



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.

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OTTAWA CCAC REVIEW RAISES HACKLES

A proposed review of the operations of the Ottawa Community Care Access Centre, commissioned after complaints of service cutbacks, has irked at least one union and one municipal councilor.

Ottawa city councilor Alex Cullen (a former MPP from Ottawa West) says the seven-member review committee for the study would be in a conflict of interest because the CCAC's executive director and board chair serve on it, and will examine many of their own decisions. Cullen has demanded a municipal seat on the committee, saying, "We want to make sure that the city's involved because we're picking up pieces every time the CCAC cuts back as they did in homemaking, as they did in the assisted devices program."

In a media release the Ontario Public Service Employees Union says:

"An operational review of the Ottawa Community Care Access Centre will be run by the same people who are the subject of the review and shuts out the home care users and caregivers who know the most about home care. 'It is absolutely and unquestionably corrupt to have the Board Chair and the Executive Director of the CCAC helping to guide this review when the purpose of the review is to examine the operations that they are in charge of managing,' said OPSEU President Leah Casselman. 'It's like putting Alfonso Gagliano on the committee to look into the federal sponsorship scandal.' This review will never



get to the bottom of what's wrong at the Ottawa CCAC as long as these people are running the show while the ones who really know what's happening – home care users and their caregivers – are shut out."

In response to the criticisms CCAC board chair Graham Bird said, "*Rather than this being a kind of a witch hunt, or a kangaroo court, or we're out to, I don't know, shoot somebody, the point of this thing is to make sure this thing is doing as much as it can to provide health care to Ottawa through the home-care system.*"

ONTARIO TACKLES DOMESTIC VIOLENCE

In what it described as "the first steps in a long-term action plan to fight domestic violence", on April 6 the Ontario government announced:

- \$3.5 million in additional funding to create second-stage housing supports for women and children (i.e. housing for those who are ready to leave shelters)
- \$4.9 million for a four-year public education and awareness campaign to mobilize communities to break the cycle of violence
- improved training for police officers, Crown attorneys and others working in the criminal justice system to better assess risk in abusive situations
- plans for a provincial conference that will allow community leaders, experts and service providers to share best practices
- a new ministerial committee, chaired by Sandra Pupatello, the Minister Responsible for Women's Issues, to lead a government-wide fight against domestic violence.

The government said the initiatives result from a province-wide consultation conducted by the Premier's parliamentary assistant, MPP Laurel Broten, who met with more than 180 experts and front-line workers. Broten will serve on the new ministerial committee.

A media release and backgrounders on the initiatives are at <http://www.premier.gov.on.ca/english/news/DomesticViolence040604.asp>.

MANITOBA RELEASES RURAL HEALTH REPORT

On April 16 Manitoba released the *Report of the Rural Physician and Health Services Review*. The report focused on the Assiniboine Regional Health Authority because of concerns about attracting and keeping physicians and other health care professionals in the Assiniboine region. The report points to the stresses faced by over-stretched rural physicians in Manitoba, largely because of "on call" systems:

"The excessive on-call schedules required to serve small emergency rooms must be addressed. In smaller communities that cannot support more than two doctors, current arrangements often require doctors to be on-call for 24 hours every second day."



Manitoba also released its new Rural Doctor Recruitment and Retention Policy Framework which calls for:

- reduced on-call and cross-coverage responsibilities for rural doctors
- supporting flexible methods of payment to address the unique needs of rural doctors
- supporting rural doctors who work to develop specialties and upgrade their skills
- improved supports and orientation for rural doctors and their families
- continuing support for the work of the Office of Rural and Northern Health.

A media release on the issue is at <http://www.gov.mb.ca/chc/press/top/2004/04/2004-04-16-04.html>. The report is a 24 page PDF file at <http://www.gov.mb.ca/health/documents/arha.pdf>.

MANITOBA TO MAKE CHANGES IN SHELTERS FOR CHILDREN

On April 7 Manitoba announced an action plan responding to recommendations from the Office of the Children's Advocate for improvements to the short-term shelter system for children who are at risk. The plan identifies four key steps to be addressed immediately:

- creating 50 new spaces with foster care resources for children under age eight
- establishing an implementation committee to further address major recommendations. The committee will include representatives from the three Aboriginal child and family services authorities and the child and family services general authority.
- implementing key recommendations to improve quality of care in the shelter system, such as increasing supports for shelter workers
- following through on recommendations to strengthen the system, such as hiring more staff for licensing and monitoring of shelters.

Manitoba also says planning continues for transfer of much of Winnipeg's child and family services system to three new Aboriginal child and family services authorities, as part of restructuring of child and family services across the province. The transfer includes responsibility for delivering short-term placement resources for children in temporary care.

A media release and backgrounder on the issue is at <http://www.gov.mb.ca/chc/press/top/2004/04/2004-04-07-01.html>.

SASKATCHEWAN APPOINTS YOUNG PEOPLE TO PROVINCIAL BOARDS

As part of its strategy to ensure young people and Aboriginal people play a role in provincial decision-making, Saskatchewan announced on April 5 that it has appointed young people to serve on the boards of the province's commercial Crown corporations (SaskPower, SaskTel, SaskEnergy, Saskatchewan Government Insurance, Saskatchewan Transportation Company and SaskWater). Said Crown Management Board Minister Pat Atkinson, *"We now have a youth member and aboriginal representation on each of these boards, in keeping with our commitment to provide board of director opportunities for young and aboriginal people in our Crown sector."*



NORTHWEST TERRITORIES BOOSTS ABORIGINAL POLICING

On March 18 the government of the Northwest Territories announced an agreement with the Government of Canada's First Nations Policing Program will see the Northwest Territories receive \$1.2 million over two years to support Aboriginal policing initiatives. In addition to monies allocated for existing Aboriginal policing initiatives, this new funding will be targeted to:

- a recruitment strategy, enabling the Department of Justice and the RCMP to identify Aboriginal people who show the potential for success in a policing career and encourage them to consider joining the RCMP
- an access program to give Aboriginal candidates the tools they need to meet the RCMP's entrance requirements. Candidates will work with RCMP members to complete customized academic and physical development plans to help them pass the entry process. Once they have met these requirements, candidates will train at the RCMP Training Academy in Regina before returning to the NWT to apply their training in a community setting for a minimum of three years.
- a community consultation initiative to explore the roles and responsibilities of the Department of Justice, the RCMP and residents in making NWT communities safe and secure.

NEW BRUNSWICK: \$\$\$ FOR CHILD-CENTRED FAMILY JUSTICE STRATEGY

New Brunswick's Child-Centred Family Justice Strategy received a shot in the arm on April 16 with the announcement of a five-year \$5.6 million federal-provincial funding agreement. The Government of Canada will provide \$2.82 million over five years, to be matched by the New Brunswick Department of Justice. The funds will allow the province to extend and enhance programs and services including:

- renewal of the Family Support Orders Service, allowing increased enforcement and greater efficiency in the administration of child support orders through automated tracking of overdue accounts
- public access to family law information through the toll-free Family Law Information Line of the Public Legal Education and Information Service - New Brunswick. Parents and others can obtain information and publications on family law issues including child support, custody, divorce, separation, domestic legal aid, by calling 1-888-236-3444.
- provision of "For the Sake of the Children", a free parenting-after-separation course, at 13 sites in the province. Parents can register through the Family Law Information Line.
- assistance in implementing the Interjurisdictional Support Orders Act that came into force on February 1, 2004. This law makes it easier to enforce family support orders where former partners live in another province, territory or country.
- funding to extend and evaluate the Child Support Variation Service, a pilot project in the Saint John area, to see if it should be offered in other areas. CSVS offers conciliation services to parents as a less complex alternative to attending court on child support variation matters.

A media release on the agreement is at <http://www.gnb.ca/cnb/news/jus/2004e0450ju.htm>.



MARTIN ANNOUNCES FEDERAL PRIORITIES, WITH STRINGS ATTACHED

In an April 16 speech to the Empire Club and the Canadian Club, Prime Minister Paul Martin outlined his five top priorities, giving particular weight to improving health care. His health care comments reflect much of the Romanow Commission's findings, and set the stage for negotiations with the provinces and territories slated for this summer – negotiations that, in Martin's view, should be based on a ten year plan to create stability not only in health care, but also in federal-provincial relations. Said Martin:

"Five areas we will pursue as overriding priorities. These: – health care, learning, Canada's aboriginal peoples, our communities large and small, and our role in the world – are areas in which quite simply we must break new ground.... Any discussion of our government's priorities must begin with health care, for there is no other issue of such vital and visceral significance to Canadians..... Any discussion of health care runs the risk of deteriorating into generalities. So let me be specific: We must reduce wait times.... What can governments do to reduce wait times? Working with provinces and territories, we must find ways to resolve the shortage of medical providers that exists in too many parts of our country; we must open up medical spaces in our universities, both for young Canadians seeking entry, and new immigrants seeking qualification; we must determine an appropriately expanded role for nurse practitioners and other paramedical personnel; and we must ensure that our diagnostic facilities are adequate and fully utilized. Working with our provincial and territorial partners, we must also build on progress being made in primary care renewal to ensure the right response by the right health care provider and we must work together to establish a program on home and community care services. ... The reform plan must also include a national pharmaceuticals strategy, because no Canadian should suffer undue financial hardship as a result of needed drug therapy. Implementation of these important reforms will come as part of a 10-year plan that we'll seek to work out with the provinces and territories. We're finished with the year-to-year scramble for short-term solutions."

Martin also laid out his strategy on Aboriginal affairs:

"Government must put an end to the paternalistic approach that embodies too much of its activities. Aboriginal Leadership must now deliver on the principles of open and accountable government. True progress starts with a full partnership, and with all the rights and responsibilities on both sides that partnership entails. That's why I have asked Aboriginal leaders from across the country to come to Ottawa this coming Monday to sit down with more than 20 government ministers and me. This will be an important summit. Its message must be that the changes we all want to see will not be measured in rhetoric, they will be measured in meaningful improvements in quality-of-life indicators – better health care and housing. And in the essential economic indicators – more kids finishing high school, more going to university, more successful Aboriginal businesses, all of which lead to more economic development and greater self sufficiency."

Martin's speech is at <http://pm.gc.ca/eng/news.asp?id=177>.



CONFERENCE BOARD RINGS ALARM ON HEALTH COSTS, OUTCOMES

In March the Conference Board of Canada released *Understanding Health Care Cost Drivers and Escalators*, a report that will add fuel to the “bang for the buck” arguments that will preoccupy the federal and provincial/territorial governments as they try to negotiate a more stable relationship on health care funding. The report may also bolster those who worry that an overemphasis on health care investment can impoverish Canadian efforts to address the determinants of health.

The report begins by suggesting Canada does not reap gains commensurate with its investment in health, when compared to other OECD countries:

“Canada is the third highest total spender on health care among the 24 OECD countries examined and the sixth highest public spender... There is little difference in the level of total spending between Canada and Germany, yet Germany has twice as many MRI units and specialists per capita as Canada. In other words, the amount a country spends on health care does not seem to determine the array or quantity of health care resources it chooses to fund.”

In terms of health outcomes, the report places Canada at the bottom of the list of OECD countries (in a tie with Denmark, Ireland, the Netherlands and the US):

“Italy, Mexico, Japan, Spain and Switzerland are the top performing countries in health outcomes. Canada has the lowest mortality rate due to stroke for males, and the third lowest for females, among OECD countries. And while many of the mortality rates for Canadians are decreasing over time, the mortality and premature mortality rates for lung cancer, heart attack, and suicide remain high, in comparison to most other OECD countries. In addition, there are some substantial differences in health outcomes within Canada. One area that is worsening is the female mortality and premature mortality due to lung cancer – these rates are increasing, while the overall OECD rate is dropping.”

The report also examines non-medical risk factors, and places Canada in 15th spot within the array of 24 OECD countries:

“Canada places a disappointing 15th in these indicators, while France and Sweden are the top nations in this category. Remarkably, both Japan and United States are among the poorest performers in this category. Canada has the lowest percentage of people who are daily smokers among OECD countries. It also has one of the lowest alcohol consumption rates. However, it has a high number of road traffic accidents and the second highest rate of sulphur oxide emissions. Canada also has the sixth highest obesity rate among OECD countries – a problem that needs to be closely monitored.”

The study also calculates a high and – from the point of view of the report, alarming – growth in health costs between now and 2020:

“This analysis indicates that by 2020, if current conditions continue, overall provincial and territorial public health expenditures are projected to reach 7.4 per cent of GDP and 44 per cent of revenues, bringing into question the financial sustainability of the health care systems.

The annual nominal growth rate is forecast at 5.3 per cent, while real growth (nominal growth minus inflation) in health expenditures is projected to average 2.6 per cent per year. The breakdown of the



nominal growth projections is 2.7 percentage points for inflation, 0.9 percentage points for increases in consumption or volumes per capita and 1.7 percentage points for demographics. Of the demographics influences, 0.8 percentage points can be attributed to aging of the population, whereas 0.9 percentage points are directly related to population growth. The aging of the Canadian population will put fiscal pressure on the health systems, particularly when the first wave of baby boomers reaches age 65, starting in 2012.... The Conference Board's analysis of health spending shows that, as a share of total nominal provincial and territorial spending, drug spending will increase from 7.2 per cent in 2001 to 14.6 per cent in 2020. The share of spending for home care will also grow, climbing from 4.2 per cent in 2001 to 7.6 per cent in 2020. Meanwhile, hospitals' share of spending is expected to fall from 43.9 per cent in 2001 to 36.6 per cent in 2020. Costs for physicians, other professionals, and other institutions are also expected to account for a smaller share of total provincial expenditures by 2020."

The report concludes with a warning that unconstrained investment in health care can crowd out investment in other social priorities that influence the determinants of health:

"The evidence seems to suggest that investing more in health care does not, necessarily, guarantee a better system. Therefore, it is necessary to balance the relative social costs and benefits of various investment options. Governments need to be cognizant that health care spending does not crowd out other important policy priorities, which could have a negative impact on the health of Canadians in the long run."

The report is available as a 126 page PDF file at http://www.health.gov.ab.ca/resources/publications/pdf/conference_board.pdf.

BC OPENS FACILITY TO COMBAT HOMELESSNESS

People at risk of homelessness will benefit from a new multi-service housing development, the first of its kind in Surrey BC. Hyland House, which opened on April 13, provides an emergency shelter, transitional housing, support services and skills training under one roof. Surrey and the other South Fraser communities have the greatest number of homeless people in the Greater Vancouver area living on the street with no access to shelter beds. The 35-bed emergency shelter and 20 units of transition housing are located in two separate buildings on the same site. The shelter is staffed 24 hours a day and provides food, counselling, life skills training, and referrals to health, pre-employment and community services for homeless men and women. Residents in the transition housing also have access to many of these support services.

Hyland House is operated by *Options: Services to Communities Society*, a multi-service non-profit charity. A media release on Hyland House is at http://www2.news.gov.bc.ca/nrm_news_releases/2004MCAWS0035-000251.htm.

The project combines contributions from the federal and provincial governments, through the government of Canada's National Homelessness Initiative (NHI) and the joint Canada-B.C. Affordable Housing Program.



NOVA SCOTIA SCHOOLS MORE ACCESSIBLE FOR AFTER-HOURS USE

An amendment to Nova Scotia's Education Act introduced in the province's legislature on April 15 will give young Nova Scotians more affordable access to school gyms and playing fields. The amendment will allow young people up to the age of 21 to use publicly owned school facilities for physical and recreation activities without rental fees. They will only pay for direct additional costs including extra custodial services if they don't clean up, replacement of any supplies or equipment that are used or damaged, or staff needed to supervise activities or open and close the school. Said Health Minister Angus MacIsaac, "*Making our facilities more available is one step we're taking to help encourage more physical activity among Nova Scotia's young people.*"

Nova Scotia's policy on school use will also allow community not-for-profit groups to access school facilities at a nominal rental fee to cover school board costs such as heat, electricity and supervision. School boards may charge commercial or for-profit organizations a higher fee.

A media release on these initiatives is at <http://www.gov.ns.ca/news/details.asp?id=20040415005>.

UK HEALTH PRIVATIZATION DEAL FOUNDERS

Plans to create a series of privately operated diagnostic and treatment centres (DTCs) in the UK to carry out non-urgent surgery on National Health Service (NHS) patients (such as knee, hip and cataract operations) have hit a snag. Anglo-Canadian, a joint British and Canadian company, was set to run three fast-track surgery centres in London, but the Department of Health confirmed it had "deselected" the consortium as the preferred bidder for the centres because the company was not offering a package that the Department of Health considered to be value for money. In February, British-based Mercury Health pulled out as the preferred bidder for a chain of 10 centres.

Former Health Secretary Frank Dobson, an opponent of private sector involvement in the NHS, said: "*This shows that even when cherry-picking the easiest cases to deal with these foreign firms can't do it as cheaply as the NHS. The extra funds the government was going to pay them should be paid to NHS staff to do the work.*"

Over 20 NHS-managed DTCs already operate.

US HEALTH INDEX LEADER DIES

One of the pioneers in fostering an understanding of the well-being of nations has died. Marc L. Miringoff, a professor who invented an index to better understand social health, died on March 4 at the age of 58. Miringoff was founder and director of the Fordham Institute for Innovation in Social Policy and co-author of *The Social Health of the Nation: How America is Really Doing*. His "Index of Social Health," which he published annually since 1985, addresses the lack of attention given by the American government to social health in the US. Combining 16 indicators (including infant mortality, high school graduation, and homicide rates), the index produces an overview of quality of life in the US.

Miringoff's statistics show the U.S. experienced a 43% rise in child poverty since 1970. The index fell to a low of 38 out of 100 in 1993, from a high of 77 of 100 in 1973, despite 20 years of per capita income growth. Since then, the US has progressed according to the index, which jumped back to 54 in 2000 but dropped back to 46 in 2001. Said Miringoff:



"It used to be that a rising tide lifted all boats, but at a certain point during the 70's, social health and per-capita income split apart, and this may be the result of the new economy: the loss of steady, well-paid jobs with benefits for less-skilled blue collar workers.... We're discussing trivial matters and foolish things. People feel that politicians and government and the media are not talking about the things that influence their lives, like health, education, job security and safety from crime."

In a February 1997 speech at Yale, Miringoff said:

"Even though we have 140 indexes of business and economic health, we don't even have a term corresponding to 'economy' in the social realm -- a way to describe the trends and state of our society as a whole. If the poverty rate goes over 20 percent, bells don't go off, and we don't know about it for two years. Imagine making economic policy on data that's two years old."

An interesting government of Canada research paper that applied Miringoff's HIS to Canada is found at <http://www.hrdc-drhc.gc.ca/sp-ps/arb-dgra/publications/research/r-97-9e.pdf>. The paper suggests that while Canada also experienced the splitting off of GDP from social well-being, Canada's decline in social well-being – while still worrisome – was less dramatic than the absolute decline in the US.

Miringoff's partner in much of his work has been his wife Marque-Luisa Miringoff, who has a particular interest in the failure of media to cover quality-of-life issues:

"Consider what it would be like if you had to figure out where in the newspaper your baseball stories might end up on any given day. Are they in the national section, the metro section, the business section, the science page, the style section, or the health section? Where will they be reported this time?"

Once again, oddly, this is precisely the situation for information on social problems. Stories about social issues have no journalistic 'home,' or no 'beat,' in newspaper parlance. They show up willy-nilly in different sections on different days, depending upon their angle. Few editors are "in charge" of stories on social problems and few reporters have major responsibility for covering issues such as welfare reform, Social Security, Medicare, day care, health care, or other similar public policy issues. They simply show up, as the day's events might dictate; but the continuity, frequency, and context of these stories are vitiated as a result. Consequently, we know less about the shape and form of our social conditions in this nation than we do about our favorite sports teams."

But some media analysts have shown an interest, inspired by Miringoff and his index. Said *New York Times* columnist Bob Herbert in a December 2003 editorial:

"The latest index.... which covered the year 2001 (the latest year for which complete statistics were available), showed the social health of the nation taking a steep dive. It was the biggest decline in the index in two decades. And preliminary data for the years since 2001 show the decline continuing, according to Dr. Marc Miringoff.... The categories that worsened in the latest index were children in poverty, child abuse, average weekly earnings, affordable housing, health insurance coverage, food stamp coverage, the gap between rich and poor, and out-of-pocket health costs for those over 65. Two indicators reached their worst levels on record, food stamp coverage (which correlates with increases in hunger) and income inequality."



'These numbers are usually invisible to us,' said Dr. Miringoff. 'They tell us an untold story, not just about the poor but the working poor and the middle class as well. It's shocking to see such a sharp decline in just one year. It tells us that something's going on with the basic fabric of our society.'

IRAQ: US GROUPS TAKE AIM AT WAR PROFITEERS

War profiteering is as old as war itself – and US society is no stranger to the phenomenon (it was a major irritant during the US Civil War). Equally venerable is US opposition to what it perceives to be war profiteering – an opposition sharpened in the case of the occupation of Iraq because of the scope and magnitude of contracts between the government and the private sector – everything from the provision of military supplies, to the provision of what amount to mercenary armies (called “security forces”), to contracts for the reconstruction of Iraq.

A central point for opposition to war profiteering is the Institute for Southern Studies, founded in 1970 by veterans of the civil rights movement. The Institute has launched a “Campaign to Stop The War Profiteers And End The Corporate Invasion Of Iraq”. In its statement of purpose the Campaign says that:

"Today, in the wake of the military destruction and occupation of Iraq, a second invasion has begun: the invasion of powerful corporations who seek to reap billions in profits off the devastation of war, and who aim to seize the wealth and resources that belong to the Iraqi people.

Through multi-billion-dollar 'reconstruction' contracts, a handful of well-connected, mostly U.S. corporations – many with scandal-ridden business records – are making hundreds of millions in war profits. Bechtel, Halliburton, MCI and other companies have landed lucrative contracts – which include hundreds of millions in taxpayer-funded profits – despite sordid histories of financial fraud, cost over-runs, and devastation in local communities across the globe. The 'reconstruction' profiteers are part of a larger corporate agenda to control the wealth and resources of Iraq.

Paul Bremer, U.S.-appointed viceroy of Iraq, recently announced that 'our strategic goal in the months ahead is to set in motion policies which will have the effect of reallocating people and resources from state enterprises to the more-productive private firms.'

U.S. occupying forces are selling off everything from oil field technology, to transportation services, to Iraq ministries. Global multinationals are lining up to gobble up and profit off the lucrative oil and water industries of the country. Through wide-scale privatization, lowering 'barriers to entry for new firms,' and changing Iraqi commercial law to 'encourage private investment,' the Bush Administration and U.S. occupying forces are ensuring that long after the military forces are gone, the occupation of Iraq by foreign multinational corporations will continue."

A concern of many who suspect war profiteering is the awarding of contracts that give American firms control over water and sewage infrastructure in Iraq – a concern because of the effects of these infrastructures on the health of Iraqis, and because private firms seem not to be delivering on commitments to rebuild the infrastructures. A particular irritant is Bechtel Group's control over water and sewage reconstruction. In an April 5 letter to the Inspector General of the US Department of Defense the advocacy group Public Citizen presents its case against Bechtel:

"Initially, we were alarmed by the secret process that resulted in the issuance of a \$680 million contract to Bechtel on April 17, 2003 for reconstruction duties in Iraq, including vast responsibilities in the water and



wastewater sector. Since then, our concerns have intensified, first as the contract package was raised to \$1.03 billion in September of 2003, then as Bechtel won an additional contract worth \$1.8 billion to extend its program through December 2005, and now as there continues to be a profound lack of institutional oversight of Bechtel's work in Iraq. Today, despite Bechtel's contractual mandate to refurbish water delivery systems in Iraq, many Iraqis suffer on a day-to-day basis from a lack of potable water. It is our opinion that Bechtel reaps taxpayers' money without sufficient accountability or consequence for its performance....

Not only did the company have a track record in the field but it was tied into a network of corporate leaders and politicians who had long advocated a forcible regime change in Iraq. Former Secretary of State and current Bechtel board member George Schultz is the chairman of the Committee for the Liberation of Iraq, which has close ties to the Bush White House. General (Retired) Jack Sheehan is a senior vice president at Bechtel and prominent member of the Pentagon-appointed Defense Policy Board, which is influential at the Pentagon. Ross Connelly, a 21- year veteran of the Bechtel Corporation, and Daniel Chao, another Bechtel executive, advise the government agencies that provide loans and insurance to U.S. companies operating overseas – the U.S. Overseas Private Investment Corporation (OPIC) and U.S. Import-Export Bank, respectively. The current CEO of Bechtel, Riley Bechtel, is a member of President Bush's Export Council, which advises the President on trade issues and, not coincidentally, the opening of markets with which to trade."

The letter cites a litany of alleged Bechtel oversights and failures in a number of Iraqi cities including Sadr City, part of Baghdad:

"Sadr City, formerly Saddam City, a large slum of Baghdad, has a largely Shi'ite population of over one million poverty stricken inhabitants. The water situation is at a crisis level.... When Mr. Rida and other Sadr City residents do get water, most of the time it is brown water from the Tigris. Due to all of the dams upriver from Baghdad, the volume of flow from the Tigris has dropped from 40 billion cubic meters in the 1960's to 16 billion cubic meters today. So the water Mr. Rida gets during his two and a half hours a day of electricity is a concentrated cocktail of pesticides, fertilizers, heavy metals from antiquated piping, and unknown amounts of depleted uranium, raw sewage and other chemicals released from American and Iraqi munitions from the 1991 Gulf War, and the more recent Anglo-American Invasion. He points to a bottle of the last water they collected to show a sample of what his family has to drink. It has the color of watered down iced tea and smells like a dirty sock.

While the water situation in Sadr City has never been good, after the invasion the taps literally ran dry. Today, the situation is not much better, with one to four hours of electricity per day with which to pull polluted water through corroded piping....

Throughout the rest of Sadr City.... the same news is recounted by residents again and again: Constant diarrhea, nausea, and oftentimes kidney stones. As the lack of essential services continues to initiate the same cycle of poverty, unemployment and disease, residents lose any enthusiasm they initially held for the ouster of Saddam and the arrival of U.S. authority. In Sadr City, the hearts and minds are busy coping with death and disease.... As previously noted, Bechtel's infrastructure repair and rehabilitation contract states that the company was to repair or rehabilitate critical water treatment, pumping, and



distribution in 15 urban areas in central and southern Iraq within the first 6 months. Sadr City, obviously, is not high on their priority list."

Public Citizen's letter is at <http://www.citizen.org/documents/bechteliniraq.pdf>. The Institute for Southern Studies web page on profiteering is at <http://www.southernstudies.org/campaignpage.asp>.

IN MY HUMBLE OPINION: MINDING THE GAP

"Mind the Gap".

It's a prominently displayed warning sign in Toronto's subway stations, meant to remind passengers to be careful. The little gap between subway platform and the doorframe of a subway car is a small but potentially lethal gap for any rider whose foot might slip into the gap.

The phrase crossed my mind the other day, as I was doing some volunteer work for a faith community in Mississauga that has strong roots in the Caribbean Canadian and African Canadian communities. The faith community is developing educational programming to help young people who have been expelled from the school systems in Peel or Toronto, and for whom this gap in their education, however short it may be, may prove crucial – a time when they give up on the system and the system gives up on them, or a time when they can be brought face to face with a better future.

The good people of this faith community are willing to mind the gap.

The phrase crossed my mind too in my work as a board member of the Alcohol and Drug Recovery Association of Ontario. People with alcohol and drug issues often summon the courage to seek help – but for many of them, if help is not received within a relatively short time, their will to seek help is clouded by a fog of denial or incapacitation. For these friends among us, a good spot on an orderly waiting list is not enough, and the gap between the will to seek help, and receiving that help, ought to be very small. And I have watched ADRAO's member agencies do their very best to find ways to minimize the gap despite limited resources.

These agencies and their hard-pressed workers are minding the gap.

I also reflect on the phrase when I am involved – sometimes as a volunteer and sometimes as a consultant – in organizations that carry out a case management function. Now, a side rant if I may. I can think of few phrases in our human service lexicon that are as bloodless and technocratic as "case management". If I had my way it would be relegated to the scrap heap of overblown and irrelevant verbiage, since it reduces people to "cases" and reduces help to mere "management". But it is in common use, I know of no better alternative, and so I use it.

The case managers I have met are adept at recognizing, minimizing and eliminating the gaps their clients face on their journeys toward better lives.

These case managers are also minding the gap.

And the phrase also crosses my mind as I reflect on the thinking and the communications of health and social analysts like Dennis Raphael of York University – people who never tire of pointing out that the size of the gap between rich and poor in our society – or in any society – is the major determinant of the health of the populations of those societies.

They also mind the gap.



So as our political leaders convene this summer to find ways to quit their squabbling over health issues and to actually make a difference in the health of their populations, perhaps someone should borrow a sign from the Toronto Transit Commission and post it prominently in the federal-provincial meeting room:

Mind the gap.

John Butler, The Agora Group

FROM THE QUOTES VAULT

"It is worthy of observation, that nations sometimes begin their political existence, as young men begin the world, with more courage than foresight, and more enthusiasm than correct judgment. Unacquainted with the perils that await their progress, or disdain the maxims of experience, and confident of their own powers, they expect to attain to supereminent greatness and prosperity, by means which other nations have found ineffectual, and bid defiance to calamities by which others have been overwhelmed.

Nations, like individuals, may be misled by an ardent enthusiasm, which allures them from the standard of practical wisdom, and commits them to the guidance of visionary projectors. By fondly cherishing the opinion that they enjoy some superior advantages of knowledge, or local situation, the rulers of a state may lose the benefit of history and observation, the surest guides in political affairs; and delude themselves with the belief, that they have wisdom to elude or power to surmount the obstacles which have baffled the exertions of their predecessors.

Such are the mistakes of reformers; and such have been the illusions of the enthusiastic friends of the revolution. Their imagination has been warmed with the belief, that the sequestered position of America, would exempt her citizens from the troubles which harass Europe; that a general diffusion of knowledge, and superior attainments in policy, would enable them to form constitutions of government, less defective than any which have preceded them; and that their public virtue would secure a faithful, uncorrupt, and impartial administration."

Noah Webster, in his *Oration on the Anniversary of the Declaration of Independence*, 1802