

POINTS OF VIEW

THE HAMILTON SPECTATOR

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LHIN on path to health reform

Health-care reform for a long time was like Mark Twain's aphorism about the weather: Everyone talks about it but no one does anything about it.

And when it did begin to happen, nobody wanted it to affect them. Reform has begun to happen in primary health care — the front line of doctors' offices, walk-in clinics and hospital emergency departments.

Now, through the still-controversial LHINs (Local Health Integration Networks), reform is coming to the second level of health care: hospitals, Community Care Access Centres (CCAC), long-term care, hospices and similar facilities.

Queen's Park has given each of the province's 14 LHINs responsibility for planning, integrating and funding health-care services.

The LHIN system is problematic in some ways, not the least of which are their enormous coverage area. The Hamilton Niagara Haldimand Brant LHIN (which also includes Burlington and part of Norfolk) is responsible for 1.2 million people.

But it has to be better than the previous model of throwing ever-increasing amounts of money at an out-of-date system and hoping the dollars would somehow cure its ills.

Regardless, the Hamilton Niagara Haldimand Brant LHIN has a huge task ahead. Its first order of business was, after consultation, to decide on priorities for local reform.

It's done that, setting its priorities as workplace injury and illness, consistent care for kids, getting people out of hospitals who should not be there, treating mental health problems and addiction together, improving palliative care, helping seniors maintain their independence, better care for mothers before and after giving birth, and preventing chronic disease.

The list is bound to generate dissent, even criticism, but at least these are locally generated priorities, not something set by ministry bureaucrats in Toronto. For that reason alone — the value of local perspectives (parochialism in the most positive sense) — the list is important.

Some of the items are "motherhood" items that are beyond argument. But there are other priorities that are intriguing — and welcome:

- Educating doctors on workplace injury and health issues is particularly important in an industrial/manufacturing city such as Hamilton;

- Getting patients out of acute-care hospitals is essential to opening beds and shortening waiting times. The LHIN board, with oversight of CCAC (for home care assistance) and long-term care facilities, has the opportunity to actually make that happen.

- Combining mental health and addiction problems together is overdue for this area. Toronto's Centre for Addiction and Mental Health, affiliated with the University of Toronto, is a proven and effective model.

Implementation of these priorities will take time, effort and large amounts of goodwill between organizations and their boards.

But the goal — an efficient system encompasses the full spectrum of health-care services — is worth working toward. This is a significant step forward.

Robert Howard

Editorials are written by members of the editorial board. They represent the position of the newspaper, not necessarily the individual author.

Seeing the hope

Viewpoint: The Washington Post

Global poverty stretches out across an endless plane, so the caravan of progress can sometimes appear stationary.

Yet, in fact, there is advance: Since 1990 the proportion of the world's people living on \$1 or less a day has fallen by a third, and primary school enrolment in developing countries has gone from 79 per cent to 86 per cent.

One of the most heartening changes — and the one for which aid donors most clearly deserve credit — is improved access to medicines in poor countries. The number of people receiving AIDS drugs in sub-Saharan Africa has jumped tenfold in three years, and last week the William J. Clinton Foundation announced plans to boost AIDS treatment for children in 62 poor countries.

Meanwhile, the Global Alliance for Vaccines and Immunization (GAVI), which since 2000 has prevented more than 1.7 million early deaths by supporting immunization programs, pledged recently to accelerate the deployment of new vaccines for rotavirus, a diarrheal disease that kills 500,000 children a year, and pneumococcus, a major cause of pneumonia, meningitis and blood poisoning.

Over the past 50 years, vaccination campaigns have eradicated smallpox and contained polio, typhoid and measles. Because they do not require expert diagnosis or long-term treatment, vaccines are an especially formidable tool in countries with weak health systems. Some three-quarters of the world's children now receive a standard package of vaccines, saving three million lives a year and protecting millions more from disability. The cost of these programs per year of life saved comes to \$20 in poor countries, according to the Center for Global Development.

By contrast, medical interventions in the United States are considered cost-effective if they save a year of life for \$50,000 US or even \$100,000.

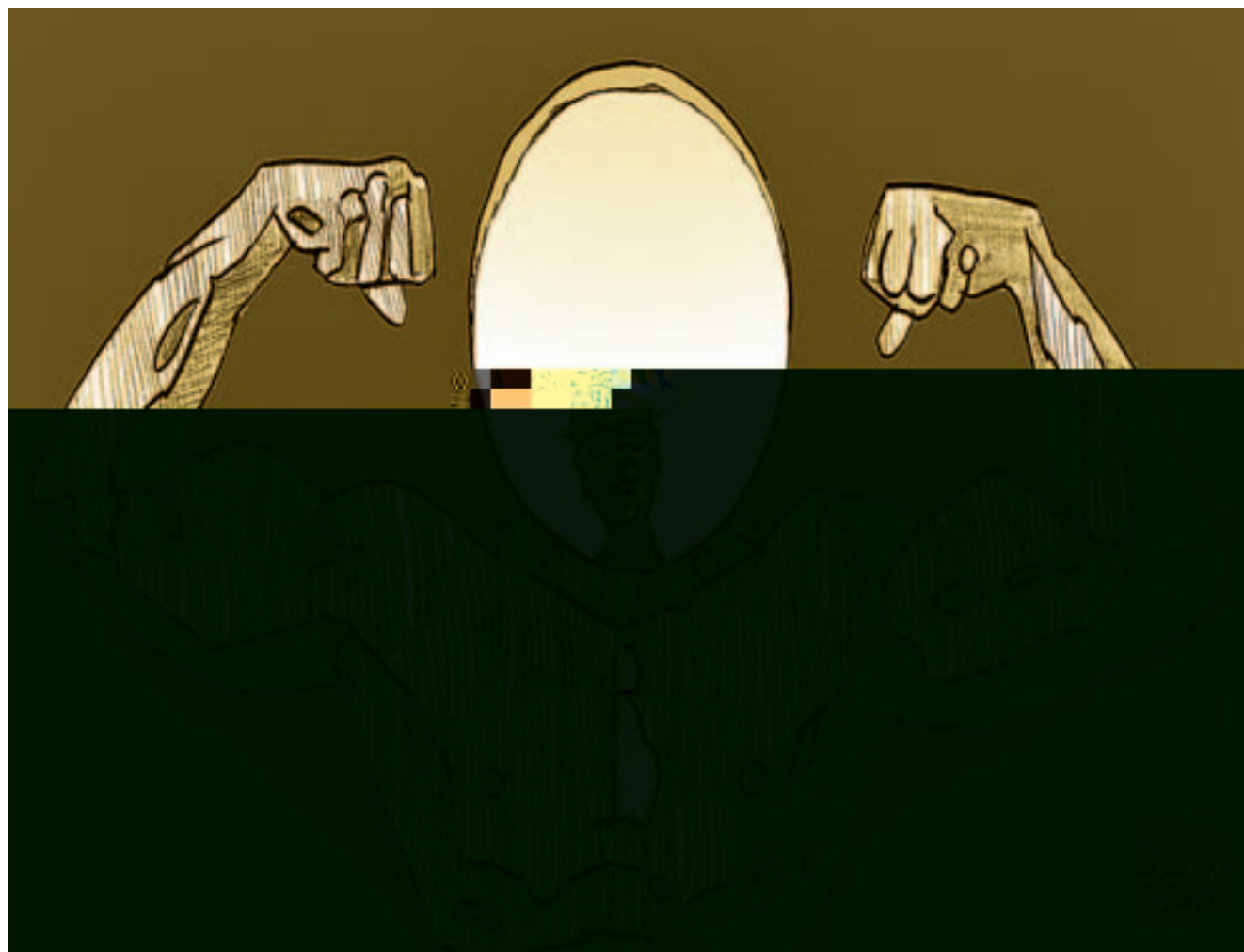
Although vaccines are a bargain, they are not necessarily affordable. New ones have tended to be too expensive for poor countries, with the result that breakthroughs such as the Hib vaccine, which protects against one cause of meningitis as well as other killers, have remained virtually unknown in the poor world over a decade after their rollout in rich countries. This is the delay that GAVI promises to shrink.

A pneumococcal vaccine was approved for use in the United States in 2000; it will be available in 10 countries in Africa and South Asia starting in 2008.

Also in 2008, two rotavirus vaccines that were approved in the United States and Europe this year will be available in 13 low-income countries in Eastern Europe and Latin America. As the vaccines are improved and the evidence of their effectiveness strengthens, GAVI will expand its program.

We should still remember that some 800 million people go hungry and that 10 million children die each year before their fifth birthdays.

But it's also important to keep hope: The wagon is advancing.



Letters@thespec.com

Let's applaud hard-working volunteers

Re: *International Volunteer Day*

International Volunteer Day takes place Dec. 5 each year and is officially recognized by the United Nations. It is a day on which volunteers in all countries are celebrated for their contributions and dedication.

Volunteering is the lifeblood of our community. It lets us nurture our environment, bring people together in hospitals, in schools, on playing fields and in board rooms for good reasons and common purposes.

It develops an understanding of people who are different — people with disabilities or in financial distress, children or the elderly. It allows us to give of ourselves, share our wealth, and express our human values of community and caring while finding solutions to shared challenges. It helps us build better, stronger, healthier communities. Our city needs them now more than ever.

Where would we be without volunteers?

Imagine a community where volunteers went on strike. Think what would happen to our schools, hospitals, sports teams, nonprofit services, programs for children, the elderly and persons with disabilities.

Of course, volunteers are the last people you'll see withholding services.

In Hamilton, we are fortunate to have over 130,000 people volunteering each year.

Volunteers read, cook, mentor, train. They donate, chair, befriend, lend a helping hand. They plant, feed, soothe, visit, sew, plan, co-ordinate, paint, clean, sort, prepare and are essential to the democratic process.

They are young, old and in between. They are everywhere in our city. I encourage everyone to join with us in celebrating and paying tribute to all our volunteers on International Volunteer Day tomorrow.

— Christopher Cutler, executive director, Volunteer Hamilton

Surrounded by gridlock

Re: *'Grrr-idlock! It's Monday — and it's bumper to bumper on the Linc and the 403. And on Garth Street. And on West 5th. And on Upper James. And the Jolley Cut' (Nov. 27)*



Schroeder

I used to pity the poor people who had to commute through the west end of our city and on through Burlington, and had to put up with that nonsense in

both directions, day in and day out. Commuters are inducing traffic on side roads now, just to keep moving.

People truly have their heads in the sand if they believe the Red Hill Valley Parkway will alleviate the load. If you think you will not see a brake light when travelling the expressway and it's some magic solution to traffic congestion problems, you are in for a surprise.

A great portion of the QEW/403 traffic that clogged up the Chedoke Hill will now shift eastwards, looking for the quickest way out of town. Then our city will truly be surrounded by gridlock, much like our neighbour Toronto.

We need a real fix in this city. We need to provide jobs here, so people don't have to drive to other cities to work. Then public transit will look more attractive, it will get more revenue and, as a result, it will be able to provide better service.

Looking at the headline "Grrr-idlock" you can almost make the word "idle" out of it.

There surely has to be a better way than slaving it out in a car for 45 minutes in each direction.

— Andrew Schroeder, Hamilton

Treating young, healthy best for all in pandemic

Re: *'Society as a whole will suffer for pandemic decisions' (Letter, Nov. 27)*

I understand the concern of individuals when they are faced with some of the decisions that have been made regarding pandemic planning, such as deciding individuals with severe cognitive impairment, the very elderly, and the very ill will be lower on the priority list.

Unfortunately, during a pandemic, if the worst case scenario presents itself, there will be very limited resources for treatment in the health-care sector.

Prioritizing young, otherwise healthy (cognitively and physically)

individuals for treatment seems to make the most sense, as they are likely the ones who will go on to care for the rest of the population when they fall ill.

The very young, the very old, the very ill, and the cognitively impaired often rely on others to assist them with daily living.

If we let young and otherwise healthy individuals die off because we have decided to treat everyone, we end up losing the members of society we rely on to care for our vulnerable populations.

I think it makes the most sense to prioritize resources toward people who will be able to help me and the rest of society get by during a pandemic.

If that means excluding some members of society, that is a decision that, while hard to swallow, must be made.

— Mark Jefferson, Hamilton

The Nativity is a perfect story — don't mess with it

Re: *'Soulless Nativity; This story of Christ's birth fails to ignite passion' (Movie review, Dec. 1)*

I don't know who Christy Lemire is but her review shows us true ignorance. What is wrong with a "Hallmark" or "Sunday school

class" movie? Maybe if there were more of these, our violence level might lower. To know the birth of Christ and literally ridicule it is tacky.

It is a beautiful, simple story. Leave it alone and accept it for what it is. Merry Christmas to all.

— Linda Stewart, Dundas

We should ask for more public funding for schools

Re: *'Spectator kicks off partnership with school' (Nov. 30)*

How exhilarating to read that The Spectator has "adopted" Hess Street school. But how disheartening to reflect that many public schools don't have enough support. What's more, private sector support, no matter how generous or appreciated, will never be enough to meet the

enormous challenge. It's up to the rest of us to ask for more public funding.

If we all had our thinking caps in place, there would be a national "Eureka!" moment as our collective brain perceived this reality: the kind of Canada our kids will inherit depends on how we treat them — all of them — now.

— Dave Adeney, Burlington

Letter about Richards' outburst showed insensitivity

Re: *"Richards' 'insane' remark shows his insensitivity" (Letter, Nov. 28)*

It's rather humorous that the letter writers — and the individual who allowed their remarks to be published — do not have a sensitivity-

check on their computers.

In their letter, they indicated Michael Richards was insensitive to people with mental health issues when he stated that his racial outburst was "insane." What sensitivity do the letter writers show when they

decide to "call a spade a spade?"

That is what Richards was guilty of in the first place when he used the N-bomb.

Where is Archie Bunker when one needs him?

— Renzo Milan, Beamsville

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