



VICE-PRESIDENT & GROUP
PUBLISHER, METROLAND WEST
Neil Oliver

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PUBLISHER
Paul McCuaig

EDITOR-IN-CHIEF
Lynn Haddrall

MANAGING EDITOR
Melinda Marks

Be prepared for swine flu

Do not be panicked by swine flu. Be alert. Be informed. And be sure your public health officials — federal, provincial and regional — are up to the job. It's a big one.

As of late yesterday, the illness had killed 150 people in Mexico, the epicentre of the outbreak, and spread to enough other countries, including Canada and the United States, for the World Health Organization's emergency committee to raise the pandemic threat level for swine flu from phase three to four. This means there is now a sustained transmission of the flu from human to human.

While six cases of the influenza had been reported in Canada as of Monday, there were no new reports of people coming down with the disease during the day. Even so, Canada's chief public health officer David Butler-Jones said more cases — and some deaths — are expected in this country.

In an era of rapid global travel, where airports can become incubators for epidemics, the news of this virus is cause for concern. But people should know that, to a huge degree, they control their own fate. If they keep educating themselves and take sensible precautions, they can greatly limit their chances of contracting this new, infectious strain of swine flu.

Swine flu is a respiratory illness caused by an influenza virus that often triggers outbreaks in pigs. In this case, a strain of the virus is being transmitted from human to human.

The virus produces typical influenza symptoms — high fever, muscle aches, vomiting, a cough and sore throat. Fortunately, the virus can be effectively treated by anti-viral drugs, including those Canadian health authorities have been stockpiling in case of a flu pandemic. But the treatment is most successful if it comes quickly, within 48 hours of exposure.

Of course, a gram of prevention beats a kilogram of cure. Individuals can and should take precautionary measures such as frequently washing their hands, covering their mouths and noses with tissue if they cough or sneeze, and staying home from work or school if they fall ill. It's not necessary to wear a surgical mask.

In addition to all this, people should avoid travelling to Mexico, the country hardest-hit by this swine flu outbreak. Late yesterday, the federal government signalled it would warn Canadians against non-essential trips to Mexico. The United States, the European Union, India and Malaysia had already issued travel advisories against non-vital travel to Mexico earlier in the day. Health officials in Waterloo Region are urging anyone who was in Mexico in the past week and feels sick to contact a doctor.

While individuals can do much to protect themselves, governments have a huge responsibility in confronting this public health emergency. Ontarians will hope that their provincial government has learned the lessons of the 2003 outbreak of SARS (severe acute respiratory syndrome) that killed 44 people in the province.

A commission into the SARS outbreak concluded that the first wave of infections starting in March 2003 was unavoidable but likely could have been controlled more quickly if systems of public health and disease surveillance had been in better shape. The commission also found that the devastating second phase of the SARS infections could have been caught sooner. So how much better is the province prepared for an epidemic?

Yesterday, Elizabeth Witmer, MPP for Kitchener-Waterloo and Conservative health critic, criticized the provincial government because 13 of 36 local health units still lack pandemic plans. While highlighted in the auditor general's 2007 report, this shortcoming has not been addressed. (Waterloo Region does have a plan in place.) Meanwhile, the New Democrats accused the province of being unable to communicate properly with the public, citing the government's performance in the Listeria outbreak last summer that killed 21 people nationwide, most in Ontario.

To be sure, the opposition politicians are trying to score political points. In the coming days, the federal, provincial and municipal governments can reassure the public and show they have the matter well under control by effectively communicating their strategies for containing and controlling swine flu in Canada.

Another view: Malaria

The following editorial appeared in Saturday's Washington Post:

At first blush, the hyped contest between Hollywood actor Ashton Kutcher and CNN to see who could get one million "followers" on Twitter struck us as, well, pointless. That is until we learned that the bet resulted in 10,000 insecticide-treated bed nets being sent to Africa to help stop malaria, a disease that kills almost one million people, most of them children, around the world annually. On this World Malaria Day, such efforts by private citizens and businesses, not to mention by organizations around the world that have been pushing for decades to control and eliminate the disease, are to be applauded. But there's a lot of work to be done.

According to the World Health Organization, almost half of the planet's population is at risk of contracting the mosquito-borne disease. More than 247 million people were infected, and 881,000 died, in 2006. Sub-Saharan African bears the biggest burden. Last year, UN Secretary General Ban Ki-moon set the goal of eradicating the disease by 2010. At a World Malaria Day event in Washington Friday, Susan Rice, the U.S. ambassador to the United Nations, called for the same goal, but by 2015.

Reducing the toll of a disease at such a scale requires funding, of course. It also requires vigilance. Bed nets, which cost only \$10 each and last up to five years, are not effective if people don't sleep under them, and homes will continue to be havens for mosquitoes if people don't allow for additional spraying.

Malaria is such a concern in Nigeria that the health ministry has joined forces with Catholic and Muslim clergy to educate congregants about ways to protect themselves against malaria. This effort is vital. According to the WHO's 2006 report, Nigeria is home to a quarter of all malaria cases in Africa, with estimates ranging from 35 million to 80 million. The Nigerian health minister told us that 300,000 children under age five died from malaria in his country last year.

With focused and co-ordinated efforts by organizations, clergy and governments, the 2015 goal for malaria eradication could be reached. As Rice said yesterday after pointing out the world's success in eliminating smallpox, "It is time to band together to bring another unnecessary plague to its necessary end."



Letters

End needless exposure to ultraviolet rays

Re: Springtime Is Afoot — April 18

The April 18 Record featured a photo of 10-year-old children at Pioneer Park Public School's "Beach Day." Of the six children, only one was properly dressed for sun exposure. This raises serious questions about the lack of proper shade and sun precautions in our schools in Waterloo Region.

It's only mid-April and I've already seen at least six cases of sunburns that involve children that attend schools in our region. Time and time again our students are exposed to unsafe levels of ultraviolet radiation while at school. This exposure occurs at track meets, rugby practices, and yes, even on the playground. I challenge the school boards of our region to place the safety of our children ahead of "Beach Days."

The same day that the photo ran, the UV Working

Group in Ontario sponsored a Webinar (Internet conference) on skin cancer prevention, particularly in the area of artificial tanning by our teenagers. When the message given is that it's OK to lay out in the sun during school, what does that tell the impressionable pre-teens about the safety of tanning?

We have a serious challenge in Ontario to stop the unnecessary exposure to UV rays on the playground. Our province is struggling to stop the epidemic of malignant melanomas that takes its greatest toll on young adults in the prime of their lives. As someone who has experienced this personally over the years, I plead with the Record to spend time in its Life section to educate the public about this in the future.
*Terry Polevoy, MD
International Skin Cancer Awareness Network
Waterloo*

Do we microchip kids?

Re: Victoria Stafford's abduction

How can a little girl go missing from school property in a small town, a community where everybody knows everyone?

I am unable to fathom the fact that Victoria Stafford has been missing now for three weeks with little clues of her whereabouts. I find it appalling that in a small community such as Woodstock no one noticed a stranger among the small crowd of children.

Why is it that a school and the authorities of that institute would not escort children in groups after school and help the children locate their parents and help the kids to get on the school bus? Was Victoria allowed to leave school on her own and walk home?

I am one of those parents who people call overprotective. The word overprotective does not exist in my vocabulary when it comes to children. I live in a community where three-year-old children are unsupervised and set out as sheep amongst the wolves. The time has come and we must consider microchipping our children. We do it to the pets we love so why not our children?
*Teresa Villeneuve Hipel
Cambridge*

Share garbage spots

By next Earth Day, the costs of garbage collection and CO2 emissions can be significantly reduced with a little neighbourly co-operation. Everyone puts out their garbage and blue box for the truck to come down the street to pick up. Your garbage is loaded and the driver accelerates to the next stop. If a street has 30 homes that usually means 30 stops and starts. With 133,725 households in our region we spend big tax dollars on fuel and maintenance for this service.

By next Earth Day, imagine if the number of stops and starts were reduced by 60 per cent. Savings in fuel and maintenance would be huge; CO2 emissions considerably reduced.

It's as simple as this. Instead of everyone putting their garbage in front of their home, two or three householders take a few extra steps with their garbage and pile it together. On a street of 30 homes that could mean only 10 stops. Both

sides of the third house could walk a few extra steps with their garbage and blue boxes.

Every time those big trucks stop, brake wear occurs. The driver accelerates on to the next stop. Fuel cost and CO2 emissions peak during acceleration. Reduce the number of times acceleration is required; you reduce fuel consumption and pollution big time.
*Richard Comely
Cambridge*

Society is too greedy

Re: High Flyers — April 18

I am appalled at the salaries that our "top of the heap" receive. I agree with Vicki McKenna, first vice-president of the Ontario Nurses' Association when she said, "I know people are working hard but that does seem excessive."

Is it any wonder that hospitals are closing down units because they lack money? Is it any wonder that universities are eliminating courses and raising the tuition fees because they lack money? Our society is driven by greed not compassion.

Our food banks are being used by an increasing number of needy people. Our social agencies are being stretched to the limit. Men and women are losing their jobs at an increasing rate.

I read why the pay hikes are necessary but I still think something is wrong in my beloved Waterloo Region.
*Sylvia Snyder
Kitchener*

Pay a living wage

Re: Corporate Canada

Canadian companies should be part of the solution and not part of the problem.

The bosses and chief executive officers tell their workers to be part of the solution and not part of the problem. I ask Canadian companies to take their own advice on that issue. Our economy is dead and companies wonder why people are not spending money.

Canadian companies can solve that problem very easily. They can pay us a living wage and, in return, they will make the economy better for themselves. Do Canadian companies realize that slavery was abolished over 200 years ago? They should not wait until they are

broke to give us a living wage so they can make a profit tomorrow.
*Gary Baggey
Bright*

Patient safety matters

Re: Report Says Agency Gives Short Shrift To Drug Safety – April 21

The conclusions of Joel Lexchin's report on drug regulations in Canada are unsupported by the facts. First of all, patient safety is the highest priority for our industry. We will never compromise on this. Secondly, Canada's drug regulatory regime is among the safest in the world. Patients can be confident that every new medication undergoes between 10 and 15 years of research and development; a continuous process that includes thorough research, clinical trials and rigorous scientific analysis before it is approved by Health Canada.

This scrutiny involving a wide range of health-care professionals continues long after a medication has been approved for patient use. Unnecessary delays will not make the system any safer but will only deprive Canadians of safe and effective new treatment options that can improve and save lives. By working collaboratively using the best scientific tools available and building on best practices internationally, the regulatory system can be improved even further for the benefit of all Canadians.
*Russell Williams
President, Canada's Research-Based Pharmaceutical Companies
Ottawa*

A real hero

Re: Man's Injury Doesn't Define How He Lives — April 20

I want to commend reporter Dianne Wood for the inspiring and thought-provoking article on Tom Plumridge. Christopher Reeve once said that a hero is an ordinary individual who finds the strength to persevere and endure. I believe that to be true of Plumridge. He made my day and changed my attitude for the better, for years to come.

I want Plumridge to know he touched my life in a big way and I thank him for that.
*Patty Seegmiller
Waterloo*

EDITORIAL PAGE EDITOR

John Roe
jroe@therecord.com
519-895-5610

LETTERS TO THE EDITOR

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