

Walkerton, 2 years later: “Memory fades very quickly”

The public inquiry has concluded (see page 1282), the lawyers' arguments have ended and the media have long since shifted their attention elsewhere, but to the 5000 or so residents of Walkerton, Ont., the lessons of May 2000 still linger (see Leadership and fecal coliforms: Walkerton 2000 [editorial]. *CMAJ* 2000;163[11]:1417).

Two years after strains of *Escherichia coli* O157:H7 and *Campylobacter fetus* subsp *jejuni* contaminated the town's water system, causing 7 deaths and more than 2300 cases of reported illness, questions about the prevention of future water-related outbreaks remain.

“The whole issue of who's going to make sure Walkerton doesn't happen again is unresolved,” says Dr. Murray McQuigge, the medical officer of health who issued the initial boil-water advisory May 21, 2000.

“On the good days I'm heartened to hear that people are more aware of water issues and are forming citizen groups to make sure this doesn't happen again,” says McQuigge, now retired. “On the bad days, I haven't seen much movement by this government, other than to make the drinking water guidelines into regulations. But in terms of better support for the minister of environment to have adequate staff to support those regulations — I'm not seeing much there.”

The Walkerton crisis, the most serious case of water contamination in recent Canadian history, attracted wide media attention and sparked concerns about water treatment across North America. From the moment patients began showing symptoms of bloody diarrhea, vomiting and cramps on May 17, 2000, to the conclusion of the public inquiry in August 2001, the blame was spread with a wide brush.

Many point to the area's farming practices as the root cause, while the local Public Utilities Commission was singled out for withholding May 15 lab tests that confirmed the presence of *E. Coli* in the town's water. After that, the debate took on a political tone.

Many have pointed out that 6 years ago the province's newly elected Tory government privatized water-testing lab-

oratories as part of widespread budget cuts. And while the government has recommitted \$25 million to safe drinking water and clean air in its latest budget, McQuigge says the Walkerton experience and subsequent outbreak of *Cryptosporidium* contamination in North Battleford, Sask., in May 2001 have done little to restore public confidence.

“It will be years before people in Walkerton trust the water supply,” he says. “And they now have one of the best water-treatment facilities in North America.”

“In my 12 years as medical officer of health I spent a disproportionate amount of time begging for financial resources, but water treatment and disease control — these things just aren't sexy. It won't take much if there's a breakdown in government's acceptance of its responsibility to bring back the dirty old diseases that we used to see not long ago.”

Dr. Kristen Hallett, a pediatrician at Owen Sound's Grey-Bruce Health Services, agrees.

After seeing 2 seemingly unrelated cases of bloody diarrhea involving Walkerton patients on May 19, 2000, Hallett reported her concerns to the Public Health Unit. Her action prompted the boil-water advisory that McQuigge issued less than 48 hours later.

Hallett, who recommends that her patients drink tap water, says there has been public fallout because of Walkerton, with “huge numbers of people questioning public health initiatives even now.”

Dr. Monir Taha, acting medical officer of health for Hamilton, says he's seen positive changes because of Walkerton: new Ministry of Environment staff have been hired and private labs are now required to report high levels of bacteria in water. However, he wonders whether the crisis and the deaths will have any long-term impact on public health.

“Whenever we see some major event, if not a disaster, people are reminded about disease control. Water, for instance, used to be one of the main carriers of disease, and that used to be part of the collective memory. But memory fades very quickly.” — *Brad Mackay, Toronto*

Are discarded drugs contaminating the environment?

It will be at least 18 months before new federal rules require substances regulated under the Food and Drug Act to undergo an environmental assessment. Health Canada is concerned because certain chemicals in drugs and some foods are now at detectable levels in the environment.

Some of this is due to the disposal of unused prescription drugs in hospitals and homes (see letter, page 1252). “We are concerned about it,” says Elizabeth Nielsen, director general of Health Canada's Office of Regulatory and International Affairs. “But we can't regulate how a consumer disposes of something. We can only provide advice.”

In conjunction with the new regulations, they plan to issue “Best Practices” documents aimed at consumers, manufacturers and water-monitoring agencies, and perhaps hospitals. They will also urge physicians to reduce the number of prescriptions they write.

“We're very much at the developmental stage,” says Nielsen. An international workshop of scientists has identified gaps in the research that need to be addressed (www.hc-sc.gc.ca/ear-ree). Meanwhile, Nielsen's office is meeting with nongovernmental and other groups in preparing the regulations for publication in the *Canada Gazette* in September 2003.

In the interim, new products submitted for approval under the Food and Drugs Act will have to undergo an environmental assessment under the New Substances Notification Regulations of the Canadian Environmental Protection Act.

The US Food and Drug Administration is also considering requiring more tests to determine the effect of drugs on the environment. A survey of 100 waterways in 30 states found minute amounts of dozens of antibiotics, hormones, pain relievers, cough suppressants, disinfectants and other products (toxics.usgs.gov). — *Barbara Sibbald, CMAJ*