

On mosquito

Must accept medical advice

The problem of the encephalitis mosquito seems to be humming around local governments without landing anywhere.

Four weeks ago Dr. Ian Kerr, York region associate medical officer of health and Dr. G.K. Martin, chief medical officer of health for Ontario, both recommended against the use of spray control measures against the mosquito-carried disease in our area north of Steeles Avenue.

That was final enough for York region councillors at the time, and the matter was dropped.

Naturally enough there is some citizen concern here, and that concern has been reflected in some letters to the editor.

This week it is reported both Markham and Vaughan councils have asked the region to review things again and the problem has been referred back to the region health board.

It won't hurt to have a review and to ask the public health experts to repeat their recommendation and to more fully explain the situation. That should at least serve to reduce any fears which may be still flitting around in the public mind.

It seems to us, however, this is something like the kind of thing where you go to your doctor with a worry about a pain and have to rely upon his assurance there is nothing

which must be done about it.

Unless an equally reliable and opposite opinion can be obtained, we will have to wait and hope the problem goes away. No use starting emergency action until we are sure it is medically necessary.

In any event, the main financial responsibility for any mosquito spraying program would have to be shouldered by the province. It would undoubtedly be beyond the practical resources of the local municipalities.

It is probably impossible to be sure there won't be some cases of encephalitis this summer, but we can be sure from what we've been told that any serious epidemic is highly unlikely.

There is a judgment decision involved and the responsible authorities will just have to do the best they can.

It's something like deciding whether or not to close an expressway or slow the cars down to 20 miles per hour after there have been a few deaths in accidents.

One, or two, or three human lives may be at stake, yet how do you weigh ever a single life in the balance with practical necessity.

The mind can only be put most at rest by a good, frank discussion of the facts. That appears to be the best that can be done at the moment.

No printing jobs with these strings

It is good news for the local job scene that a southern York region firm, Ronalds Federated Graphics, will have a large share in the printing of the publication TV Guide for Western Ontario.

This is welcome news since changes in federal regulations may well affect some of the jobs of those working at Ronalds Federated in the production of Time magazine and Reader's Digest.

Being out of work is tough, but we don't think such work can fairly be kept here if it isn't in the national interest.

Even though it may cause some local shift in employment, we still think it was a sad day a short while ago when the Trudeau Liberals backed down on their announced policy of ending the advertising tax exemption so long enjoyed by Reader's Digest in Canada.

It has been disheartening, to say the least, to watch the play of power politics and patronage go on over the years of this century, allowing an invasion of overseas enterprise which wipes away so much of our cultural soul even as it takes over control of our corporations.

Overseas interests seem to be able now to get an unacceptable entry into this country so often and so easily.

At the same time it seems to be such an endless and painful process to get them out again. We

are surely a long way over on the losing side.

With dismay we noted the recent revelations from Ottawa of the huge contributions to political parties by foreign-owned oil firms.

Recognizing political patronage is a fact of life in national affairs, we would at least hope to see our politicians cling to the fine distinction made in this regard by our founding national prime minister, Sir John A. Macdonald.

John A. didn't back away from the real and awful fact that contributions of money by foreign interests to Canadian political parties must certainly bring with them the strings of foreign control.

He held to the principle that such money must not be accepted. This even though our history tells how the tricks of U.S. financiers knocked him out of office for a time by exposing some domestic patronage in a railroad scandal.

We wish federal governments and parties in this century had the same kind of gumption.

But with the record of recent decades, we even tremble for the progress made in the Commons toward eliminating the unacceptable Time magazine position in Canada.

As the legislation travels through the Senate, the arm twisting that is the habit of Washington and the use of patronage which is the habit of U.S. businessmen, could still do untold harm.



Bad handling of day care

Dear editor:  
 In her last weekly column in The Banner, Mayor Evelyn Buck resurrected the Aurora Day Care Centre controversy once again.

Although she raised a number of points with which we would like to take issue, we will confine our comments to the questionable manner in which certain public officials have handled the problem.

We believe such commentary is in order since this issue transcends the question of the long term future of public day care in Aurora.

Mayor Buck claimed that as chairman of the York region health and social services committee and the board of health she had to refute the accusation that the staff reports on the condition of the Aurora Day Care Centre were inaccurate.

The Aurora mayor also attempted to present herself as the great defender of the staff who she says are unable to defend themselves.

What has the mayor offered to the public in defense of the questioned staff reports? She simply says there are no facts to support the claim the reports were in error.

If committee meetings had been closed and we had been denied access to the reports, the mayor's statement would probably have sufficed.

However, having been party to the committee and council meetings, the mayor's claim leads us to ask, does she read the staff reports presented to her committee? Does she listen to the staff when they answer questions about their reports?

The fact is there is plenty of evidence to indicate the reports in question contained some egregious errors.

For example, on Dec. 10 Dr. Owen Slingerland, commissioner of health and social services, submitted a report to the health and social services committee that stated "the present facility in the church does not meet either fire regulations standards or public health standards."

This is a simple clear cut statement. If correct, it means the region had been knowingly violating the Day Nurseries Act by operating a substandard centre.

When questioned on this issue before the regional council on Dec. 30 Alan

Wells, director of social services, said the facility did meet the minimum standards, but it was not ideal.

We would like to point out to the Aurora mayor the staff reports of Dec. 10 and 30 are thus in conflict over a very serious matter. Which statement was accurate?

It is not a simple problem of semantics, but a question that has clear legal implications.

And, these two reports are not the only ones that raise a serious issue.

The Parents Committee, the Aurora council, and the York regional council asked the staff to explain why no remedial action was taken to correct the problems to make sure health and fire hazards did not exist.

Staff was also asked to explain why the church had not been given formal notice of the alleged problems.

The staff response was contained in a report issued on Jan. 9.

In that report staff claimed the region of York did not learn of the "fire hazards" until they received a letter from Chief Burling on Nov. 26.

In the report Dr. Slingerland claimed that "After receiving the letter from the fire chief staff took action to rectify these conditions and also informed the council."

The fact is, as Mayor Buck knows, staff took no action of their own initiative, nor did they detail the problem to the health and social services committee or to council.

After the committee was informed of the nature of the fire problems by the parents, they ordered staff to rectify the situation.

The above facts are all a matter of public record and were widely reported in the local newspapers.

Regarding the failure of staff to notify the church of the problems, the Jan. 9 report stated that this had not been done because "it has been apparent the lessor has very limited resources available to rectify the major concerns of the department of health

and social services."

This is both an absurd and alarming response. It is absurd in that the "poverty" of the lessor is cited as the reason for not writing them a letter of information.

Meanwhile, the information about the lessor's premise is given to the newspapers and councillors.

The rationale is alarming in that it clearly suggests the department of health and social services will not exercise its responsibility if the provider of a public service cannot afford to provide a facility whose condition meets local and provincial health and fire safety standards.

This is a troublesome thought in the case of day care given the region's stated intention of expanding in-home day care.

The financial resources of many of these providers will be very limited.

In any event, there is little doubt the staff reports dealing with the Aurora Day Care Centre cast the staff in a very unfavorable light.

Mayor Buck has said "If an elected representative believes a staff member to be either dishonest or incompetent, he or she has an obligation to bring the facts before a duly constituted meeting of his elected colleagues and demand appropriate action." (Banner, March 17).

Given the record, we wonder why the mayor has not exercised her responsibility and taken such action? We wonder why the council has done nothing?

Does this mean they have no concern?

After all, it affects the image of a department that should be above question and suspicion, it has hurt the public image of a church, and, in our opinion, raises questions about the propriety of the conduct of certain officials in relation to this issue.

On the latter point, we would like to know why John Harrison of Emmanuel

United Church was told he could not have a copy of the five page report of the health inspection that had been carried out at the church on Jan. 8.

When Mr. Harrison telephoned Commissioner Slingerland on the morning of Jan. 22 he was told the five page report was confidential and a two page summary was all the church would receive.

Yet, two days earlier, Mayor Buck released the "confidential" five page report to The Banner and read portions of it before the regional council on the afternoon of Jan. 22 in an effort to persuade councillors not to renew the lease with the church.

If the Jan. 8 health inspection report was supposed to be "confidential", did the mayor act properly by "leaking" it to the press and reading it to council? If it was not confidential, why did Commissioner Slingerland refuse to give the church a copy?

The church obtained it from the newspaper!

In short, the manner in which the Aurora Day Care Centre issue was handled raises a series of questions that must be answered.

We asked the day nurseries branch to undertake an investigation at the outset, but clearly many of the issues lie outside of their jurisdiction.

Until an investigation is undertaken and these lingering questions are answered fully and publicly, it will be difficult for the public to have any confidence in the regional department of health and social services.

If Mayor Buck is so confident all of the actions of the staff can be satisfactorily accounted for, then why doesn't she take the appropriate action to clear the air once and for all.

ARTHUR RAY, CHAIRMAN,  
 Parents Committee for Aurora  
 Public Day Care Centre,  
 770 Magnolia Ave.,  
 Newmarket, Ont.

Viewpoint from the regional desk



Sunnybrook hospital blues

BY JIM IRVING

Just what does one write about when in hospital?

One can't just continue to ramble on about the beautiful nurses — although they seem to be universal — good food, agreeable companions and entertaining visitors.

If one keeps up in that vein, soon everybody will be wanting to get in — look at Frank Miller.

People are going to get the idea it's tantamount to a vacation, with everybody just sitting around exchanging lies about their triumphs.

Well, of course, that could get pretty boring. So, in order not to plague you with my triumphs, or anyone else's, I'll instead — and this, no doubt, will be every bit just as thrilling — try to briefly outline a somewhat typical week in the life of one particular patient in one particular hospital: a 1,000-bed building called Sunnybrook.

So now's the time to do the dishes, sweep the walk, spank the kids, or one of those million other things you've been putting off, because here it is.

Day 1 — Patient arrives in somewhat sullen mood. Going to hospital can be depressing enough, but experience of night before has him further down. At that time, a motorist, probably dreaming he's Ingmar Hammarstrom on a breakaway, and driving a car that

takes up at least three parking spaces and part of a crosswalk, barrels down the icy road at record speed, only stopping after he has rammed into the rear of patient's car, folding it up faster than a proposed school board resolution on a reduction in trustees' pay.

Black mood continues at hospital where, after checking in at admitting, apparition of indeterminate sex, clad in blue jeans, running shoes, shirt hanging out and apparently incapable of speech, is assigned to show him to his room.

He begins to think he's come to wrong place and it's his car he should be checking in, instead.

**Hospital run down**  
 Depression increases further as he sees more of hospital, which is run down just enough that, what appears to be murals at end of hall, turn out on closer viewing to be series of exaggerated cracks and paint peelings.

Patient is shown to semi-private room, where bed nearest to door is occupied by resting youth. Later doctor visits and, after conferring briefly with youth, calls out his parents, who also on hand, into hall for private conference.

However, he may as well have been reporting to the 11 o'clock news, as patient in bed on other side of room, and who is making no effort to follow what's going on, can hear every word of the

one-sided conversation.

In the latter, the doctor describes in detail the youth's condition — a blood clot on the brain — the proposed operation, its chances of success, the time, place and modus operandi, and one almost expects his next words to be: "So tune in again tomorrow for another episode . . . ."

**Second day**  
 Day 2 — Patient is told he's scheduled for test B at 2:30 p.m., but it later cancelled due to emergency. Eventually gets to see doctor who tells him test B most essential and will be rescheduled.

When asked if got results of test A — patient's last one after leaving hospital in Richmond Hill, says he hasn't, but agrees it would be good idea.

**Third day**  
 Day 3 — Patient informed won't be having breakfast as test B slated for 9:30 a.m. However, hour comes and goes and nothing happens.

Patient asks nurse if she will check on it. She comes back and tells him it's been cancelled again. Patient suggests they might tell him about these things in future, just for fun.

Shortly afterwards, clerk from nurses' station drops in and tells patient he to have test A right away. Patient rebels at this point and says he is not, as

just got results of last one — after phoning his doctor — and it was in his favor.

Relents then a bit at this point and says he feels his two doctors should discuss matter first, as had earlier been suggested, before ordering third such test.

Says doesn't wish to appear difficult, but feels has right to know what's going on, and from his doctor, not just from whomever going by his door at the moment. Is grateful when nurse agrees with him. "I'd certainly want to know," she says.

Later, another doctor, who also on case, agrees patient not being unduly demanding. But biggest backing comes from horoscope in morning paper.

As if written to order, it tells patient: "Any course you follow brings you into conflict with someone. Settle for direct action to get what you want. Go ahead on your own without any big to do."

Almost as gesture of goodwill, if nothing else, as patient has still to hear from doctor in charge, agrees to another, albeit lesser test, which he has also had previously, and which is also in his favor.

Sees head doctor later, who displays one of reasons why he's held in such high regard by all, giving patient fair and sympathetic hearing. Pointing out,

too, that now he has results of previous test A, and has been in touch with other doctor, who agrees that third test should be made to act as a "tie-breaker."

If this favorable, test B won't be necessary.

**Fourth day**  
 Day 4 — Patient has test A and informed later in day that test B has been scheduled for next day. After series of discussions back and forth with various doctors and nurses, gets it through his head that "tie-breaker" went against him.

**Fifth day**  
 Day 5 — Test B scheduled for 11 a.m. and patient, although somewhat apprehensive, hopes it won't be cancelled again, despite all the grim things he's heard about it.

Told must lie on back for 24 hours afterwards; that any movement of neck will bring on excruciating headache.

After short bout of self pity, patient says little prayer to help and feels better. After being wheeled downstairs, nurse tells him that all those tales of bad headaches greatly exaggerated.

"I don't know why they always tell patients that," she says.

As it turns out, she is right. In fact, patient rather enjoys it all. Doctor couldn't be more solicitous, both in his

preparations and procedure, explaining steps to patient along way, plus various sensations he will feel at certain stages.

Patient feels fine after it's all over, and when he tells that to second doctor on way out of procedure room, latter laughs and says maybe patient should be their public relations man.

Back in room, nurses make check every hour on hour for six hours — blood pressure, pulse, reflexes, plus asking patient his name, where he is, date and year, etc.

Third time around, patient answers latter with: "March 18, 1876."

Nurse looks at him out of corner of eye: "I'll have to put that down, you know." Patient amends it for her.

Shortly after, doctor enters and tells patient tests turned out just fine and he'll be able to go home next day.

Briefly, it seems, scar from long ago concussion suffered during junior football-playing days, is at bottom of it. When time and conditions right, it can trigger blackouts.

It can also be treated and patient so ecstatic sits up in bed against all orders. Dr. explains few other things about it and then concludes: "I guess you never should have taken up football."