



# 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 LAUNCHES WEST NILE VIRUS EDUCATION CAMPAIGN

On April 17 Ontario announced it will launch a West Nile virus (WNV) public education campaign, focusing on how people can protect themselves against infection and how they can clean up areas where mosquitoes breed. The campaign will involve:

- A 12-page brochure explaining how people can protect themselves from WNV, to be delivered in the next few weeks
- Advertising in daily, community and ethnic newspapers, and TV and radio ads
- A poster reminding people to be aware of WNV and to protect themselves
- Tear sheet pads in major retailers
- The Ministry of Health's consumer web portal, <http://www.HealthyOntario.com>, featuring helpful information in a special WNV section
- Information available by calling (416) 327-4327 or 1-877-234-4343



On April 8 Ontario announced \$7 million to help local public health units with their 2003 mosquito control activities, while leaving the decision about spraying pesticides and larvicides up to local authorities.

Quebec's bureau of public health has released a plan on its web site that includes the use of larvicides to kill mosquitoes. In 10 days a larvicide will be applied in specific areas such as wet spots around homes or in drainage ditches in Quebec. The province will also open 75 monitoring stations to detect the virus.

### **SASKATCHEWAN BOLSTERS VOLUNTARY SECTOR**

On April 14 Saskatchewan's Premier Lorne Calvert announced the appointment of Doreen Hamilton, MLA for Regina Wascana Plains, as Legislative Secretary to the Premier and Chair of the Premier's Voluntary Sector Initiative (PVSII). PVSII will be vice-chaired by Tracey Mann, an acting director with the United Way of Regina.

Calvert also announced the creation of three PVSII working groups to address key areas:

- enhancing the co-operative relationship between the public sector and the many components of the voluntary sector
- building capacity within Saskatchewan's voluntary sector
- creating awareness of the benefits of volunteerism for the people of the province.

A media release on the announcements is at <http://www.gov.sk.ca/newsrel/releases/2003/04/14-212.html>.

A 40 page PDF file about Saskatchewan's PVSII is at <http://www.cyr.gov.sk.ca/assets/docs/PDFs/PVSII.pdf>.

### **NOVA SCOTIA UPS FUNDS FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES AND PEOPLE WITH LONG-TERM MENTAL ILLNESS**

As part of its early April budget, Nova Scotia has increased spending on its Community Supports for Adults Program by \$12.8 million for 2003-04, to stabilize the program pending completion of a review of the program. CSA's services include homes for special care, small option homes, supervised apartments, adult residential centres, regional rehabilitation centres and adult service centres.

A backgrounder on the funding is at <http://www.gov.ns.ca/news/details.asp?id=20030404008>. A web site on the current program review is at <http://www.gov.ns.ca/coms>.

### **NEWFOUNDLAND CELL PHONE LAW TAKES EFFECT**

On April 1 Newfoundland and Labrador became the first Canadian province in which a law took effect banning the use of hand-held cell phones by drivers. Bill 15, an amendment to the Highway Traffic Act, provides for fines of up to \$180 and four demerit points, for using a hand-held phone while driving. The law does not prohibit hands-free cell phone use by drivers.

### **TERRITORIES GET PROVINCES' SUPPORT FOR HOUSING FORMULA**

At a Winnipeg meeting of federal, provincial and territorial ministers responsible for housing, ministers from Yukon, Northwest Territories and Nunavut received support from their provincial counterparts for a better way of calculating federal funding for housing initiatives. The current federal funding formula is on a per



capita basis. This puts the territories, with small populations but significant housing needs, at a disadvantage. Said Roger Allen, NWT's Minister Responsible for Housing, *"Our provincial counterparts recognize the need to find better ways to fund housing projects in jurisdictions that have smaller populations. Fair and equitable funding solutions are critical to help territorial governments add to our housing stock."*

Criticism of the per capita formula mirrors territorial concerns voiced in 2002 about the use of a per capita formula for allocating health dollars transferred from the federal government to provinces and territories. As a result of this concern, the territorial premiers refused to sign the provinces' health accord with the federal government. Further negotiations with the Prime Minister led to an agreement to review the per capita formula for health, and an agreement to transfer \$60 million in additional interim federal funding to be divided evenly among the three territories for health care. The final details of this health deal with the territories were ironed out in early April.

Meanwhile an April 9 national forum on housing attended by 200 housing leaders called for a national housing plan – and Ontario came under attack for neglecting affordable housing. According to a Federation of Canadian Municipalities media release:

*"While the recent federal budget included more resources for housing and homelessness, the government of Ontario, for the past 18 months, has failed to implement the new affordable housing program or deliver any funding to projects."*

## **MANITOBA RELEASES SENIORS' STRATEGY**

On April 10 Manitoba's minister responsible for seniors released *Advancing Age: Promoting Older Manitobans*, a comprehensive new strategy to address health care, community living and security issues for Manitoba's seniors. The strategy focuses on housing, economic status, transportation, elder abuse, age discrimination, technology and life-long learning, wellness/healthy aging, safety and security, and caregiving. The initiative will also take into account the interests of rural and Northern seniors, older women, Aboriginal people, seniors with disabilities and the francophone community.

Policy forums will be established as part of a longer term planning component to identify priority areas for action. The provincial strategy will seek input and participation from seniors, governments, seniors' organizations, the academic/research community and the Manitoba Council on Aging. In addition, the Seniors Directorate will begin compiling a government-wide inventory of programs and services targeted to seniors.

Although the strategy is not yet posted on the web, a media release on the strategy is at <http://www.gov.mb.ca/chc/press/top/2003/04/2003-04-10-02.html>.

## **MANITOBA CHANGES RULES FOR PEOPLE WITH DISABILITIES**

On April 14, Manitoba announced new rules for Manitobans with disabilities who receive Employment and Income Assistance (EIA) benefits. The changes mean a person with a disability living in the community and receiving money such as an inheritance, life insurance policy payment or compensation award will not have their EIA benefits reduced, as long as they set up a trust fund for the purchase of equipment or



services to improve their quality of life. These trust funds can accumulate up to a lifetime limit of \$100,000 per person with a disability.

A media release on the changes is at <http://www.gov.mb.ca/chc/press/top/2003/04/2003-04-14-04.html>.

## **NEW BRUNSWICK TO INTRODUCE HEALTH CHARTER OF RIGHTS AND RESPONSIBILITIES ACT**

On April 8 New Brunswick Premier Bernard Lord announced the province has introduced a Health Charter of Rights and Responsibilities Act into the provincial legislature. Among the rights accorded to New Brunswickers in the new act are the right to timely access of health care services, the right to make informed decisions on their health care, the right to receive relevant health care information and the right to the investigation of their complaints. Some of the individual responsibilities are for patients to participate in their own health care decisions, to use health care services in a reasonable manner and to engage in healthy lifestyle choices.

To ensure the Health Charter is applied and respected, Lord also announced the creation of a Health and Wellness Advocate Office designed to enhance New Brunswickers' access to and communication with the health-care system. It will address questions, issues, concerns and complaints in all services under the scope and mandate of the Department of Health and Wellness and the Regional Health Authorities, as well as issues with health professionals.

The Act, known as Bill 60, is found as a 12 page PDF file at <http://www.gnb.ca/legis/bill/pdf/54/5/Bill-60.pdf>.

## **QUEBEC: ABOLITION OF REGIONAL HEALTH BOARDS IN THE OFFING?**

Regional health boards have been created over the last 20 years in most provinces, but they have been the objects of constant tinkering by provincial governments that change their mandates, powers, composition and size. With the election of a Liberal government in Quebec, the possibility exists that Quebec's regional health boards will be abolished altogether.

The Quebec Liberal Party's pre-election health policy paper, Partners for Health, calls for the abolition of the boards, saying:

*"In 2001, the Government of Quebec increased its control on the regional health boards by eliminating elections completely; it is the Minister of Health and Social Services who now names the principal members of the board of directors of regional health boards. Moreover by naming the director general of the regional health boards, the Minister in effect is designating a kind of deputy minister of the region. The centralization of the regional health boards has stripped them of their mission, and for these reasons we would abolish them."*

As a replacement for the boards, the Liberals propose vaguely defined "local networks":

*"Within these local networks, the leadership of the hospitals, CLSCs, CHSLDs, youth centres, re-adaptation centres and medical clinics must coordinate their services. The leaders of these establishments must ensure that services are offered 24 hours a day 7 days a week; that patients are being treated in the right place and that use of all available re-sources must be optimized,*



*while it is adapted to particular clients such as anglophones, the native population and cultural communities."*

The full Quebec Liberal Party health position paper is found as a 152 page PDF file at <http://www.plq.org/tousDocuments/health.pdf>.

### **CANADIAN HOSTS COMMONWEALTH FORUM ON GLOBALIZATION AND HEALTH**

Ronald Labonte, Professor at the Universities of Saskatchewan and Regina and a member of the Canadian Coalition for Global Health Research, is the inaugural 'host' of a new web-based Commonwealth Forum on globalization and health sponsored by the Commonwealth Secretariat. Launched in April, the Commonwealth Forum consists of a number of articles and excerpts on aspects of globalization and health, and provides an opportunity for readers to post comments, citations and ideas. The Forum focuses on three themes:

- global governance and health
- health systems
- health and trade.

The forum is at <http://www.ukglobalhealth.org/default.aspx?sectionID=15>.

### **CROSS-BORDER HEALTH CARE AN ISSUE IN NEW ZEALAND**

The issue of government-sanctioned health care in a foreign country is an increasingly common and politically complex issue. Payment by Ontario for cancer treatment in US facilities led eventually to an increase in cancer care in Ontario, the UK has instituted policies to pay for treatment in other European countries when waiting lists for service in the UK are too long – and now New Zealand faces a political uproar over cancer services provided to New Zealanders in Australia. According to an April 22 story in the New Zealand Herald, 138 New Zealand women have been sent to Sydney Australia's Royal North Shore Hospital for cancer radiotherapy since December 2001, at a cost of NZ\$15,000 each.

Opposition National Party health spokeswoman Lynda Scott said women with breast cancer were being let down by the Government, and called for a public-private partnership to solve the problem:

*"It is absolutely not good enough. We need a shared public-private system for radiotherapy. Women would pay to have treatment. It costs \$5,000 to \$6,000 for a course of radiotherapy treatment so it is not really that expensive and it would leave more space in the public system."*

### **SARS FEARS DEVASTATE PARTS OF CHINA**

As Canadian public health authorities grapple with SARS, and as Toronto's and Ontario's health units and health workers go to heroic lengths to curb the spread of the disease, China's experience looms like a spectre behind our efforts.

Recent media coverage suggests serious effects on Chinese society as it belatedly addresses the illness. An April 18 Washington Post article described Beijing's streets as virtually deserted as people stay indoors to avoid infection:



*"At Bank of China branches, there were no lines. The traffic at Western Station, the city's main rail terminal, has dropped 75 percent, to 80,000 passengers a day. Few tourists showed up at Silk Alley, the usually packed warren of vendor stands and shops that runs from Xiu Shui Street south past the U.S. Embassy. The deals were unprecedented."*

The article also says that the infection has closed one of the departments of China's Finance Ministry, caused backlogs in money transfers from the central government to the provinces. In meetings across the city, state-owned work units, colleges and government bureaus have told people to avoid gathering in groups and taking unnecessary trips. Thousands of workers have been dispatched to disinfect city buses, taxis, office buildings and schools. Residents have snapped up 480,000 bottles of an herbal drink, on word that it protects against the disease. Some economists say China's economic growth rate this year will be at least 1 percentage point lower than previously estimated as a result of SARS.

The disease appears to have spread from its "home province" of Guangdong, and from Beijing and Hong Kong, to the central Chinese province of Shanxi, where schools and most restaurants have closed indefinitely. According to a recent Asia Times article, Shanxi's residents took few precautions until recently, because of official statements in the province that SARS was under control.

The mayor of Beijing and China's minister of health have both been sacked by the Chinese government for not addressing the epidemic soon enough.

As of April 21, a total of 79 people have died and 1,814 cases of SARS infection have been reported across China, although this may be a low estimate.

### **UN TO STUDY DEPLETED URANIUM EFFECTS IN IRAQ**

One of the most controversial elements of warfare in Iraq will be under study shortly, as United Nations and international scientists visit Iraq to investigate whether the leftovers of American firepower pose serious health or environmental threats. The US used depleted uranium (DU) artillery shells in the recent invasion, and had used them in the 1991 Gulf War. DU hardens the shells so they can penetrate armor more readily. DU shell fragments emit fairly low levels of radiation, but Iraqi doctors have argued that depleted uranium was responsible for a number of health problems and birth defects in Iraq after the Gulf War.

A small scale study on the use of such shells in Kosovo yielded no evidence of adverse health effects. About 12 metric tons of depleted uranium ordnance was used in the Balkans, compared with 300 metric tons during the 1991 Persian Gulf War, and much more in the current invasion of Iraq. Some scientists fear the shell fragments could contaminate the groundwater supply in heavily populated areas of the country.

Said Klaus Toepfer, executive director of the U.N. Environmental Program, which will manage the investigation, *"An early study in Iraq could either lay these fears to rest or confirm there are potential risks which then could be addressed."*

Some U.S. veterans also blame symptoms of Gulf War Syndrome – illnesses tens of thousands of American veterans reported suffering after returning from the 1991 Gulf War – on DU exposure.



## **OUR NEXT DOOR NEIGHBOUR IS EVERYONE: WOMEN DO MORE THAN SURVIVE**

Sarah Masunga left her job six years ago because she had cancer. A resident of rural Giyani in South Africa's Limpopo Province, Masunga decided there was more to life than mere survival for her and other women in the area, and in 1999 she and thirty-one other unemployed women founded the Hi Hlurile Skills Development Programme, to train women to make a living through small business endeavours. Patterning themselves initially after the Siyabonga Skills Development Project near Johannesburg, the women conducted their own version of market research and determined that their neighbours were a ready market for clothing. They pooled their resources to buy material, shared the few sewing machines they owned, learned sewing from those among them who already possessed the skill, and began producing tops, then curtains, for sale locally. They then branched out into making pottery, supported by modest grants from South Africa's National Development Agency and the national Department of Social Development for equipment purchases.

More than 200 local women have participated in this local economic initiative, and are now involved as well in baking, mushroom-farming and pig-farming. The group has also started computer literacy classes for women in the area.

Says Masunga:

*"My philosophy is never to dwell on something you cannot change, just adapt to the situations you find yourself in."*

## **IN MY HUMBLE OPINION: FROM BAGHDAD TO BOSTON**

A war – defined as tanks and planes shooting at people and things – has come and gone in Iraq, for the time being at least. The hideous tote board that accompanies war is not yet completed, the ciphering of dead and maimed is not finished, yet parts of the world are celebrating the allegedly clean and humane body count. Perversely enough, this immoral war may actually save the lives of many Iraqi children, not because of the warfare itself, but because of what it may end – the sanctions on Iraq that killed just as surely as mindless bullets and smart bombs did.

If we see ourselves as citizens of the world, we must continue to act to save the lives of the children of Iraq, and the adults too, by supporting actions by governments and civic organizations to rebuild Iraq.

But as citizens of the world, we must give thought to the children of Boston and Baltimore, just as much as we give thought to the children of Baghdad and Basra. Now America must pay for its war and for the odd version of peace that follows this war – and the United States may pay for the war on the backs of its own poor and disfranchised citizens, through further erosion of the principles of social justice and the programs that promote social justice (including health services).

Many US states – often the providers or co-providers with the US federal government of what passes for a social safety net south of our border – are close to insolvency. And George Dubya has made it clear that his almost theological commitment to tax cuts, coupled with the costs of war, mean the states can expect little help from the federal government. So far, curtailment of state programs to meet budget shortfalls has landed squarely on America's poor, its elderly, its children. It will likely get worse, paradoxically because



the plight of the states has now begun to affect those services that America's middle class has taken for granted – its libraries, its swimming pools, its subsidies for businesses and theme parks. And while the US middle class is by no means monolithic, it tends to demand that social burdens be shifted, when possible, onto the shoulders of those without the moral fibre to belong to the middle class.

We Canadians may be tempted to congratulate ourselves for being above the fray, but we are not. It is a quirk of American political thinking that it is not good enough merely to shift social burdens to the one fifth of the population least able to bear those burdens. One must also create an ersatz political/economic theory to justify the shift. And given global free trade in neo-conservative thinking, whatever justification emerges in the US for stating that poverty and disadvantage are actually good for the poor and disadvantaged will soon find its way into Canada.

On a personal note, during the invasion of Iraq I found myself leafing through a bible to find Psalm 137 – one of the great laments of the Old Testament – that begins:

*“By the waters of Babylon,  
There we sat down and wept,  
We wept when we remembered Zion.”*

The psalmist was echoing the longing and lament of the Jews during the Babylonian Captivity. But like so much in the psalms, the image has profound and universal meaning to it. The Zion the psalmist yearns for is more than a place on a map. It is an idea – the concept of a home where all are welcomed, all have a place of respect, all are free in more than the narrow political sense, a place where all are engaged citizens of Zion. And it is this very idea that will be increasingly under siege in Babylon, in the US, and in Canada.

During the American Revolution, the Massachusetts musician William Billings put a version of Psalm 137 to music as a Lamentation Over Boston, to reflect the fears of the rebels as Boston lay under British occupation:

*“By the river of Watertown  
We sat down and wept.  
We wept, we wept,  
When we remembered thee, O Boston.”*

The psalm and Billings' long-ago lines help me to remember that the lives of children in Baghdad, in Boston, in Belleville, in Mombasa and in Bahia and in Mumbai, are moral equivalents to each other.

And all these children have a right to a place in the Zion for which many health and social service workers, and many other citizens of the world, struggle.

But none of us expect the struggle to get much coverage on CNN.



## FROM THE QUOTES VAULT

*"At some point in his life almost every little boy wants to be a soldier. These days he can be a Roman soldier, complete with plastic greaves and breastplate, an intergalactic trooper, or a knight in armor, but these are merely variations on the basic theme – a love for legitimized mayhem, which is a congenital characteristic of all human males."*

*Barbara Mertz, Red Land Black Land: Daily Life in Ancient Egypt, 1966*

*"The only thing I think about is getting home without getting shot."*

Lance Corporal Philip Sullivan, serving with the US forces in Iraq