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Ontario Citizens' Council wants you.

Do you want your voice to be heard? Then we were meant to be together. We're looking for Ontarians from all walks of life to participate in a Citizens' Council to give opinions on important issues related to the government's prescription drug programs. The Council, made up of 25 Ontarians, will meet twice a year for three days at a time and each member will be paid to participate. If you would like your voice to be heard, apply today at www.ontario.ca/citizenscouncil INFOline 1-866-532-3162 TTY 1-800-387-5559

Paid for by the Government of Ontario

Ontario recently began advertising for recruits to a 25-member Citizens' Council that will provide advice to the province's public drug plan on which pharmaceuticals to include in its coverage.

actively new, and many credit AIDS activists with pushing the envelope. Twenty-five years ago, when Ontario was establishing a task force on AIDS and activists sought a place at the table, then-Ontario health minister Larry Grossman is reported to have dismissed the bid with the remark: "We have an advisory committee on cancer and we don't have cancer victims on it." — Ann Silversides, *CMAJ*

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Congo ceasefire brings little relief for women

Sexual terrorism. It's the only way to describe what is happening to women in the Democratic Republic of Congo, according to doctors at Panzi Hospital in the eastern province of South Kivu.

"If you combine HIV and sexual violence in Eastern Congo, this is a condition that is sufficient to affect the whole of humanity, to destroy a whole society, to destroy a whole people, slowly but surely," says Panzi surgeon Dr. Roger Luhiriri.

Although the shooting war supposedly ended with a peace agreement in January 2008, "the war on women continues," says Stephen Lewis, former United Nations special envoy for HIV/AIDS in Africa. That's why his foundation donated another \$300 000 in June 2008 to the Panzi Hospital.

"The wanton ferocity of the sexual violence allows for the frequent transmission of the virus," Lewis adds. It finds an easy passage through women's torn bodies, which are often subject to what Lewis calls "vaginal destruction." Their entire reproductive systems are shredded by attacks with guns, branches or batons, he says. Often, the women are raped in front of their families.

The hospital gives free treatment to about 3500 survivors of sexual violence each year, a third of them children, 10% of them HIV-positive. A 2006 UN study found 50 000 reported cases of rape since the beginning of the conflict, but it acknowledged that number as only a

President and CEO of Cancer Care Ontario Terrence Sullivan.

"There is an increasing recognition that we as professionals can't be proxy for social questions," explains Sullivan, who is conducting research in the area of public participation. "The Citizens' Council is a very explicit democratic input, from a citizen, not a patient, point of view."

The Citizens' Council could be a "very good thing," provided the members have no ties to commercial sectors that could profit from decisions and that the council not simply serve as window-dressing, says Anne Rochon Ford, coordinator for Women and Health Protection, a coalition concerned about the safety of pharmaceutical drugs. "Organizers should be aware that many citizens are getting very disillusioned with their engagement with government bodies, having seen too often that their time was wasted on committees where their input was ultimately not at all evident in final decisions."

The council is one of 2 consultative

bodies promised in the province's 2006 Transparent Drug System for Patients Act. While the Ontario Pharmacy Council was up and running by December 2006, the start date for the Citizens' Council is November 2008. "It took some time to develop a recruitment process to reach out to all Ontario," says Stevenson, explaining the need to balance privacy rules with that of attracting candidates from a representative range of ethnic groups (by way of 55 000 recruitment brochures being distributed to community agencies, and a \$176 500 print media campaign). Candidates will be screened by an arm's length agency.

Stevenson surmises that it will be helpful that most council members will not be beneficiaries of the province's drug plan, which primarily provides drugs for senior citizens and social assistance recipients. "They will be neutral," unlike the UK council, whose members all benefit from the National Health Service.

The concept of citizen involvement in aspects of health care delivery is rel-

small fraction of the total, since most cases go unreported. Lewis estimates the total number at about 200 000.

Lewis wants the UN to double its 17 000 troops in the Congo through the “Responsibility to Protect” principle, which gives the international agency the right to intervene to stop human rights abuses in countries where national governments lack the will or the power to do so. “In the Congo, rape is no longer merely a weapon of war. Rape is a strategy of war, employed to humiliate entire families and communities through their women in order to take possession of resources, or to turn the women into sex slaves,” he says.

The money from the Stephen Lewis

Foundation will go to everything from nurses’ salaries to school fees for the women’s children. One of its most important uses will be to provide more counselling, not just for the women, but also for the doctors who treat them.

“A work day at Panzi is nothing that you can ever imagine,” says Luhiriri, who manages Panzi’s maternity ward and performs about 10 surgeries per week, usually for obstetric and traumatic fistula — tearing in the vagina, anus or urinary tract. “The doctors themselves or the nurses practising have to deal with their own trauma, because at any given time, you could be in front of maybe your sister, your neighbour, your aunt, your friend’s girlfriend or wife,” he says.

“Right now, I care for the physical state of the person, but mental disease is really difficult to care for,” Luhiriri adds.

Lewis says the international community’s indifference to the plight of women in the Congo is the result of simple misogyny. Still, he sees reasons to be hopeful. This spring, the United States is scheduled to put forth a resolution to the UN Security Council to designate sexual violence a security issue. “And although it may be odd to be coming, in some respects, from the United States, it is nonetheless a signal that the issue now has huge international resonance,” he adds. — Amanda Truscott, Toronto, Ont.

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DISPATCH FROM THE MEDICAL FRONT

Darfur: arrival

Two days into my mission with Médecins Sans Frontières (MSF) and it is clear that my body’s Dutch constitution is not yet acclimated to the country of Sudan. The never-ending heat (40 degrees Celsius) reminds me of a hair dryer. There is no escape from the blowing, hot dry air and before long, I am visited by some non-Dutch viruses.

After a night of vomiting, I fainted. Along with the MSF logistician, I was put to bed. I woke up as they were giving me an IV in an attempt to breathe — inject? — some courage into me. While I lay on my thin mattress, looking at the bag leading to the IV in my arm which was tied to one of the bamboo sticks holding up my mosquito net, it dawned on me that my comfortable life in The Hague was, in fact, now a distant dream. ... For the next 6 months, Darfur waits for me.

The original plan was that I would go to a project called “Muhajariya” but because of the unstable security situation, I am assigned to visit a camp for internally displaced persons 17 km from the city of Nyala, where we live. MSF has set up a 6-day-per-week health post there, providing support to pregnant women and people with psychiatric problems.



Médecins Sans Frontières

Midwife Maaïke van Rijn left the comforts of The Hague for a 6-month stint with Médecins Sans Frontières in the Sudan.

I had never been in a camp before and don’t know what to expect.

Our 3-jeep convoy leaves the city. The landscape becomes more and more barren and the heat and warm wind increase. It seems impossible that 80 000 people live somewhere nearby.

We pass through 2 checkpoints. As a foreigner, you need a permit (renewable weekly) to enter the camp. Past the

checkpoints, some straw huts appear.

Now hut is actually a big word. Some of them have only 1 wall still standing or a piece of ripped plastic roofing, tied to a stick, now flapping in the wind. Some people try to find shelter under just a piece of plastic. Farther on, women and children with jerry cans surround a big water pump. A large portion of the camp is empty. I am told 20 000 people fled after fighting broke out. I can’t imagine where the people have gone.

The clinic is located in the middle of the camp. I am quickly surrounded by large numbers of pregnant women dressed in brightly coloured clothes. I soon forget that I am in Darfur, in a camp with nothing, and with people who have nothing and are merely trying to survive. Driving back, I again feel all the way down to my toes why I wanted to be here. — Maaïke van Rijn, Nyala, Sudan

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CMAJ invites contributions to Dispatches from the medical front, in which physicians and other health care providers offer eyewitness glimpses of medical frontiers, whether defined by location or intervention. Submissions, which must run a maximum 400 words, should be forwarded to: wayne.kondro@cma.ca