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The humblest Citizen of all the land, when clad in armour of a righteous cause, is stronger than all the hosts of Error. - WILLIAM JENNINGS BRYAN

## What's this? Perfectly pathetic pandemic planning?

OF ONE THING we're confident. Since experience elsewhere (particularly in the southern hemisphere) indicated strongly that the H1N1 virus that reached humans from Mexico's swine population last year was causing a world-wide pandemic that would hit Canadians sometime this fall, the best means of minimizing deaths and serious illnesses would be to have enough vaccine available for the entire population in timely fashion.

With that knowledge, Health Canada worked out a deal with pharmaceutical manufacturer GlaxoSmithKline Inc. (GSK) to provide 50.4 million shots of vaccine that would be made available once it was appropriately tested and approved.

Initially, the main controversy was over whether the vaccine should have been available for mass immunization sooner than the planned date of mid-November.

That controversy died down when the approval came sooner than expected, and GSK had already shipped out enough of the vaccine to the provinces to allow vaccination of health workers to start last week.

The second controversy, stemming mainly from wild claims on the Internet, was over whether the vaccine was really safe or necessary. The resultant confusion led to opinion polls suggesting that at least half the population had decided not to get the shots.

That controversy suffered a quick death last week with the news that two healthy young Ontarians had already died from the virus. By the time the first clinics opened for those perceived to be at high risk (young children, pregnant women and those with chronic respiratory problems), it was replaced by one over the incredibly long lineups

at the few open clinics, especially in Toronto, where only about 10,000 of the 2 million residents had been vaccinated by Saturday morning.

Controversy #5 emerged at the weekend with the discovery that only a trickle of vaccine would reach the provinces this week, thanks to an instruction GSK received in mid-October to produce about 1.8 million doses of an adjuvant-free version of the vaccine perceived by some (albeit not the World Health Organization) to pose fewer risks of side effects to pregnant women. Suddenly, public health agencies in Ontario that had expected to get 1 million doses of the vaccine were being told to expect no more than 170,000, and plans for clinics to open for the general public were put on hold.

At this point, we suspect we're not alone in feeling that the overall planning to combat the pandemic has been perfectly pathetic at just about every level, and that a full-fledged public inquiry into the resultant chaos is essential.

At the federal level, we need to be told what circumstances led to GSK halting mass production of the vaccine-plus-adjuvant. Was Health Canada not told that it would disrupt the production? Did the deal with GSK prevent the 1.8 million doses of adjuvant-free vaccine being produced by another drug firm?

Perhaps more importantly, should not the important task of producing vaccine against a pandemic not have been assigned to more than one drug house? (Even if the work was tendered, it could have been shared 60-40 by the two top bidders at minimal added cost to the taxpayer.)

At the provincial level, the overall planning seems to make little sense when one considers the massiveness of

the immunization plan, the need for most if not all Ontarians to be vaccinated, and what is known about both the virus and the vaccine.

Unlike the ordinary seasonal flu, the "swine flu" has long been known to deal potentially deadly blows to healthy young children and adults in their prime and appears to be less of a threat to seniors who may have developed immunity over the years.

And unlike the seasonal flu shots, the H1N1 vaccine is delivered in bottles which when opened must be used quickly, making it unlikely that much of the vaccine will be ordered by doctors who aren't in large clinics.

In the circumstances, we're inclined to agree with Christine Elliott, who as Progressive Conservative health critic told the Legislature last week that flush-shot clinics should be in the schools and some clinics for the general public should operate on an around-the-clock basis.

As we see it, school clinics would be particularly valuable as the best means of targeting the younger age groups and minimizing the spread of the virus.

Perhaps the most glaring error we've seen is the absence of any provincial contingency plan to deal with potential public panic. One might have thought it possible in this era to have devised some means of preventing long line-ups. In the absence of a Web-based appointments scheme, there should at least be pre-printed cards showing the holder the time frame during which the clinic would handle the particular bloc of 100 or so applicants.

Locally, we remain mystified as to why clinics aren't planned at locations with ample parking, such as Orangeville Baptist church, and why no public clinic is planned in Shelburne until November 17.



## A uniform proposal

SOMETHING HAS BEEN MISSING in Dufferin's parades, be they next Wednesday's Remembrance Day marches, the Santa Claus parades coming sooner than some would like, or Shelburne's famous Fiddle Parade.

That something is a local marching band. Half a century ago, most Ontario towns and villages boasted a citizens' band. Shelburne had one until the early 1960s, and even Hillsburgh had one back in the mid-1950s. Orangeville, for some reason, had a band only sporadically, perhaps because the town couldn't find a bandmaster who stayed at the job more than a few years.

But today, thanks largely to the efforts of two men, Orangeville has a Community Band with more than 50 players, who this week demonstrated an amazing ability to perform some truly challenging works flawlessly and wound up their Remembrance concert Sunday with a rousing rendition of John Phillip Sousa's Liberty Bell March. The band's performance was truly spec-

tacular for a group that wasn't even in existence three years ago.

Although the achievement clearly reflects many weeks of rehearsing, much of the credit must go to conductor John Wervers, who over the years has trained bands at Dufferin's three high schools, and the band's president, trumpeter Stan Elliottson.

At one point in Sunday's program, emcee Rev. Harvey Self asked Mr. Wervers, perhaps rhetorically, when the band was going to go out on parade.

Although there's no question that most, if not all, the players could oblige, no one should expect them to parade without uniforms, the cost of which would be far beyond reach for such a volunteer organization.

In the circumstances, we think Dufferin County and the Town of Orangeville ought to step up and offer to match contributions to a public fundraising campaign, with the objective of having the band in a position to march down Broadway on Remembrance Day 2010.

## CITIZEN MAILBOX

### 'No evidence links D&D to societal violence'

On 29 October, an article by Wes Keller dealing with a local homicide from the 1980s suggested a link to the Dungeons and Dragons (D&D) role-playing game. I want to acknowledge the heinous nature of that crime and communicate my heartfelt sympathy. However, I am compelled to take specific issue with Mr. Keller's characterization of D&D gamers.

During the 1980s many D&D gamers became the subject of suspicion due to a media-created and media-fueled moral panic surrounding the game. In the complete absence of empirical evidence, television and newspapers along with more fundamental sectors of the Christian Right, promoted a culture of fear and ignorance over D&D. Simply for sitting at a table rolling dice with their friends, the media inexplicably labeled gamers as social deviants and Satanists.

### An open letter re: hospital

The following letter was addressed to Sylvia Jones, MPP, Mayor Ed Crewson and Cholly Boland, CEO of Headwaters Health Care Centre

Re: concerns re the closing of Shelburne Hospital

This will be a very sad day for residents of Shelburne and surrounding residents if our Shelburne Hospital closes. This was and is a very well run hospital, and for me it was my life saviour. If it hadn't been for the compassionate care, love and rehabilitation, I believe, truly, that I would not be here today. The RNs and staff helped me overcome many obstacles and to undertake Physio rehabilitation for myself and many others. It is a facility not only for rehab but for others to spend their final days in comfort and with privacy.

We are aging population here in Shelburne, who need this facility for x-rays and blood tests and a clinic with a doctor look after the aged and the young.

You are suggesting facilitating these people with needs in Orangeville Hospital, but don't you think that it would be much wiser to give these beds to people who are on a list for other emergency treatments and surgeries and whose stay is short term?

I can't see that there would ever be the rooms to keep long-term patients as they say that

Although Mr. Keller carefully steers clear of such explicit labels, his article draws implicitly on stereotypes taken from dated and unsubstantiated sources from the 1980s. I'm curious, does Mr. Keller have any new research or insight on this matter, or is he satisfied recycling tired, old, long-debunked arguments?

Mr. Keller shamefully crosses a line when he analogizes D&D gamers to the military. D&D gamers are not trained to kill and do not advocate war or violence of any kind. Suggesting that a game disposes an individual or group to a particular set of behaviors is outright wrong and totally offensive. That is the type of blinkered, knee-jerk, ignorant, journalistic rubbish that started the moral panic over D&D in the first place. If anything, the game highlights the importance of social interaction, co-operative play, and provides an

there isn't enough space now, and that they also close down rooms on weekends, if possible, to save money.

I am not putting down the Orangeville Hospital, as I, too, stayed there and had nothing but the best of care, but believe me, they hardly have time for regular duties, never mind caring for people who are bedridden or have to be assisted in personal care, or for those that may have suffered a stroke and need help with brushing their teeth or hair and to clean up messes that can't be helped by the very sick.

I watched and received all of this necessary care at the Shelburne Hospital, along with many others who can vouch that they had tremendous care for themselves or for their loved ones, and yes, some did pass on, but others, like me, flourished.

Create this facility into a place where you could also receive other tests and inoculations for what ever reason.

It is not the most lavish institution, but it certainly accommodates patients and meets their needs for palliative care and rehabilitation.

Come on people, let's get together and sign these petitions that are being passed around and we can make a difference.

Joan A. Ferguson  
Shelburne

opportunity for personal expression much like art, literature, or music.

Millions of people — university professors, medical doctors, lawyers, technologists, and artists in countries like Canada, America, Britain, Spain, Germany, and Australia — play D&D every day without incident, without violence. If D&D promoted random acts of violence, as the article implies, an exhaustive public record should exist given the almost 40-year history of the game — no record exists because there is no correlation between the game and societal violence.

Again, I want to restate my sympathy for the atrocious act committed 25 years ago. My comments here are directed specifically at Mr. Keller's representation of D&D gamers. With regard to the issue of D&D promoting violence he concludes his article by stating, "The debate continues." The point that Mr. Keller fails to understand is that given the complete absence of empirical evidence the debate on this issue ended two decades ago.

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St. Catharines, ON

I cannot believe in this day and age we still get articles blaming violent crimes on an association with role-playing games. While what happened 25 years ago was a tragedy, this is not in dispute. But what is troubling is this constant association.

Let's begin with the experts, and no this does not include Dr. Thomas E. Radecki. His credibility was suspect from the moment he entered this fray. My own home state of Illinois even

### 'Think about what each writer is fighting for'

Re: "YMCA 'achievement' said to be an asset to all," (Oct. 29):

In his latest Highland Companies press release, Mr. Daniher unthinkingly stated that had I been at the Oct. 15th Council meeting I would have been more informed. Mr. Daniher will note that I never claimed to be present and clearly stated that I was "appalled to learn" of his actions at that

revoked his license. I dispute his claims on every case.

The experts, the real experts, all agree. Role-playing games are a creative outlet for intelligent minds. They actually help children become more social, learn math skills (I have used them in classrooms to demonstrate practical applications of probability) and increase reading comprehension. Even journals of the Christian Right have shown that there is zero links between D&D and crime or violence.

Your article would have been interesting if this were still 1984. But in 2009 we have had a Vice President that plays D&D (Al Gore), a Hollywood mega star (Vin Diesel), Matt Groening, Stephen Colbert, Wil Wheaton, and that is what I can recall from memory.

Again, I do feel deeply sorry for the family. To link the murder of children to a game is mind blowing. To continue to make the same error 25 years later and not put it into the proper context is just as bad and shows we really don't learn anything.

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Educator, Father and Avid Role-Player of 30+ years.

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meeting. If Mr. Daniher was a part of our community he would know why I had not been present, but he is not.

The gallery of friends and neighbours in attendance clearly reported what had occurred. Mr. Daniher stated the name of a Melancthon citizen and that he was aware of their opinion given to YMCA as well

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### Planning, reality are far apart

Federal Health Minister Leona Aglukqaq is reported to have blamed GlaxoSmithKline Inc., the H1N1 vaccine producer, "along with the panic," for the supply shortage that's already gripping the country after only one week.

I prefer to blame the minister for not having considered all the factors that should have been taken into account in the planning.

Remember, it's the federal planning that filters down through the provinces to the local public health units.

Based on an interview with Wellington-Dufferin-Guelph health unit (WDG) last week, two fallacious assumptions in planning stand out: first, that the number of people seeking vaccination could be related to the number vaccinated for seasonal flu at past clinics; secondly, that people generally would respect the greater needs of the high-priority categories.

Both assumptions overlook the significance of the panic factor. The minister and her departmental "experts" might have been better advised to have consulted an advertising agency in an effort to determine what demand to expect for the vaccine.

The next factor to be considered would be how much of the demand could realistically be expected to be met quickly, given that production had barely been started.

As there couldn't possibly have been an immediate supply available to meet panic demands, it should have been up to the government to ensure that the greatest needs were met first.

The priority list, simply stated, would be: Those who need to have the vaccine; those who should have it; and those who could have it.

Okay, it had been known for several months — based in part on southern hemisphere experience with H1N1 — that the top priority should be pregnant women and young children over 6 months of age.

WDG outlines the priorities on its website [www.wdghu.org](http://www.wdghu.org). The WDG's voluntary priorities reflect what the U.S. Centre for Disease Control and the World Health Organization had been saying for several months before we heard a public peep from the Canadian health authorities.

The federal minister and GlaxoSmithKline should have taken into account that pregnant women needed to be treated ahead of all others, and planned production of the vaccine accordingly. Instead, production began with the adjuvant-added vaccine for the general population, and that was interrupted to produce the stuff

without adjuvant, based on a suspicion that it would have fewer side effects.

I think every pregnant woman had a doctor of some kind. Would it not have made sense for those doctors to have been provided with the adjuvant-free vaccine prior to making the stronger stuff available to the general public? And, in that vein,

would it not be better to have the women treated by their physicians, rather than stampeded to clinics?

Let's consider the voluntary nature of the clinics. It's fine and dandy in one sense that no one apparently is to be forced to take the vaccine, yet the other side of the coin has the ominous image of some children dying because their parents refused to let them be vaccinated — or because there was no vaccine for them as supplies dwindled as a panic-stricken lower-risk public got there first.

Call me crass, cold-hearted, or throw in a bit of profanity if you will, but I was horrified to view the long queue of low-risk adults standing for hours in line ahead of some high-risk children and possibly pregnant women when the Orangeville clinic opened this week.

What in blazes were the low-risk adults doing there? And what were high-risk children doing standing among potentially already infected adults at a public health clinic?

If the priorities are valid, they cannot be voluntary. The authorities should have taken charge of the possible emergency and supplied physicians with vaccine for pregnant women and pre-school children, and public health nurses should have been sent to the schools with vaccine for the children there.

They used to do it that way. Why not now?

And a word on supply: Faced with a pandemic panic, what kind of logic did the federal government apply to its decision to single-source the vaccine?

Just for a moment, because it is that time of year, consider what would have happened in 1939-45 if our government had decided to single-source all the tools of war.

In a sense, we are in a war against the pandemic H1N1 virus. I believe we shall win this war — but only if the health authorities at all levels wake up with clear heads, consider all the factors involved in the fray, and readjust their planning to reflect reality.

