SANE nurses staff Alberta's sexual assault response team

Alberta's first sexual assault response team was recently launched in Edmonton with a unique core of professional staff. The team's 11 nurses have all undergone sexual assault nurse examiner

training (SANE), a program that is relatively new in Canada.

Seven Edmonton hospitals are participating in the 2-year pilot project, in which SANE nurses are on call 24 hours a day and respond within 1 hour. If the woman involved is over 14 years old and her

assault has occurred within the past week, these nurses conduct a 3-hour examination that includes swab collection for DNA evidence and the taking of photographs. Edmonton police have provided a "rape kit" to help standardize methods for collecting evidence. Medication may be given to provide emergency contraception or treatment for sexually transmitted diseases.

Dr. Bonnie Abel, the emergency physician who serves as the team's medical director, says sexual assault patients arrive in emergency rooms "by default, more than anything else." Be-

> cause of the extra time required for the examinations and logistical considerations such as handling forensic evidence, she adds, "this has not been a favourite part of emergency medicine. I hope that by the end of the pilot project we

would look at recruiting interested physicians who have been doing this work in the community as well."

About 200 sexual assaults are reported in Edmonton each year, representing an estimated 6% of all assaults. In its first 7 weeks, the team saw 25 women; Elaine Degrandpre, the program's director, predicts that members will see more than 200 women in the

first year. Most of the women "have been very happy to see another woman," says Degrandpre. The emergency medicine community has also been "very positive," adds Abel.

"If we can access these women early on, and they can have a positive first interaction with health care providers, this may go a long way to getting them to feel that they are more of a survivor than a victim," says Abel. "It may help prevent some of the long-term sequelae that are seen in people who don't have the crisis intervention early on. By extension, they may feel more comfortable with the investigative process and the judicial system, and we may see reporting rates to police increasing, as the process we have in place is perhaps more efficient and a little bit more user friendly."

Brochures about the program have been distributed to Edmonton family doctors, and some residents in obstetrics and gynecology have shown interest in participating in the SANE training. — *Heather Kent*, Vancouver

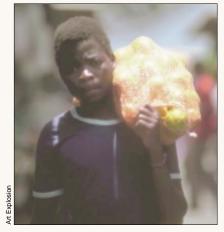
Africa's "future is frightening" because of HIV

Worldwide, an estimated 8.2 million children have been orphaned by AIDS, and that figure is slated to escalate to 40 million people — roughly 10 million more than Canada's current population — within a decade. But this is only one aspect of the devastating aftermath of AIDS, a panel of experts said during the Sixth Canadian Conference on International Health last fall.

"The future is frightening," said Dr. Lucy Nkya, a Tanzanian physician. "This disease places the greatest burden on an already strained health care system and it hits the workforce."

The social consequences, which include impoverishment and the cre-

ation of orphans, are devastating. Many women in eastern and southern Africa are already living in poverty in the aftermath of AIDS because some local inheritance laws dictate that when a woman's partner dies, she inherits nothing. They then may trade sex for employment or a promotion, § says Nkya, or they enter the commercial sex trade, in both cases becoming vulnerable to HIV infection. In some regions, 30% to 40% of African women are already infected, as are 20% of babies. Worldwide, the conference was told, women account for 43% of all new HIV infection. "Poverty is the single most important cofactor in the spread of HIV/AIDS



A frightening future for many young Africans

in the developing world," Nkya said.

And when the mother herself dies, children become the heads of house-

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On the Net

Women's health care rides an Internet wave

As the saying goes, "Vive la différence!" And la différence is rapidly becoming apparent on the Internet. As federal Health Minister Allan Rock commented last March, "the need to enhance the sensitivity of the health system to women's health issues has gained increasing recognition." Today, much of the effort to balance the gender equation in health information is taking place on the 'Net.



Health Canada's Women's Health Strategy, which Rock unveiled last year (www.hc-sc.gc.ca/datapcb/datawhb/womenstrat.htm), seeks to address biases in medical research and practice. The Canadian Women's Health Network (www.cwhn.ca), which is supported by that "strategy,"

offers a range of online resources, with everything from illness and chronic pain to disabilities and disease prevention being covered. The site also posts research from the 5 Centres of Excellence for Women's Health (www.hc-sc.gc.ca/datapcb/datawhb/cewheng.htm) and elsewhere.

Government departments are not the only ones to catch the women's health wave, because plenty of nonprofit and commercial sites now specialize in this area. The Women's Health Clinic in Winnipeg (www.pangea.ca/whc/) offers a "holistic approach and emphasizes prevention, education and action." It has a range of services for women of all ages. Meanwhile, Sympatico's HealthyWay site (sympatico .healthcentral.ca) has a huge array of medical information.

Most of this is aimed at the public, but some may be of use to clinicians. The site includes disease-specific information and health "centres," one of which focuses on women. It not only covers topics of interest to women but also offers current health news items from *Canadian Press* and *Reuters*.

Moving beyond Canada's borders, the Estronaut site (www.estronaut.com) presents itself as a forum for women's health. Dr. Karen Sarpolis, one of the principals behind this commercial venture, hosts "Ask A Women's Health Doctor," which promises to deliver timely responses to emailed queries.

The Women's Health Interactive Web site (www .womens-health.com) specializes in the design, development and delivery of health education for women through the use of interactive digital technologies. It offers an extensive selection of subject matter divided into broad "health centres." It also includes decision-making trees to help people identify problems and find solutions. — *Michael OReilly*, mike@oreilly.net

A crisis in progress

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holds and breadwinners, girls turn to prostitution, and the AIDS cycle begins anew. Every day, said the panel, the world sees about 16 000 new cases of HIV infections, and just 12 will be in Canada. The vast majority will be in impoverished, developing countries, particularly in Africa.

"When you see these children, you see the pain in the back of their eyes," said Dr. Abiola Tilley-Gyado, senior health adviser with PLAN International, which operates aid programs in

43 countries; Foster Parents Plan is its Canadian arm.

The HIV/AIDS epidemic is also turning the clock back on progress in African countries, where life expectancy has been declining since 1990. Sub-Saharan Africa is already home to 68% of all HIV/AIDS patients and 90% of AIDS orphans, and the region's overburdened social and health systems are threatened with collapse. "It's been a huge step backward," says Tilley-Gyado. The AIDS epidemic also has profound economic effects. The epidemic in Thailand is expected to cost the Japanese economy 1.2% of its GNP this year.

But it's not all doom and gloom. PLAN International, for example, provides testing facilities and post-test clubs that offer peer support and counselling, while Nkya has created a women's support network in West Africa that gives grants to the needy, offers one-on-one peer support and distributes condoms. In one project, the number of women in a brothel-based business had declined from 300 to 15 in 3 years.

A new guide to twinning HIV/AIDS organizations in Canada with those overseas is available at **www.icad-cisd.com/publications**. — *Barbara Sibbald*, CMAJ