

NWT report urges recognition for aboriginal healers

Recognition for traditional aboriginal healers and increased involvement of nongovernmental organizations are among the recommendations from a government-appointed committee that investigated health care issues across the Northwest Territories.

Our Communities, Our Decisions: Let's Get On With It!, the final report of the Minister's Forum on Health and Social Services, also calls on the territorial government to remove itself from delivery of health services unless specifically asked for help by health boards.

The suggested changes constitute a complete restructuring of a system that, in just 10 years, has been transferred from the federal government to the territorial government and then to 9 health and social services boards.

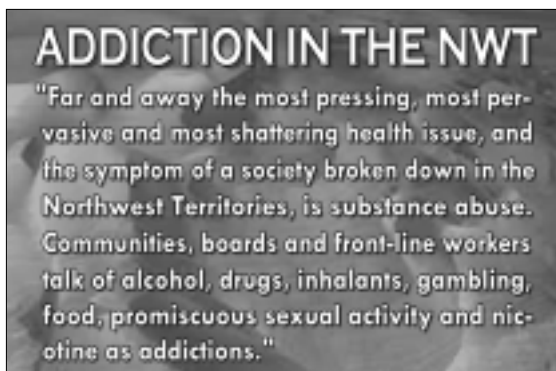
The report points out that the territorial government has produced 4 major reviews of its health care system during the past 5 years, resulting in about 200 recommendations, many of which have yet to be acted upon. "No more reviews, studies or reports are needed," the authors stated. "Action is

wanted today." The report says that the territorial government should retain responsibility for legislation, standards and enforcement, but responsibility for program delivery should be transferred from

encouraged to hire competent traditional healers in situations where their expertise and knowledge may be beneficial in treating a patient."

According to the report, nongovernmental organizations and other agencies are now prevented from working harmoniously with health care providers by "obsolete territorial and federal funding arrangements and inappropriate lines of authority." These include groups devoted to mental health, the aged, disabled, and a wide range of conditions and disabilities, which should be supported by multiyear funding through regional boards.

Substance abuse remains the NWT's most serious health concern, the authors said. "Communities, boards and front-line workers talk of alcohol, drugs, inhalants, gambling, food, promiscuous sexual activity and nicotine as addictions. Substance-abuse problems in our communities are deeply rooted and of long standing. People are beset with feelings of hopelessness, despair and impotent rage. From this comes violence, suicide and sexual abuse." — *David Helwig*, London, Ont.



regional boards to local communities over the next 5 years. Territorial funding should not be program specific, and boards should be free to negotiate among themselves for shared services. The forum visited 12 communities across the NWT and received input from more than 800 individuals and organizations.

Repeating a recommendation from a 1998 consultant's report commissioned by the territorial government, the new report suggests that health boards "be

Beware of all types of bat exposure, BC MDs warned

British Columbia has joined some other provinces in recommending rabies postexposure prophylaxis (RPEP) when direct patient contact with a bat cannot be ruled out. The US Centers for Disease Control and Prevention (CDC) recommends the same action.

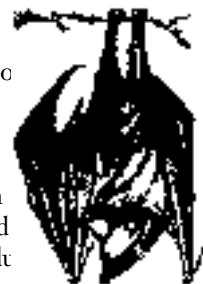
Dr. Danuta Skowronski, physician epidemiologist at the BC Centre for Disease Control, says that such action should be taken when people awaken to find a bat in the room, or when unattended children and mentally handicapped or impaired persons are found in the presence of a bat (see *CMAJ* 1997;157[1]:55). In such cases, she says,

RPEP should be offered even if a bite or scratch is not obvious. "All bat contact should be assessed very cautiously," says Skowronski says. "We're beginning to recognize that cases we couldn't specify previously were actually bat rabies."

A check with some other provinces showed that CDC guidelines are also being followed in Alberta and Ontario, but not in New Brunswick.

Although the last rabies death in Canada occurred in 1985, there have been 36 such deaths in the US since 1980, and 21 were due to bat-variant rabies. More troubling is that "a bite was identified in only 1 or 2 of them."

Experts aren't certain why the contact has been so hard to pin down, but there are several possibilities. Bat teeth are thin and needle-like and it's possible individuals are bitten without



realizing it. Bats are also inclined to lick their claws and wings, and may deposit infected saliva there that can be transferred through a scratch or by touching an existing wound rather than by biting. (Aerosol transmission is not a con-