

Dire needs post earthquake

The Oct. 8 earthquake in South Asia destroyed 26 hospitals and 600 clinics, claiming the lives of 54 000 people, including health care workers.

Eight days later, aid organizations were still unearthing bodies and treating victims.

Médecins Sans Frontières had 7 mobile medical teams in the rural areas around Islamabad, Pakistan, treating about 250 people a day with open fractures, “terrible infections,” wounds and contusions.

“We haven’t even started to look at the minor medical needs,” Stephan Grosse Rueschkamp, a MSF press officer in Islamabad said in a phone interview.

There are 100 MSF workers, including 3 Canadians (a mental health expert, logistician and financial coordinator) on site.

MSF is setting up psychosocial support for people who have lost family members, particularly children who have lost their parents. Grosse Rueschkamp said “no one has come to terms with what’s happened in their families.”

Speed is essential now with winter on its way. “There is snow in the

mountains,” Grosse Rueschkamp said. “Exposure will lead to major health problems. We’re running against the clock now.”

MSF has delivered 1200 winterized tents, although an estimated 300 000 are needed to help accommodate the estimated 4 million homeless.

The Canadian International Development Agency has earmarked \$20 million for disaster relief and the Canadian Red Cross has sent medical teams and 11 truck loads of tents and other supplies to Kashmir.

For the first time, 4 Canadian aid agencies have joined forces to raise money (*CMAJ* 2005;172:734). They include CARE Canada, Save the Children Canada, Oxfam Canada and Oxfam-Quebec.

WHO has sent emergency health kits to meet the basic needs of 270 000 people for one month and surgical kits for 1000 surgeries. Four emergency teams with 60 WHO staff are working in the area.

Given that water and sanitation systems were heavily damaged, WHO is worried about the risk of diarrhoeal diseases. Measles is also endemic in the area, and only 60% of children are protected. — Barbara Sibbald, *CMAJ*

DOI:10.1503/cmaj.051346

Canada resists banning flame retardant

Despite a growing number of peer-reviewed studies charting the toxicity of brominated flame retardant (BFR) in animals and possibly humans, the Canadian government remains reluctant to ban it.

The European Union (EU) banned 2 of the 3 commercially produced BFRs in 2002, and the states of California and New York have since followed suit. However, Steven Clarkson, director of Health Canada’s Environmental Contaminants Bureau, is not ready to press for a ban. “There are still no definite conclusions available regarding human health effects,” Clarkson says, “so in the case of the flame retardant formulations banned elsewhere, we are relying on chemical manufacturers to voluntarily switch to new products.”

Scientists from around the world gathered in Toronto in August to present new studies on the toxicity of BFRs, which are widely used in computers, television sets, carpets and furniture foams.

BFRs began attracting scientific concern in the 1980s when Swedish researchers first reported BFR contamination in human blood and breast milk at levels approaching those of polychlorinated biphenyls (PCBs) — a class of chemicals similar in molecular structure to BFRs. PCBs were banned as probable human carcinogens in the late 1970s after they proved carcinogenic in animals.

Many observers suggest voluntary BFR control may be insufficient in light of new studies confirming that large amounts of BFRs are released from furniture, carpets and electronics in homes and offices.

“There has been a tremendous increase in the amount of information available regarding endocrine disruption in rats, fish and birds,” says Linda Birnbaum, director of the US Environmental Protection Agency’s National Health and Environmental Effects Research Laboratory. “I have a great deal of confidence in the relevance of these animal studies to humans,” Birnbaum told *CMAJ*.

In a study reviewing human exposure levels and health effects (*Organohalogen Compd* 2004;66:3951-7), Tom Muir, a



MSF International

MSF has delivered 50 000 blankets, chlorination kits, 20 000 jerry cans and other supplies.

recently retired Environment Canada research analyst, noted that BFRs have added significantly to North American body burdens of chemicals associated with increasing levels of hypothyroidism and neurodevelopmental health problems. “At least 2.5% to 5% of the North American population is now exposed to toxicologically relevant concentrations,” Muir said at the Toronto conference.

North American and European BFR manufacturers have now withdrawn all but one commercial formulation, DecaDBE — the only one not banned in Europe, California and New York.

Kim Hooper, environmental scientist at the California Environmental Protection Agency, says DecaDBE closely resembles the banned formulations. “This is a major industrial chemical in North America and we’re finding kids have 5 to 10 times the exposures of adults,” says Hooper. “There’s no doubt the Canadian regulators have their tails between their legs, despite having so much excellent data on the problem.” — Paul Webster, Toronto

DOI:10.1503/cmaj.051171

News @ a glance

Marijuana liability: The Canadian Medical Protective Association (CMPA) recommends that doctors who sign declarations giving their patients access to medicinal marijuana should ask their patients to sign a release-from-liability form at the same time. Recently revised regulations governing Health Canada’s medicinal marijuana program (*CMAJ* 2005;173:473) reduced the onus on physicians as gatekeepers, but they could still potentially face liability for allowing patients to use the unproven drug. The release form is available on the CMPA Web site: www.cmpa-acpm.ca

Chernobyl’s legacy: Nearly 4000 people could eventually die from radiation exposure as a result of Chernobyl’s nuclear power plant disaster in 1986. A new report from the Chernobyl Forum states that at the time of the disaster, approximately 1000 staff and emergency workers were exposed to high-level radiation. An estimated 2200 radiation-caused deaths are expected among these and other recovery operation workers exposed in the ensuing months. Related deaths have also resulted from leukemia, acute radiation exposure and thyroid cancer. Although thyroid cancer has caused only 9 deaths, its occurrence has skyrocketed among children and teenagers, with almost 4000 cases reported. The largest public health issue is mental health problems, which are associated with relocation (350 000 people were moved out of affected areas), “paralyzing fatalism” and a belief in short life expectancy. The report also considers ways that Belarus, the Russian Federation and Ukraine can address major economic and social problems resulting from the disaster.

Car crashes and cell phone use: Drivers using mobile phones have a 4-fold increased risk of crashing and suffering injuries that require hospital attendance. A recent study (*BMJ* 2005; 331:428) found that the increased risk occurred whether or not a hands-free device was used. Policymakers in Australia tried to reduce risk of accidents in 2001 by banning hand-held mobile phones while driving and advocating for hands-free sets. However, the *BMJ* study of 456 people attending emergency departments showed that the risk was constant across both types of mobile phones. The researchers are concerned that new wireless technology such as voice activation may lead to increased use of mobile phones in cars, despite the clear risk. Driving using a



hand-held mobile phone is also banned in most of the European Union, several US states and in Newfoundland and Labrador.

Nobel for ulcer scientists: An Australian scientist was awarded the 2005 Nobel Prize for Medicine 23 years after infecting himself with *Helicobacter pylori* to prove it caused stomach ulcers. Drs. Barry Marshall and Robin Warren, the joint Nobel prize recipients, were the first to show a bacterial cause of ulcers, drastically changing ulcer treatment. Warren first identified the curve-shaped *H. pylori* from patient samples of inflamed stomach lesions in 1982. Warren cultured the bacteria after accidentally leaving a petri dish out in his lab over an Easter break. Marshall joined Warren that same year. “In the beginning nobody believed us,” Marshall told an Australian news channel. “They said, well, we know the cause of ulcers, we don’t need any new causes.” Scientists believed that stress caused ulcers and that the stomach environment was too acidic to support bacteria. Eventually, Marshall drank a container of fluid containing *H. pylori* and developed a vomiting illness and had severe gastric inflammation for about 2 weeks. Marshall underwent an endoscopy to prove that the bacteria had caused inflammation in his stomach. In its citation, the Nobel Committee said the scientist’s “pioneering discovery” has led to “an increased understanding of the connection between chronic infection, inflammation and cancer.” Their work has stimulated research into infective causes of other chronic inflammatory conditions, such as Crohn’s disease and rheumatoid arthritis. — Compiled by Sally Murray, *CMAJ*

DOI:10.1503/cmaj.051338