

Report supports cost-effective prison tattoo program

In the wake of the release of a draft evaluation report indicating that a federal prison sterile tattooing pilot project was reducing potential exposure to infectious diseases like HIV and hepatitis C (HCV), questions continue to abound about the government's decision to axe the initiative.

Although the draft evaluation report on the tattooing pilot was censored by Corrections Canada's Access to Information and Privacy officials (including eliminating 1 of its 2 official recommendations), among the 10 findings was one stating that "the initiative has demonstrated potential to reduce harm, reduce exposure to health risk, and enhance the health and safety of staff members, inmates and the general public."

Despite this endorsement, Public Safety Minister Stockwell Day cancelled the initiative (*CMAJ* 2007; 176:307-8). In a letter to the media, he indicated that Correctional Service Commissioner Keith Coulter had recommended the 6 tattoo sites be closed and that correctional officers opposed the program, fearing they'd be assaulted with tattooing needles. Moreover, the draft evaluation "failed to conclusively determine that the health and safety of staff members, inmates and the general public would be protected by maintaining this program," Day wrote.

But Canadian HIV/AIDS Legal Network spokesman Leon Mar says Day appears "to be reading a completely different document than what everyone else is reading."

"We wanted to see this program run for a full year and then see, publicly, a report that evaluated the effectiveness of the program and then, a decision based on the evidence. Instead, what we've seen is

a minister who has done not a good enough job explaining his rationale and has not made public, or been forthcoming about, the evidence he's used to make his decision to close down the program."

"If the minister has clear evidence, then he needs to do a better job of explaining that to Canadian taxpayers," Mar added.

The censored version of the report, crafted by the Correctional Service's evaluation branch and peer reviewed by the Public Health Agency of Canada, says the initiative was cost effective relative to the public health benefits but could be made even more so by charging inmates \$14, rather than \$5, for a 2-hour tattooing session, and by achieving operational efficiencies through measures like purchasing local supplies (such as ink) to decrease delivery charges.

From a public health perspective, the report states that reducing the risk of infection through sterile tattooing ultimately reduces the risk of infectious

disease transmission to correctional officers and indeed, all Canadians once inmates are released to communities.

It further states that “Taking into consideration the cost of [medical treatment], the STPI [Safer Tattooing Practices Initiative] is cost-effective if one of every 38 tattoo sessions were to result in an ‘avoided’ HCV infection, or if one of every 50 tattoo sessions resulted in an avoided HIV infection. Moreover, the Initiative is cost effective if one out of 248 sessions results in an avoided liver transplant.”

Although Coulter and the correctional officers union opposed the initiative, the report states that a survey of prison staff indicated most (64.8%) felt the pilot made the institution safer. — Wayne Kondro, *CMAJ*

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Post-SARS: more protection needed for health care workers

Four years after the trauma of the SARS outbreak that claimed 44 lives, Ontario health care workers don’t feel a whole lot safer.

“On the front lines, there is still not trust in the system.... No one will let their guard down,” says Ontario Nurses Association President Linda Haslam-Stroud. There is still “a fair bit of concern about the system,” adds Ontario Medical Association President Dr. David Bach.

But the ONA and OMA, along with others in health care, credit the provincial government with having taken some important steps toward improved safety. Funding for local public health has increased dramatically from \$266 million in 2003/04 to \$442 million in 2006/07; the Ministry of Labour has significantly boosted its inspection capability; the independence of the Chief Medical Officer of Health has been increased; money has been allocated for rebuilding public laboratories; and, according to Ontario Health Minister George Smither-

man, the province will spend \$30 million a year on a new public health agency, which will also include the new laboratory.

Still, much more needs to be done, according to *Spring of Fear*, the 1200 page final report of Ontario Superior Court Justice Archie Campbell’s SARS Commission, released Jan. 9. In particular, the report highlights the fact that communication systems have not yet been improved.

have already been acted on — the report doesn’t lay blame. Campbell told the Canadian Press that, by law, he wasn’t permitted to make findings of civil of criminal liability.

Dr. David Walker, dean of the Faculty of Health Sciences at Queen’s University and chair of an earlier expert panel on SARS that reported in April 2004, noted that Ontario’s public health system “had been allowed to decay for decades, and it can’t turn on a dime.”



Canapress

A new report on the SARS outbreak in Toronto 4 years ago highlights the need to value and protect health care workers, and improve communication.

Moving testimony from health care workers, reminding readers of the heroism shown by so many when faced with “the fog of battle against a deadly and mysterious disease,” is a key feature of the report.

But it was an outbreak that didn’t have to happen: “SARS took hold because of a confluence of systemic weaknesses in worker safety, infection control and public health,” states the report. It highlights the communication failures, jurisdictional disputes and lack of effective surveillance and emergency planning that led to the deaths and to the serious illness that afflicted more than 330 other people.

While it makes detailed recommendations for change — many of which

Key priorities now should include ensuring that health care workers “feel valued and protected,” revitalizing and staffing the provincial laboratories and training and encouraging more public health professionals, Walker says. Medical officers of health, for example, have to almost take a “vow of poverty” compared to medical colleagues and must compete with hockey rinks for municipal money, he added.

Campbell says the largest group of SARS victims was health care workers. SARS left 2 nurses and 1 doctor dead, and many others seriously ill. That toll, Walker notes, led to “a coalition of interests,” between health care professionals and the public — a coalition