UN Security Council decides that we will kill children in the name of all nations, not just in the name of the US and Great Britain. But I doubt the source or political validity of the bombs will matter much to the children.

And in the photograph, one little child still runs into a world of hope or death.

To view the Mennonite Central Committee poster and order a free copy, please go to <http://www.mennonitecc.ca/peace/resources/poster.html>.

John Butler, The Agora Group



## FROM THE QUOTES VAULT

*"The problem is that the evil dictator killing millions is not Saddam Hussein. It is an industry run by madmen holed up in New York skyscrapers and corporate bunkers in Virginia and North Carolina. They have paid handsomely to assure that President Bush will not launch an attack."*

Boston Globe columnist Derrick Z. Jackson, in a March 5 editorial claiming the Bush administration was influenced by political donations from tobacco firms when it opposed the recent draft international treaty on tobacco control