



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

web site: consultant-network.ca

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

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CIHI RELEASES "HEALTH OF CANADIANS" REPORT

The Canadian Institute for Health Information (CIHI) has released *Improving the Health of Canadians*, a report on why some Canadians are healthy and others are not and outlining choices communities face in creating equal opportunities for health. It examines enduring inequalities in health in Canada, particularly those faced by children, Aboriginal people and low-income Canadians. The report reviews how income and health are linked and examines the tendency of Canadians to have poorer health at low income levels. For example, the highest income 20% of men in Canadian cities live five years longer, on average, than the lowest income 20% and they are about one-quarter less likely to die of heart disease.

The report also looks at obesity, Aboriginal health and early childhood development, examining for each issue the latest research on what factors influence Canadians' health and the implications of policy choices on health. A report summary is at http://secure.cihi.ca/cihiweb/en/downloads/IHC2004_sum_e.pdf. A full copy can be accessed through http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=PG_39_E&cw_topic=39&cw_rel=AR_322_E#full. The media release on the report is at http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=media_25feb2004_e.



The report was developed by the Canadian Population Health Initiative (CPHI), a CIHI program that advances knowledge of the factors affecting health in Canada. CPHI has also launched its e-newsletter, *Health of the Nation, A Population Health Perspective*. The first issue can be accessed at http://secure.cihi.ca/cihiweb/en/downloads/cphi_eneews_e.pdf.

ONTARIO PROMISES ENHANCED HOME CARE, FAMILY HEALTH TEAMS

In a February 24 speech Health Minister George Smitherman gave hospitals \$385 million in one-time funding to meet their operating shortfall for 2003/2004, warned them not to expect future bail-outs, and promised to reorient the system through enhanced home care, round-the-clock primary care, greater investment in health promotion and enhanced accountability requirements for health services. Base funding for hospitals for future years will be upped by \$320 million to recognize high growth areas and new operating costs associated with recently completed capital projects. \$50 million of this base increase will be targeted to increasing full-time nursing positions and to improve the safety and working conditions of nurses (according to Smitherman only 57% of Ontario's nurses have full time jobs).

He reiterated key accountability provisions of Bill 8 currently before the Legislature:

"The Ontario government, the insurer, would enter into agreements with each institution to ensure targets are set for service delivery and volumes, as well as achieving key government priorities – like a higher proportion of full-time nursing – in exchange for funding.... it would ensure a clearer recognition of the contractual nature between payer and provider. It would also ensure that there are penalties for those who fail to deliver on their commitments. It's funny how in some circles this seems like a radical concept. What's radical, I would suggest, is that in Ontario it has never been done before."

While Smitherman's comments still fall short of a full commitment by government to be accountable in return, he alluded to the basis for more detailed government accountability:

"This commitment to predictable funding will be accompanied by an equally firm commitment to investment in the complementary community-based services needed to allow hospitals to do what they do best."

Smitherman also left the door open for major health service restructuring:

"So, what will a revitalized health system look like? Well, frankly, it will look a lot more like a system! Services will be better integrated amongst the various providers that deliver them and will be modeled with the consumers' interests in mind first and foremost. I often say that when I look at the health care system, I don't really see a system at all. It's fair to say that many Ontarians don't experience a health care system either."

His speech is at http://www.health.gov.on.ca/english/media/speeches/archives/sp_04/sp_022404.html.

ONTARIO CONTINUES CONSULTATIONS ON DISABILITIES ACT

Public meetings hosted by Ontario's Ministry of Citizenship and Immigration are being held across Ontario to seek public input into how the Ontarians with Disabilities Act (passed in 2001) can be made more effective and meaningful. The meetings have been welcomed by groups representing Ontarians with disabilities, since the previous Conservative government took little action to improve conditions for people with disabilities, other than



requiring municipalities and a number of transfer payment agencies and government departments to develop accessibility plans without offering money to implement the plans. Meetings have been held in Windsor, Ottawa and Hamilton, and are planned for Peterborough, Sudbury, Toronto and Thunder Bay between now and March 25. A schedule of meetings and sites is at

http://www.gov.on.ca/citizenship/accessibility/english/consultations_calendar.htm. Those who wish to register to attend a meeting should call 1-877-877-0109. The consultation process will also include meetings with disability groups and public sector organizations. The website promoting the public meetings says summary proceedings conveying major themes and issues will be available within one week of each session, yet as of February 26 none had been posted even though the Windsor meeting was held more than two weeks ago.

People can also provide input through a web-based response form at http://www.gov.on.ca/citizenship/accessibility/english/consultations_webform.htm. The Ontarians with Disabilities Act can be accessed at <http://www.gov.on.ca/citizenship/accessibility/english/act2001.htm>.

ONTARIO AUTISM PILOT PROJECT ON HOLD

An autism pilot project approved by the previous Conservative administration has been put on hold, and may be the beneficiary or the victim of the current administration's penchant for consultation and review. The London-based program, called Bridges, was designed to help older children with autism and is a two-hour-per-week program to build social, communication and behavioural skills for children at home, school and in their communities. A spokesperson for the Minister of Children's Services said the Minister, Marie Bountrogianni, is reviewing the program within the context of an assessment of all autism services in Ontario and that autism services are high priority with the Minister and the Premier. It is unclear who will be involved in the assessment, other than a policy advisor experienced in autism services.

Ontario and other provinces have been under pressure from lawsuits that challenge government policies limiting some autism services – particularly the expensive Applied Behavioral Analysis approach – to children aged six or less.

TORONTO CONTROLS ITS SCHOOLS AGAIN

On February 18 the Toronto District School Board officially regained control over Toronto's public school system. In October 2003 the Ontario government dismissed the Supervisor of the Toronto school system, who had been appointed by the previous government. Since then Toronto schools have been governed by a co-management team comprising the elected board chair, the board's Director of Education and a senior Ministry of Education official.

Restoration of local control came at a price. The School Board had to commit to balancing its budget in 2003-04 and to implement a package of reforms required by the province:

- creating a voluntary panel drawn from the community to advise the board
- creating a process to improve working relationships between trustees and board staff
- working with the Ministry to develop and implement pilot projects to improve educational services and programs for students that could be introduced at other boards.



Newly elected trustees assumed full control of the Hamilton-Wentworth and Ottawa-Carleton district school boards on December 1 2003.

ONTARIO TO ASSIST FOREIGN-TRAINED HEALTH PROFESSIONALS

As part of a funding package to help foreign-trained professionals practice in the province, Ontario's Ministry of Training, Colleges and Universities recently made three funding awards specific to health professions:

- \$645,000 over three years to the University of Toronto's International Pharmacy Graduate Program, to provide advice to foreign-trained candidates on strengthening their skills to meet Ontario requirements, and to help program staff identify the needs of internationally-trained individuals. The funds will also provide education to help clinical instructors and employer mentors understand different learning styles and cultural needs.
- \$114,400 over two years to Toronto's Michener Institute for a program called Access and Options for Internationally-Trained Health Care Professionals. The program will provide simulated clinical experience for foreign-trained medical laboratory science professionals and will create more clinical work experience opportunities (Canadian clinical experience is a requirement to practice in Ontario).
- \$233,400 over two years to Mohawk College to help it pilot and develop simulated clinical training for internationally-trained medical laboratory technologists. Mohawk College will work with the Michener Institute to adapt and implement the training.

TORONTO HEALTH COUNCIL: COMMUNITY SUPPORT SECTOR STRETCHED

For decades community support services have been touted as the solution to over-reliance on institutions to address health care problems. But a November 2003 Toronto District Health Council report suggests these support agencies are stretched almost to the breaking point and are exerting pressure on funding sources other than the Ministry of Health to deal with their problems. The report, *A Final Frontier: Impacts of Health Reforms and Population Change on the Community Support Sector in Toronto*, is based on a review of the operating plans of community support services in Toronto. Says the report:

"It would appear, from the review of Annual Service Plans, that many community support agencies are in declining financial positions. That is, their revenues have not kept pace with costs and demand. Given a similarly difficult position, most organizations would be faced with three options: decrease costs, increase revenue, or redesign business practices. In their Annual Service Plans for 2001-02, the community support sector showed evidence of exploring all three of these options:

- *In order to decrease costs, community support agencies are attempting to increase the number of volunteers they are using, reduce program expenses and minimize labour and other fixed costs.*
- *To increase revenues, community support agencies are applying for enhanced funding from the Ministry of Health and Long-Term Care (MOHLTC) and increasing their requests for grants from the United Way, the City of Toronto, and other sources. In addition, community support agencies are trying to raise client fees for selected programs.*



- *Many community support agencies have also attempted to redesign their business operations by offering programs in partnership with other agencies, sharing resources with other agencies, and co-locating with other local providers.*

These strategies, however, do not appear to be resolving the overall challenge faced by the community support sector. In fact, the situation appears to be worse than it has been in previous years. Several community support agencies report that they are concerned about the long term sustainability of their sector. The severity of the situation appears to be compounded by the lack of adequate information systems and the lack of appropriate measurement tools which would facilitate planning, managing and monitoring services in this sector... the community sector plays an important mediating role in Toronto's health system. It is, in many ways, 'the final frontier' of health care in Toronto. If hospitals reduce services, CCACs and community agencies are often able to fill in the service gaps that result, but if the community support sector reduces service or is unable to meet client need, there is no further health 'safety net,' and individuals and their families are left to fend for themselves."

According to the report, Toronto's community support sector includes community care access centres and 118 community support agencies providing mostly non-professional services to people living in the community (services such as transportation, adult day programs, supportive housing services, home help and home maintenance).

The Health Council plans to convene a meeting of community support agencies on February 27 to discuss the current situation, explore options and develop strategies to meet client demand within budget constraints. The report is a 38 page PDF file at <http://www.tdhc.org/pdf/The%20Final%20Frontier.pdf>.

BC FUNDS EARLY PSYCHOSIS TRAINING INITIATIVE

On February 19 British Columbia's Ministry for Children and Family Development announced annual funding of over \$120,000 to Fraser Health to improve early psychosis intervention for young people. Fraser Health will use the funds to develop a provincial training program to help child and youth mental health clinicians and physicians, especially in rural areas, in providing early psychosis services for youth and young adults. The training will be based on experiences of the Fraser South Early Psychosis Intervention Program (EPI), a successful model that the provincial government would like to see implemented across BC.

The Fraser South EPI program, a collaborative community-based initiative between Fraser Health and the Ministry for Children and Family Development, began in May 2000 and serves Surrey, Delta, Langley and White Rock. Information on the program is at <http://www.fraserhealth.ca/HealthInfo/MentalHealth/Early+Psychosis+Intervention.htm>.

SERVICES FOR PEOPLE WITH INTELLECTUAL DISABILITIES: BACK ON TRACK IN BC?

Disputes in BC over the fate of services for people with intellectual disabilities is not resolved, but several recent developments may make the resolution easier.

In 2003 the BC government announced budget reductions to its Ministry for Children and Family Development that would lead to service reductions for people with intellectual disabilities. Public outcries led the government to scale back some, but not all, of the cuts.



As well, in November 2002 the government created an Interim Authority – a first step in creating a citizen-driven authority called Community Living British Columbia to oversee and funnel funding to services for people with intellectual disabilities. The Interim Authority's board did not appoint an interim CEO but a consultant, Douglas Walls, acted as the CEO. Walls had been involved for years in community activities for people with intellectual disabilities and he has an intellectually disabled son. However, he is past president of the Prince George-Omineca Liberal riding association and his wife is a cousin of the wife of the BC Premier. Shortly after he took over at the Interim Authority, advocacy groups raised concerns about Walls, including his involvement in a failed car dealership that led to allegations of fraud against Walls by a Canadian bank. Walls had apparently also been paid large consulting sums by the government, without tendering for the consulting work because it was broken into smaller contracts, each too small to require tendering. It also appears that community living groups paid nearly \$1 million to companies connected to Walls for software called CareNet to integrate their services with the Ministry for Children and Family Development. The project never fully worked and eventually most of it was scrapped. CareNet went bankrupt in 2003.

In response to public concerns about Walls and his government connections, in January 2004 the BC government appointed former BC Supreme Court Justice Josiah Wood as special prosecutor to look into an RCMP report about business practices at the car dealership formerly run by Walls. As well, on January 23 BC's Minister of Children and Family Development Gordon Hogg – who apparently had known about Wall's controversial past – resigned from Cabinet and was replaced on January 26 by Christy Clark.

Some analysts were skeptical about the creation of an Authority, fearing it might be a smokescreen for downsizing services for people with intellectual disabilities. Others welcomed a transfer of power and resources from a government ministry to a citizen-driven board and feared the Walls scandal might put the transfer on hold. However, on February 11 the Ministry and the Interim Authority made a commitment to complete the transfer, but the original transfer target date will be delayed from June to an as-yet unspecified date.

KLEIN MAY FLOUT MEDICARE: PREMIERS WANT MORE HEALTH \$\$

On February 19 Alberta Premier Ralph Klein said he had told his caucus that, as a last resort, the province might contravene the Canada Health Act to create a sustainable health system in Alberta, at the risk of losing \$1.3 billion in federal funding. He said Alberta may consider de-listing services and charging fees to visit doctors and said disagreement over such actions would end up in a dispute-resolution mechanism created in 2002 through a federal-provincial agreement. Alberta's Health Minister Gary Mar has said his department will launch a communications plan to show Albertans the health system cannot be sustained.

Prime Minister Martin phoned Klein to express his disagreement. Said Martin to reporters, *"The Canada Health Act is an essential foundation of the Canadian value system. We are not going to a two-tier health-care system."* Federal Health Minister Pierre Pettigrew added that the feds want to work with Alberta but the Canada Health Act is non-negotiable.

Analysts say Klein's comments were meant to provoke discussion of the sustainability of Canadian health system at this week's "Council of the Federation" inaugural meeting of provincial and territorial premiers. Klein has long argued for a system blending private and public contributions to cover health costs. At the Council of the Federation meeting premiers demanded that the federal government increase base transfers to the provinces for health care by \$2 billion in the March 23 federal budget. They also accused the federal government of purposely



understating the size of the surplus and short-changing the health-care purse year after year. They also agreed that Ontario and BC will draft research papers before July on what is driving up health care costs, what long-term funding is needed, and better ways to provide health care in remote communities.

CREE RALLY FOR INJURED CHILD

Residents of nine Cree communities near James Bay in Quebec have held community rallies in support of toddler Khayden Otter-Rupert, his mother and their extended family from the hamlet of Waswanipi. Khayden lived in a foster home in Waswanipi while his mother was in Sudbury working and taking night courses. He is comatose in a Montreal hospital after suffering massive head and internal injuries from a beating on February 9 by the live-in boyfriend of the woman who operates the foster home. A rally in the village of Eastmain drew 400 to 450 people out of a population of 650 according to Daniel Mark-Stewart, vice-chairperson of the Cree Health and Social Services Board and a march organizer. Other rallies drew about 1,000 people each. Said Mark-Stewart, *"The message was that if you hurt a child, you're hurting an entire community and nation."* The rallies ended with requests for donations for Khayden's family, as well as prayers and discussions about ending violence against children.

Montreal doctors have temporarily removed part of Khayden's skull to relieve swelling of the brain, but the child is showing signs of regaining consciousness.

NEW ZEALAND: MAORI RIGHTS ISSUE HEATS UP

A controversy has erupted in New Zealand after Don Brash, leader of the country's National Party and former Governor of the Reserve Bank of New Zealand, gave a January 27 speech criticizing special treatment for New Zealand's Maori (aboriginal) population. The controversy may augur a future backlash against Canada's relations with First Nations.

Unlike Canada, where governments signed many treaties with First Nations, New Zealand's relations with Aboriginal citizens are governed largely by one treaty – the Treaty of Waitangi, signed in 1840 after a series of wars between Maori and Pakeha (New Zealanders of European ancestry). The text of the Treaty is at <http://www.govt.nz/en/aboutnz/?id=a32f7d70e71e9632aad1016cb343f900>.

Brash's speech strongly criticized twentieth century institutions set up to interpret the vaguely worded 1840 treaty, arguing they give Maori preferential treatment:

"In 1975, the Waitangi Tribunal was established to hear Maori grievances about contemporary problems. The powers of the Tribunal were greatly extended in 1985. In a fateful decision, it was given authority to cover claims going back as far as the 1840 Treaty itself – this despite the fact that 'full and final' settlements had been made with Tainui, Ngai Tahu and others, decades before. A poorly drafted Act in 1985, coupled with inadequate attention to its implementation, allowed a major grievance industry to blossom.... One principle above all others guides my thinking: The Treaty of Waitangi should not be used as the basis for giving greater civil, political or democratic rights to any particular ethnic group.... It is bizarre that, in a society where the Prime Minister refuses to allow grace to be said at a state banquet because, she says, we are an increasingly secular society, we fly Maori elders around the world to lift tapu and expel evil spirits from New Zealand embassies.... we refuse to undertake potentially life-saving earthworks on Mount Ruapehu lest we interfere with the spirit of the mountain; and we allow our



environment law to be turned into an opportunistic farce by allowing metaphysical and spiritual considerations to be taken into account in the decision process. It is a farce that could all too quickly turn to tragedy. "

Brash is particularly irked by recent legislation giving Maori the right to initiate coastline commercial development but also the right to veto coastline development by non-Maori. He also attacks a basic concept underlying the definition of Maori:

"The short cut of referring to Maori as one group and Pakeha as another is enormously misleading. There is no homogenous, distinct Maori population – we have been a melting pot since the 19th century – although there is, of course, a highly distinctive Maori culture, which many people see as central to their identity."

Brash promised major changes if his party forms New Zealand's government:

"We intend to remove divisive race-based features from legislation.... There can be no basis for special privileges for any race, no basis for government funding based on race, no basis for introducing Maori wards in local authority elections, and no obligation for local governments to consult Maori in preference to other New Zealanders. We will remove the anachronism of the Maori seats in Parliament. We will deal with the foreshore issue by legislating to return to the previous status quo..... Finally, we ask Maori to take some responsibility themselves for what is happening in their own communities. Citizenship brings obligations as well as rights."

On February 21 Brash also said a National Party government would not fund universities that have quotas for Maori, claiming quotas lead to lower academic standards. Dr. Papaarangi Reid of the Maori Medical Practitioners Association said that she was disgusted with Brash's comments and that it is absurd to infer Maori doctors are less qualified:

"During examinations, students are identified as face-less, race-less numbers on bits of paper. They are not identified by their ethnicity.... Dr. Brash's comments imply there is a huge amount of collusion between lecturers and consultants going on to ensure Maori students pass their assessments which is patently absurd. Once entry has been gained all students have to pass the same exams and standards every year, up until and including graduation."

Opinion polls held after Brash's speech suggest up to 75% New Zealanders agree with most or all of his remarks. The National Party holds 27 seats of 120 in New Zealand's Parliament and governed the country for much of the 1990s. Seven seats are reserved for Maori, but Maori electors can choose to be on either the Maori electoral roll or the general roll.

UK: BILL ON CORPORATE SOCIAL RESPONSIBILITY FALTERS

On February 16 a bill to make companies report their global social and environmental performance was given only 38 minutes of debating time in Britain's House of Commons before being blocked by the government. *The Performance of Companies and Government Departments (Reporting) Bill*, a private members' bill from Labour MP Andy King, who is a social worker, received support from within and beyond parliament. Christian Aid and other members of the UK Corporate Responsibility (CORE) Coalition supported it, and thousands responded to requests from CORE to send e-mails to MPs asking them to let the debate occur.



The bill would make social and environmental reporting mandatory and would make company directors liable for damaging impacts their companies have on communities. Such impacts were cited in a recent report by Christian Aid, *Behind the mask: The real face of corporate social responsibility*. Said King during his 12 minute introduction of the bill, “*What some of the largest companies are doing in the UK and across the world is appalling and must end.*” But MPs did not get to vote because Mike O'Brien, Labour's Minister for Trade and Investment, used the remaining parliamentary time to say the government did not want to burden business with mandatory reporting, but corporate responsibility measures would be part new company legislation to be published in “due course”.

Said Christian Aid, “*Andy King standing up to read his Bill signalled an important moment in the debate about corporate responsibility. The CORE coalition and its arguments have gained huge credibility as a result, but now we must increase the pressure on the government to beef up its proposals on company law to include greater accountability to communities.*”

US SCIENTISTS SLAM GOVERNMENT FOR BAD SCIENCE

On February 18 more than 60 leading US scientists, including 20 Nobel laureates, accused the Bush administration of suppressing or distorting scientific analysis from federal agencies on the environment, health, biomedical research and nuclear weaponry when scientific findings disagree with administration policies. The allegations are in a recent report by the Union of Concerned Scientists entitled *Scientific Integrity in Policymaking: An Investigation into the Bush Administration's Misuse of Science*. Among the report's criticisms:

- A research biologist at the US Agriculture Department said that at least 11 times he was prohibited by superiors from publicizing his research on potential hazards to human health from airborne bacteria from farm wastes.
- Information on the Centres for Disease Control's website was revised to raise doubts about the effectiveness of condoms in preventing the spread of HIV/AIDS, and information suggesting a link between breast cancer and abortion was posted on the website despite objections from the CDC's staff.
- A panel that advises CDC on lead poisoning recently planned to strengthen lead poisoning regulations in response to science showing that smaller amounts than previously understood could cause brain damage in children. Before the panel could act, Secretary of Health and Human Services Tommy Thompson rejected the recommendation and replaced two members of the panel with individuals tied to the lead industry.
- An Environmental Protection Agency study of children at risk of developmental problems because of mercury-laden fish eaten by their mothers when they were in utero was blocked for nine months by a White House review. It was finally printed when an EPA official leaked it to a reporter. The study said 8% of women of childbearing age had mercury blood levels higher than what the government considered safe for a fetus.
- On the issue of climate change, the White House made so many alterations to the chapter on that topic in an EPA report last year that then-EPA Administrator Christine Whitman decided to publish the report in June without that section.



- A White House Office of Management and Budget bulletin on peer review (a process by which researchers check each other's work for accuracy and balance before work is published) would let the government hand-pick scientists to second-guess research.

Says the report's executive summary:

"There is a well-established pattern of suppression and distortion of scientific findings by high-ranking Bush administration political appointees across numerous federal agencies. These actions have consequences for human health, public safety, and community well-being.... There is strong documentation of a wide-ranging effort to manipulate the government's scientific advisory system to prevent the appearance of advice that might run counter to the administration's political agenda.... There is evidence that the administration often imposes restrictions on what government scientists can say or write about 'sensitive' topics.... There is significant evidence that the scope and scale of the manipulation, suppression, and misrepresentation of science by the Bush administration is unprecedented".

The report and its summary can be accessed at http://www.ucsusa.org/global_environment/rsi/report.html.

Adding to the administration's credibility problems, on February 22 the UK newspaper *The Observer* said it had obtained a copy of a secret (or at least vastly under-distributed) US Department of Defense report on global warming and climate change. *The Observer* says the report predicts that if abrupt climate change occurs it could bring the planet to the edge of anarchy as countries develop nuclear threats to defend and secure dwindling food, water and energy. The report warns that some European cities could be sunk beneath rising seas and face a "Siberian" climate by 2020. Nuclear conflict, mega-droughts, famine and widespread rioting would erupt across the world, according to the report. It says *"Disruption and conflict will be endemic features of life. Once again, warfare would define human life."* The report was commissioned by Pentagon adviser Andrew Marshall who heads a think-tank, the Office of Net Assessment, that weighs risks to US security. It was written by Peter Schwartz (a CIA consultant and former planning head at Royal Dutch/Shell) and Doug Randall of California's Global Business Network. Randall has said the report was not secret, that it was released by the Pentagon to the magazine *Fortune* last month, and that it is a worst-case scenario, not a most-probable scenario. A three page PDF summary of the Pentagon report is at http://www.ems.org/climate/exec_pentagon_climate_change.pdf.

The Bush administration denies evidence of human activities causing global warming.

IRAQ: CIVILIAN CASUALTIES SPIN-DOCTORED?

Before the invasion of Iraq, credible sources said several hundred thousand Iraqis would die directly or indirectly from the war. This level of casualties did not occur, largely because of the rapid collapse of organized Iraqi resistance. But as the invasion's anniversary approaches, many in the international community are asking for assessment of its effects in terms of Iraqi lives lost or damaged by warfare or by continued deficiencies in public infrastructure in Iraq (everything from water distribution systems and sewage disposal to hospitals and clinics). So far the assessments are spotty but they shed light on continuing problems in Iraq.

On February 18 the US-based Commonwealth Foundation released *Disappearing the Dead: Iraq, Afghanistan, and the Idea of a 'New Warfare'*. The report estimates that during the active war period between 7,600 and 10,800 Iraqi soldiers were killed by coalition forces and about 150 coalition troops died from enemy action. A February report by the organization Iraq Body Count calculated the number of civilians who died from war-related causes to be



10,000. Iraq Body Count called for an international tribunal to be set up to tally the numbers of dead, the circumstances of their deaths and appropriate compensation for victims' families.

Civilian deaths are hard to assess, in part because of what the Commonwealth report called "casualty agnosticism" on the part of US authorities – a deflection of attention from Iraqi deaths by claiming it is impossible to assess the number of deaths. Neither US and UK occupiers nor the Coalition Provisional Authority have recorded Iraqi civilian or military deaths, and media reports say Iraq's Ministry of Health was told by US authorities to stop compiling hospital data that might lead to an estimate of war-related death. Said US Brigadier General Mark Kimmitt in early February, *"We don't track, we don't have the capacity to track all civilian casualties"*. He said some numbers were available but were unreliable.

The survivors battle for life. On February 14 Paul Bremer, US Administrator in Iraq, admitted the coalition has not properly funded Iraq's health system, after criticism from doctors at a Baghdad medical conference. He said the coalition had upped the health budget from \$13 million in 2002 to half a billion in 2003, but that *"It's not nearly enough to cover the needs in the healthcare field"*. Bremer said the US has spent several hundred million dollars on medical equipment and has increased pharmaceuticals from 300 tonnes to more than 12,000 tonnes since the war, and that remaining drug shortages are isolated cases.

Perhaps an "isolated case" is Iraq's main paediatric facility, Baghdad's Al-Iskan Hospital, visited recently by Justin Huggler of the UK newspaper *The Independent*. In a February 21 article on the visit Huggler said:

"In Al-Iskan, sewage drips from the roof of the premature babies' ward, leaking from waste pipes above. In the leukaemia ward the lavatories overflow at times, spreading filthy water across the floor that carries potentially lethal infection.... Of the billions the US is spending in Iraq, little seems to have found its way to Al-Iskan. In a country that sits on the second largest proven oil reserves in the world, children are dying in hospital beds because of a shortage of such basic equipment as oxygen cylinders...."

The Americans inherited an Iraqi health system in a nightmarish state, the product of a combination of years of crippling sanctions imposed by the West, and criminal neglect by the Saddam regime. But the Americans have had 10 months to improve things, and at Al-Iskan children are still dying because of the dire conditions.... The success rate in treating leukaemia in children is good in the West. But at Al-Iskan, the leukaemia ward loses five or six patients a week, according to Dr Egab – a very high death rate. Secondary infection is even more of a risk for leukaemia patients, who have lowered immunity, and ideally should be kept in isolation. Here they are packed in six to a room. According to Dr Egab, patients often come here to be treated for leukaemia, and end up dying of stomach infections. That probably has something to do with the filthy toilets from which the stench is spreading across the ward. There are just three toilets for 30 patients, and they are crusted dark with filth. The ceiling tiles have gone, and a constant shower of dust falls from the exposed pipes above."

Children suffer in other ways too. UNICEF is currently addressing risks to children from unexploded ordnance (UXO) in Iraq – land mines, cluster bombs and other live ammunition littering the country. UNICEF estimates that in Baghdad alone there are 800 hazardous sites, most related to cluster bombs and caches of dumped ammunition. Children are injured or killed daily when touching or playing with UXOs. UNICEF continues its pre-war efforts to help children in vulnerable situations such as children living and working on the street, orphaned or disabled children, and children in conflict with the law.



OUR NEXT DOOR NEIGHBOUR IS EVERYONE: MAKING WHEELS AND WAVES

American engineer Ralf Hotchkiss has been making wheelchairs since the late 1960s. A wheelchair user since a 1966 motorcycle crash, Hotchkiss learned quickly that wheelchairs were not designed to last in the 1960s. He began designing his own.

After visiting Nicaragua in 1980 Hotchkiss became increasingly aware of the problems facing people with disabilities in other parts of the world. Hotchkiss says less than 1% of those who can benefit from wheelchairs in the developing world actually have one. Wheelchairs made in the industrialized world are too costly for third world customers and are often unsuited to dirt roads and steep terrain. While some charities donate such wheelchairs to people in other parts of the world, their highly machined parts and specialized metals often mean that when they break they cannot be repaired without great expense.

For Hotchkiss the solution was wheelchairs that survive third world conditions – chairs that can be made and repaired at little cost. But he also realized that the wisdom needed to create such chairs lay in the ingenuity of people with disabilities in the third world. These insights led Hotchkiss to spend the next twenty-four years developing Whirlwind Wheelchair International, an organization that designs and sells wheelchairs and helps develop small scale wheelchair construction and maintenance workshops in 26 countries. The shops employ people with disabilities as well as serving them. Much of the money donated to Whirlwind Wheelchair International goes for startup costs of the workshops (often in the \$50,000 range). Whirlwind works with an existing disability organization in each country to set up workshops and provides training and ongoing technical advice. The ingenuity that comes from these workshops is fed back to Whirlwind so it can improve its products.

Hotchkiss and his colleagues have developed several versions of the Whirlwind wheelchair – durable, easily repaired chairs costing no more than \$200 rather than \$1,000 or more for models from manufacturers in the developed world. Learning from third world users, Hotchkiss and his colleagues make chairs from readily available sheet metal tubing used for restaurant furniture, from bicycle and motorcycle parts adapted to wheelchair use, and using bearings made of common nails with the heads cut off and upholstery made from common canvas. Even if it breaks, a chair can be fixed with oxyacetylene welding tools found almost anywhere.

An example of cross-fertilizing international ingenuity is the Sri Lankan version of the Hotchkiss Torbellino (Spanish for whirlwind). The front wheel design is from an African pushcart and the rear hub is from a British motorcycle wheel rebuilt in Nicaragua. It is welded together using the technique of mechanics in Zimbabwe, with tubular armrests adapted from an ancient Japanese wheelchair by craftsmen in the Philippines. The Torbellino is made for \$100 in a small Sri Lankan shop and can be repaired by anyone who can fix a bicycle.

Hotchkiss also learned that adapting to third world conditions involves adjusting to the social and cultural dimensions of other countries. For instance, wheelchairs had to be readily collapsible since many third world users rely on buses rather than cars to get from town to town. Chairs must also have the capacity to be “squeezed” by their users – a particular need in Russia, where most elevators have doorways 59 centimetres wide, while Russian wheelchairs are manufactured to a 66-centimetre standard width.

As well, Whirlwind Wheelchair learned that in many countries daily life occurs at ground-level – on the floor of a hut for instance – and wheelchair users could not function well using normal chair-style wheelchairs. Hotchkiss and his colleagues developed chairs with an extra seat at the same level as footrests on “normal” wheelchairs, allowing people to engage in ground-level activities as basic as cooking, eating and child care. Their work also led to



adaptations for people living in countries where toilets are holes in the ground (impossible to use for people with traditional wheelchairs). They have also designed child wheelchairs that can be expanded as the child grows and trolley-like mobility aids (a skateboard-shaped piece of plywood on casters) that can be used by toddlers too young to use a sit-up wheelchair.

Hotchkiss and his partners learned about limitations faced by women with disabilities, in terms of both mobility and employment. In 1994 they founded Whirlwind Women which involves women with disabilities in designing and making wheelchairs. Women-run wheelchair workshops now operate in Uganda, Kenya, and Mexico.

One of the group's latest challenges was designing a chair for use in Afghanistan, where many people have lost limbs and where the terrain is rock-strewn and steep. In February 2002 the Center for International Rehabilitation and Whirlwind Wheelchair International started a program to deliver specially designed wheelchairs to Afghan war casualties. The parts are made in Pakistan and shipped to Afghanistan where they are assembled and distributed by people with disabilities. Whirlwind Wheelchair International and Whirlwind Women are creating a network of small Afghan repair shops run by wheelchair users.

While Hotchkiss is a globe-trotter, he also runs a wheelchair design and construction program at San Francisco State University, where every student must build a chair from scratch.

Hotchkiss and his colleagues see their work as more than creation of mobility aids. Says Jan Sing, an associate of Hotchkiss:

"There's a lot of barriers to people in all countries, and the only way to start removing those barriers is to get people out into society, out speaking to their government officials and kind of lobbying for their own rights. But if people don't have any way to get around to get out of the house they're probably going to be staying at home, dependent on their family. And so my idea is that if they have mobility they can get out and they can start meeting each other, seeing what kind of common problems they have, what common ideas and how to work together and create some change."

Hotchkiss has received many awards, including a MacArthur Foundation "Genius" Award.

OUR READERS SAY.....

Responding to last week's editorial about Owen Lawlor and his community contributions a reader wrote:

"I hope that with our new government in Ontario, there will be opportunities to recognize those essential human values in the planning of health care delivery. We have learned much from the business model and its focus on accountability, and we recognize that health care is not sustainable without it, but by itself it is a hollow shell indeed."

In response to last week's article about the politics of oil, a reader wrote:

"The Central Asia situation is not unexpected for those of us who believe all US plans lead to oil – at any cost. It is not surprising that there is a Russian/Iranian pact of sorts."



IN MY HUMBLE OPINION: BARBIE AND KEN SPLIT, WORLD IN SHOCK

Mattel Corporation has announced that Barbie and Ken have been unable to reach a mutually acceptable resolution of issues between them and have decided to part. The news sent shock waves throughout the relationship industry. The Global Association for Simulated Humans (GASH) ascribes the breakup to the intense public exposure the couple faced. Said GASH President Dolly Madison-Parton, *"Unfortunately society treated them like puppets"*.

President Bush, told of the disaster at his Crawford Texas ranch, said he was "troubled" by the news. *"I thought they were married, and marriage is, uh, good,"* said Bush, adding however that intelligence reports show Ken has links to al-Qaeda. Senator John Kerry, campaigning in some state or other, blamed the breakup on the Bush Administration's failure to protect America's social safety net. He said he is not considering Ken as a vice-presidential running mate but that *"Barbie and my campaign team are exploring our common vision for America"*.

Real Women of America's spokeslady Phyllis Schafly blamed Barbie for the split, saying her pursuit of a media career ended her ability to provide hot apple muffins to Ken when he came home after a busy day's work. *"Bad Barbie,"* said Schafly.

Others have taken a positive view, claiming Barbie can now explore issues of gender identity in greater depth, just as Ken can directly face the feminine side of his persona.

Ben Affleck and Jennifer Lopez were not available for comment.

Closer to home, Prime Minister Paul Martin said he had not been informed of any tension between Barbie and Ken, because his own relationship with former Prime Minister Chretien had been strained during that period. Martin promised to resign if there is any evidence that he personally contributed to the breakup.

Ontario's Minister of Education Gerard Kennedy indicated that grief counselling will be offered in all elementary schools in the province to help pupils deal with the trauma, provided it doesn't cost anything and thereby wouldn't add to the provincial deficit. *"We expect the youngsters to temper their expectations in a time of constraint,"* said Kennedy.

Premier McGuinty indicated he has sent cards of condolence to both Barbie and Ken. *"The McGuinty Government cares about these things. The Harris and Eves governments wouldn't have given a damn,"* said McGuinty.

In a media release the Ontario Medical Association claimed that the breakup resulted from underpayment of physicians in Ontario, and that a fee increase for doctors would prevent such splits. The Registered Nurses Association of Ontario says it encourages Barbie and Ken to consider new careers in nursing, but RNAO says it is unlikely they will find full time employment in Ontario when they graduate.

John Butler, The Agora Group

FROM THE QUOTES VAULT

"Happiness is nothing more than good health and a bad memory."

Albert Schweitzer