

Briefly

Throne Speech: Conservative Prime Minister Stephen Harper opened the 44th Parliament by vowing not to cut Canada Health Transfer payments to provinces in an attempt to constrain spending in a recession. “Our government will ensure that the provinces receive the general transfer payments planned for health care and social programs,” Harper stated in the Speech from the Throne on Nov. 19, 2008. The Canada Health Transfer for fiscal year 2007/08 was \$34.88 billion

(\$21.47 billion cash and \$13.4 billion in tax points). Under the agreed upon annual “escalator” clause, it rose to \$36.49 billion for 2008/09, including \$22.62 billion cash. Harper also vowed to introduce “creative measures to tackle major heart, lung and neurological diseases,” as well as move with legislation “providing better oversight of food, drug and consumer products.”

Editor's competing interest: *CMAJ* Editor-in-chief, Dr. Paul Hébert, has taken a part-time role to lead the National Strat-

egy on Patient-Oriented Research at the Canadian Institute of Health Research. The aim of this initiative is to set up a new patient-oriented clinical research program in Canada. During the course of this contract, Hébert will recuse himself from vetting or editing any journal articles that refer to the Canadian Institute of Health Research. (Hébert's full competing interest statement is available online at www.cmaj.ca/misc/edboard.shtml) — Wayne Kondro, *CMAJ*

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DISPATCH FROM THE MEDICAL FRONT

Somali symbiosis, part 3:
how it affects me

The first effect that I noticed is that my preconceived opinions softened. I began to take more factors into consideration.

What I originally saw as “disarray” were often strategies that had enabled the town to survive. Complex and sophisticated local governance organized around traditional clans was not only effective but respected by all.

In fact, clans were how everything worked.

People conceived of their existence in the context of the collective, before thinking of themselves. Even when we advised surgery and patients understood the illness and need for urgent intervention, they were reluctant to give permission and proceed without the approval of clan elders. To do so would have been an insult to a foundation of their society.

Another source of order and stability lies in Islamic traditions. The prayers (5 times per day) remind people of their commitment to kindness, peace and generosity. The mosques often organize schools, provide for internally displaced persons, resolve conflicts and demonstrate the values of peaceful civil society despite chaotic external factors.

I felt humbled and inspired by my encounters. The local people worked tirelessly, learned from us and taught us much. The sense of dignity and re-



Sara Barnhill

Newfoundland physician Dr. John Barnhill at work in Somalia.

silience was never lost despite the appearance of disarray, tragedy and misery. The diligence and commitment of my *Médecins Sans Frontières* colleagues was often overwhelming and delightful.

I feel profoundly grateful to these people, who made hope and some joy shine in the midst of troubled circumstances.

I'm grateful, as well, to *Médecins Sans Frontières* for providing me the “perfect job,” an opportunity to use all my capabilities as a person and a surgeon, in a place where I could be optimally beneficial, with great infrastructure and support. It is deeply rewarding to contribute to improved outcomes and health. It seems to me now that a team of volunteers bring jobs, health care improvements and optimism in a way that removes the illusion that there are forgotten places in the world.

To be able to give what I could without any expectation of repayment, to be

a volunteer without an agenda, placed me in a unique position. While it enhanced my understanding of life in other parts of the world, I hope that it enhanced theirs as well, that along the line we established a human connection which demonstrated that not everyone in the developed world is an exploiter, a consumer or a heathen without morals.

That, I believe, is the ultimate value of the experience. It is what makes our efforts meaningful. The material contribution we made is outstripped by this intangible wealth of understanding. That I could offer my skills and come away with such a benefit myself is why I speak of symbiosis. I wish that all people could find a way to contribute to others in a manner as deeply and mutually enriching.

I know my contribution is a small drop in the ocean of troubles, but to me, it seems such actions are a step in the evolution of our species, and a welcome departure from what often appears as hopeless disarray. — Dr. John Barnhill, Beletweyne, Somalia

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CMAJ invites contributions to “Dispatches from the medical front,” in which physicians and other health care providers offer eyewitness glimpses of medical frontiers, whether defined by location or intervention. Submissions, which must run a maximum 400 words, should be forwarded to: wayne.kondro@cma.ca