

The North Halton Compass

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BRASS TACKS – Editorial

In the last year, three major health threats have appeared on the Canadian horizon. Most recently mad cow disease was discovered in an Albertan cow. In March, SARS arrived in Toronto imported from China and Hong Kong. And left over from last year, West Nile virus (WNV) is expected to re-emerge with this summer's crop of mosquitoes. Has the provinces' thrifty financing of public health contributed to this terrible triad?

In 1986, mad cow disease appeared in Britain. Nearly five million cattle had to be slaughtered, and the estimated cost to Britain's economy is in the range of \$9-billion. Our neighbours across the Atlantic learned a hard lesson about this disease. Now they test all cattle slaughtered over the age of 30 months. In Canada, we appear to have ignored the British lesson: Less than one per cent of our cattle is tested. When the sick cow in Alberta was slaughtered at the end of January, it took three and a half months before the lab got around to

testing it. Could this be explained by the fact that currently Alberta has but one lab? A decade ago, it had four.

When SARS arrived in Toronto this March, the weakened state of Ontario's public-health system became evident. The tracking of those who had been exposed to SARS and who might be spreading it further was slow because of the shortage of health workers. And since Ontario has no central body of infectious-disease experts, they had to be brought in from outside the province. How could this happen in Canada's wealthiest province? In October 2001, despite the threat of bioterrorism following 9/11, and despite the medical community's warning that a flu pandemic is looming, the Ontario government decided there was no longer a need for scientific expertise and it let its leading lab scientists go.

In the summer of 2002, a number of patients in Halton exhibited symptoms suggestive of West Nile virus. Test results were required to confirm how many cases of WNV there actually were before Dr. Bob Nosal, Halton's medical officer of health, could initiate action against the mosquito population. Unfortunately it took not days nor weeks, but months to get the test results back. Without those test results confirming his suspicions about WNV, Dr. Nosal was unable to launch a mosquito-control pro-

gram. And so Halton's mosquitoes, vectors of WNV, flourished last year. Why did Halton have to wait so long to get those test results? Simple: Ontario no longer had a lab to do the testing - everything had to be sent to Winnipeg.

The Ontario government's cuts to public health have resulted in a stripped-down public health system that has been unable to deal adequately with the health crises of the past year. At the very least, Ontario needs more medical personnel and laboratory services. It is a mistake to weaken the public health system: We always need to be prepared for future and as-yet-unknown health problems. Within the next year, a provincial election will be called. Pay close attention to how much money each of the parties is promising to pump into our public health system. It may save your life. It will certainly contribute to the health of the north Halton community.

ADDENDUM

The Municipal Conflict of Interest Act requires our elected representatives to disclose both personal and pecuniary conflicts of interest, and it prohibits them from either discussing or voting on matters in which they have a conflict of interest. In accordance with this legislature, councillor Cindy Lunau was ineligible to partake in the discussion and voting of Milton's smoking by-laws on April 28.

Bill Mathers
MEN'S WEAR

Remember **Father's Day**

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