



Standing Committees

January 14th, 2006

The joint Standing Committee morning session was treated to detailed and fact-filled presentations on Health, Safety and Welfare, focusing on response to disasters and the implications of the recent Supreme Court Chaoulli decision.

EMERGENCY MANAGEMENT

Tracey Croft, Emergency Management Coordinator, County of Dufferin, described the wake-up call for the need for local emergency planning offered by recent local disasters, notably the ice storm of 1998, and the perceived Y2K emergency.

Prior to this, municipalities were supposed to have emergency plans, but most did not. 9/11 spurred provincial legislation requiring municipalities to have emergency plans and setting up a new agency to liaise between levels of government. The plans must deal with prevention and mitigation, preparedness, response and recovery.

Demands are made on municipalities: they must assess the risks in their own communities, appoint their own management coordinators and committees, train employees and volunteers, designate critical buildings and other infrastructure and provide an annual review. (Ms. Croft admitted that in Dufferin the police and fire departments and sewage treatment plants are all located on a flood plain, which would not be permitted under the new legislation.)

A weakness in the new plan is that it lacks teeth: there are no penalties or fines, only the threat of litigation, and no professional standards are defined. The SARS crisis and blackout of 2003 led to refinement and expansion of the legislation, including health risk as a recognized disaster and imposing fines on corporations who interfere with emergency measures, and increased warning systems.

There are still problems, such as the need for more consideration of vulnerable populations, application of standards and raising awareness in the public, and problems of municipalities in finding funding for the required initiatives. There are not many women in emergency management decision making positions because they do not occupy high enough positions in the command of police services, fire departments, etc.

MAKING WOMEN SAFER

Dr. Joni Seager is Dean of Environmental Studies at York, and an expert in feminist environmentalism. Her talk countered the notion that disasters are gender neutral.

Referring to recent natural disasters - in the 1991 Bangladesh flood, the 1995 Kobe earthquake, the recent Pakistan earthquake, tsunami and Katrina floods, many times more women, especially poor women, than men were victims. Why?

In many parts of the world women are often isolated in their homes, without communication, responsible for children, in poorly-constructed buildings and are caught without protection or warning. Furthermore, the aftermath of disasters impacts women differently: in the recovery period there is usually a spike in violence against women, women's hygiene needs are less likely to be met, women's employment recovery slower, as women are less likely to be involved in immediate rebuilding and recovery.

Dr. Seager feels that not only the physical but psychological impact of disasters on women is greater than on men, and should be recognized.

CHAULLI v QUEBEC UPDATE

Dr. Colleen Flood, New Zealand-born associate professor of law at University of Toronto and a student of comparative health care policy, gave a scathing critique of the recent Supreme Court Chaoulli decision overturning Quebec's ban on private health insurance.

She cites great uncertainty caused by the even split among the judges, and acknowledges that some see the Supreme Court as heroes, and some as villains. She feels that the Court got it wrong, and that while the decision might be good as law, it is not good public policy. She faults the Court for ignoring the policy research done by Romanow and Kirby, both of whom recommend a single-pay system.

Dr. Flood concentrated her remarks on wait times, and noted that countries with combined public and private health care, (New Zealand, Spain, U.K., Ireland), have longer wait times than ours, and in countries with short wait times (France, U.S.) it is because many cannot access medical care at all.

Wait times are determined by a shortage of doctors and nurses, and training new personnel for the pool is lengthy and expensive; in trying to recruit from other countries we are in competition with others who can pay more.

Her criticisms of private care:

1. Private care tends to cover only the "easy" things - hip and knee replacements, etc., leaving the "hard" things to the public system.
2. Governments can fix wait lists by better organization
3. Essential care should be on the basis of need, not ability to pay.

Peggy Pinkerton