

Canada stocks up on smallpox vaccine, pushes bioterrorism training

Canadian physicians, nurses, paramedics and other frontline health professionals will be asked to take biohazard refresher courses under a \$12-million health-security package announced Oct. 18 by federal Health Minister Allan Rock. Other parts of the bioterrorism package, created in response to the Sept. 11 terrorist attacks in the US, include the purchase of 300 180 doses of smallpox vaccine, of which roughly 200 000 would be available for civilian use. The government has also decided to buy enough doxycycline, ciprofloxacin and intravenous products to treat 100 000 people for 45 days in the event of exposure to biologic agents such as anthrax. Already, the National Emergency Stockpile System has been augmented with enough drugs to treat 40 000 people.

Under the new training program, provinces or their local health authorities are free to determine whether such training is mandatory for all frontline workers. Rock said in a teleconference that Ottawa will provide \$1.61 million to “develop a network of 1500 trainers who will, in turn, teach practitioners and others at the local level so that they are ready to respond to adverse events.” However, “it remains to be seen” whether all health professionals will be trained. “We’re making it available to our partners in provinces and the cities, in the local municipalities, as needed... I expect the uptake will be very significant.”

Dr. Paul Gully, director general of the Centre for Infectious Disease Prevention and Control, told *CMAJ* that local health authorities and the provinces must decide for themselves whether mandatory training will be required. It’s expected that the training of the cadre of 1500 experts will commence within 3 months, Gully added.

The government will also spend \$5.62 million to purchase chemical antidotes and antibiotics to treat people exposed to nerve agents like sarin or bioterrorist threats such as anthrax, smallpox, plague, tularemia, botulism and viruses that cause viral hemorrhagic fever. — *Wayne Kondro, Ottawa*

“You have 3 minutes to get out”: MSF camp brings taste of refugee life to Canada

What sort of life are the Afghans who have been fleeing their country since September actually heading toward? Médecins Sans Frontières/Doctors Without Borders tried to answer that question when it sent its Refugee Camp in the City to 5 cities across Canada this fall. The goal: provide Canadians with an ever-so-brief glimpse of refugee life.

At the Ottawa camp, shuffling and giggling school children settled down as they got their Temporary Card — the ration/registration card given to every refugee — and then moved through make-shift huts and tents that would house up to a dozen refugees, tried to lug the daily water supply and tasted the dry protein biscuits that new arrivals subsist on until their daily, 2100-calorie food allotment is available.

The chatter stopped cold as they heard about malnourished refugee children whose forearms are no bigger than a grown man’s thumb (see *CMAJ* 2001;165[8]:1074) and the horror of land-mine injuries. Then they saw art work — art therapy, really — created by children their age or younger. It depicted bombed villages, coffins filling schoolyards, sombre images on a glowing autumn afternoon. “It’s so unfair,” said 10-year-old Rachel Westwood of Ottawa. “Look what we have.”

Worldwide, there are 14 million refugees, which will become 15 million if the Afghanistan exodus develops as expected. Half are children. Another 25 million more people are considered displaced within their countries by drought, war or persecution.

“Those in the camps are the people who don’t have anyone, who have lost everything,” explains MSF Canada President Leslie Shanks, who has been serving with MSF missions, mostly in Africa, since 1994.

Shanks is one of the MSF volunteers on stand-by to strengthen the medical teams in Pakistan, Iran, Turkmenistan, Tajikistan and Uzbekistan that are available to respond to a refugee influx. MSF is already preparing possible sites that have access to water and are reasonably secure. “It’s very odd to see a refugee village in Canada,” Shanks said as she

stood in a tent by the Ottawa River. “It brings back bad memories.”

In larger camps, MSF’s expertise is often limited to health and medical concerns. Typically, a camp has a single MSF physician and nurse plus a local translator for every 10 000 people. Usually the translators are medical professionals — either refugees or local residents.

The refugees’ problems vary. Some are woefully malnourished; many in Afghanistan have already developed scurvy. Others have been maimed by land mines. Cholera is endemic and aggressively controlled by placing patients in segregated treatment centres.



Dr. Leslie Shanks: “It brings back bad memories.”

The MSF exhibit is built with the same tents, structures and clinical tools in use in more than 80 countries, but it can’t replicate daily life in a real camp, where adults often spend all day lining up for water and food, and then carry 20-L jerry cans of water a kilometre or more to their tent.

MSF has launched an “emergency appeal” for money to fund refugee camps in the countries surrounding Afghanistan, and continues to seek volunteer physicians and nurses (www.msf.ca, or 800 982-7903). — *Barbara Sibbald, CMAJ*