



MD's murder linked to disability forms

The Ontario Medical Association says a Toronto physician was murdered Sept. 23 because medical eligibility rules for some government as-

sistance programs require doctors to determine access to the programs. "For carrying out these responsibilities," says the OMA, "Dr. Bernard Lau was murdered."

Dr. Lau, a 1982 University of Toronto graduate, was murdered by a

man who claimed he had been "ruined by the system" after being forced off provincial welfare rolls. The man, who also murdered his landlord, later killed himself. After the deaths, the OMA called on the province to change provincial disabili-

Ottawa students mark "5 wonderful years" in Malawi

This summer marked the fifth year for the Ottawa Student Health Initiative in Northern Malawi. The project operates in conjunction with St. John's Hospital in Mzuzu and the primary health care team in its clinic areas. Members of our multifaculty group, which comprises students from medicine, nursing, physical therapy and occupational therapy, live in rural villages, sometimes 20 km from the nearest electricity and telephone.

During our summer, which is Malawi's dry and harvest season, students work on primary care issues, such as surveying baseline health and nutrition conditions, locating water sources, aiding in the building of water pumps and shelters, and helping the St. John's primary care team during monthly clinics. We also teach about life in Canada. "Moneri" (Hello all) and "Muliuli?" (How are you?) are 2 of the key phrases Canadian visitors learn.

Our work led to a small but significant reduction in diarrheal diseases and general morbidity. However, the greatest benefit is the cross-cultural exchange, which helps both our cultures. Malawi may be poor materially but it is very wealthy in terms of spirituality and community.

We were constantly embarrassed by Malawians' resourcefulness, especially their reuse of our discarded materials and their creativity in making things work. At the same



A project linking 2 cultures

time, they witnessed how we interact between races and sexes and our vision of the future, which involves more than surviving to the end of the day.

Most of the villagers we visited speak the native dialect, Chitumbuka. The 2 official languages are Chichewa, spoken by most Southerners, and English. Until 1993 the country was led by a dictator, but continuing pressure from within led to democratic elections in 1994. Unfortunately, the northern, central and southern parts of the country are divided tribally and, hence, politically. Northerners have little

power and are constantly ignored, and their health has been deteriorating.

Malawi is the world's ninth poorest country and the Ottawa students have been trying to alleviate the continuing abject poverty. We strive to aid the poorest of the poor, and have supported the education of girls, who are often neglected, by starting a scholarship fund to pay school fees and allow them to have the opportunity to attend secondary school.

There are emerging health problems beyond the issue of malnutrition, because between 30% and 40% of Malawians are infected with HIV. During its next 5 years, the Ottawa project will concentrate on designing and implementing an effective AIDS education program in the hospital's catchment area.

The highlight of our 5 years in Malawi has been cooperation and dedication involving 2 very different communities. The joy this cross-cultural exchange has brought and the unique experience it has provided has committed us to 5 more years in Northern Malawi. — Dr. Kevin Chan, pediatric resident, BC Children's Hospital