

US drug imports: The push in the US to legalize prescription drug imports from Canada and elsewhere appears to be gaining momentum. “I think Congress is going to pass it,” Health and Human Services Secretary Tommy Thompson told reporters on May 4. He also said for the first time he would advise President George W. Bush not to stand in the way of such legislation. The Bush administration is awaiting the results of a government task force (www.hhs.gov/importtaskforce/) examining whether drugs can be safely imported and studying the potential impact on patients, medical costs and the development of new drugs. At a task force hearing on May 5, Minnesota Gov. Tim Pawlenty said: “It is simply implausible that the best and brightest in our country cannot devise a safe system to import safe prescription medicines from reputable entities in other countries.”



Jillian Edelstein/Network

WHO cares: Worldwide, 6 million people need antiretroviral drugs to treat HIV/AIDS, but only 400 000 received them last year. New funding totalling US\$21.5 billion is beginning to flow; the challenge now is to build technical and human resources to use the money effectively. This is the focus of *The World Health Report 2004 — Changing History*, released May 12. Last year, 3 million people died of AIDS, and an estimated 34–46 million are now infected with the virus; without expanded access to treatment, 6 million will soon die and economies in some sub-Saharan African countries will collapse. “This is a crucial moment in the history of

HIV/AIDS, and an unprecedented opportunity to alter its course,” states the report. While acknowledging that a strategy linking prevention, treatment, care and support is essential, treatment has been “most neglected.” WHO has developed a simplified set of ARV drug regimens, and testing and treatment guidelines for health workers with a wide range of skills. “By tackling it decisively we will also be building health systems that can meet the health needs of today and tomorrow, and continue the advance to Health for All,” said Director-General Lee Jongwook. Canada recently contributed \$100 million to the WHO target of treating 3 million people by 2005.

Global village: “In my opinion, an international health experience should be part of every Canadian medical student’s training,” said Dr. Stan Kutcher, associate dean for international medical development and research at Dalhousie University. Dal is standing by that philosophy by sending more than 40 medical students for 14–42 days to a dozen countries. Meanwhile, 13 faculty members have committed \$1000 a year for 5 years to support the International Health Education Program. A mix of electives, exchanges and volunteer work, the program lends a hand to developing countries while enhancing the skills — and vision — of future physicians. “I think that we in Canada have a moral imperative to share our medical expertise with those parts of the world where it is most needed. In an era of globalization, and with all the wealth available, there is no excuse for global inequity in health,” said Kutcher. — *Donalee Moulton*, Halifax

Medical library closes: Health professionals in Regina are upset about the sudden closure of a medical library at the Saskatchewan Department of Health. A consequence of the

pro-vice’s spring budget cuts, the closure will save \$350 000 annually. “It struck me as shortsighted,” said Richard Thatcher, a health consultant. As an author and sociologist working primarily for First Nations clients, Thatcher said the library was a vital resource. “The staff were very helpful in digging things out,” he says. The library had a solid collection of current titles, plus the original documents underlying Canada’s medicare system. Department of Health spokesman Mark Rathwell says “it’s a difficult time for the health budget” and added that a consultant has been hired to “develop a plan of where the resource centre goes from here.” — *Amy Jo Eberman*, Saskatoon

Bullying and obesity: Overweight and obese children are not only more prone to health problems than other children, they are also more likely to be victims of bullying — or to bully others. A study by Queen’s University researchers (*Pediatrics* 2004;113[5]:1187-94) extrapolated data from self-reports from 5749 Canadian children aged 11–16. Among youngsters of a normal weight, almost 11% said they were victims of bullying, compared with 14% of overweight children, and nearly 19% of obese children. Obese girls are 90% more likely to be victims than normal-weight girls. Obese girls were also 5 times as likely as to physically bully other children. About 8% of normal-weight children said they bullied others, compared with 11% of overweight children and 9% of obese children. “Obesity is clearly linked to behaviours that alienate youth at a critical stage in their social and emotional development,” said principal investigator Ian Janssen. — *Compiled by Barbara Sibbald*, CMAJ



Art Explosion