

## DDT use finally eliminated in North America

Mexico has stopped using DDT for malaria control. Speaking at the Health and Environment Ministers of the Americas (HEMA) meeting in Ottawa Mar. 4, Herñando Guerrero said elimination of the tonnes of DDT used annually is a “radical change” that involved thousands of Mexicans at a scientific, health and grassroots level. Guerrero, a director at the Commission for Environmental Cooperation of North America (CEC), said Mexico now combats malaria with a mix of biological, chemical and public-health measures.

“For 40 years we’ve used DDT, but now we have a sustainable alternative,”



Life-threatening malaria can be prevented without using DDT.

he said. Under the new program, 1 Mexican state cut the incidence of malaria from 17 855 cases annually to 284 cases in just 3 years. Pilot projects using the Mexican techniques are now under way in 8 other Latin and South American countries, including Costa Rica and El Salvador, and the project may soon expand to the Caribbean.

The Mexican approach includes early detection and prompt treatment for those exposed, and public education. Volunteers in Mexican communities help eliminate mosquito breeding grounds and deltamethrin, a relatively benign insecticide compared with DDT, is sprayed in some homes. The CEC is also studying the use of nematodes, which attack mosquito larvae.

DDT, outlawed in Canada and the US since the mid-1980s, accumulates in the fatty tissues of animals, and has adverse effects on wildlife reproduction.

Canada’s Inuit, who eat traditional diets of mammals and fish, have alarmingly high levels of DDT in their bodies. Dr. David Stone of Indian and Northern Affairs Canada says “Canada is very interested in seeing [the Mexican] experience exported to other parts of the world.” — *Barbara Sibbald, CMAJ*

## US MDs respond to pay cuts by turning backs on Medicare

Responding to cuts in pay, thousands of American physicians are refusing to accept new Medicare patients. They claim that the reduced rates of pay fail to cover increasing operating costs. The refusal is dismal news because the federal program covers 40 million elderly and disabled Americans. That number is expected to double by 2030.

The 5.4% across-the-board rate reduction, in effect since Jan. 1, is part of a multi-year formula that critics say will result in a total fee decrease of 17% within 3 years. The reduction affects all Medicare services and more than a million health professionals.

The American Academy of Family Physicians says 17% of FPs are no longer accepting new Medicare patients because of the cutbacks. Dr. Baretta Casey, who practises in the small Appalachian town of Pikeville, Kentucky, says she is dipping into savings to subsidize her practice. If things don’t change, “I probably can’t stay in practice.”

Although most FPs have some Medicare patients, many try to keep the number to a minimum because rates generally are lower than those paid by insurers or HMOs. The growing reluctance to accept more patients is part of a double whammy for aging Americans — HMOs are also refusing Medicare business because they consider the payments inadequate. HMOs have eliminated 2.2 million Medicare patients in the past 4 years.

Some states will be hit particularly hard. For instance, 18% of Florida residents are covered by Medicare, and the American Medical Association predicts that it will become even harder to find a doctor there because MDs will see their annual Medicare payments drop by an average of \$6260. The medical director of a clinic in Washington state reported that Medicare pays his group an average of \$60 for an office visit, but actual costs average \$100 once rent, staff salaries, malpractice insurance and other expenses are covered. — *Milan Korcok, Florida*

## Ambulance fees rile Nova Scotians

Opposition members in Nova Scotia have given the province’s ambulance service a thumbs up — and the cost of that service an emphatic thumbs down. One politician has even questioned the legality of charging for ambulance transport at all.

At present, Nova Scotians pay \$85 for a ride in an ambulance, a fraction of the \$571 it actually costs the province to provide the service. This is the cheapest rate in the Maritimes and the fourth lowest rate in the country, says Marilyn Pike, senior director of the Emergency Health Service.

However, for anyone without a provincial health card or Nova Scotians injured in a car accident, the cost of an ambulance ride jumps to \$500 for each person in the ambulance who receives care. “To receive a \$1500 bill is absolutely atrocious,” says Cape Breton MLA Russell MacKinnon.

MLA Graham Steele wonders if the fees are even legal. The government began charging for ambulance transportation in 1995 when service was standardized across the province. However, there is currently no legislation giving the government authority to charge such a fee. In April, it announced that legislation authorizing the fees will be introduced this year. (During 2002, ambulance services are expected to contribute approximately \$7.7 million to provincial coffers, up from \$3 million 2 years ago.)

Any Nova Scotian displeased with an ambulance bill can seek reassessment and appeal the charge, but most don’t bother. Last year nearly 90 000 ambulance trips were made in the province, and 37 people appealed the charge. — *Donalee Moulton, Halifax*