Opinion

USKO

Introducing Marjorie Armstrong

BY PAULA BOON

Marjorie Armstrong has seen huge changes in her life and weathered many storms.

Growing up, she lived above a feed store on Main Street located where Plum Loco is today.

"I remember the first time they paved Main Street," she says. "It was in the '30s. We watched from our window. They had to dig it down, put gravel in and then use a steam roller over top of it. Before that, as far as I can remember, the street was clay with wooden sidewalks. The paving was a big deal.'

Armstrong also has happy memories of walking up the street to Huntsville Public School and stopping outside a blacksmith shop to watch horses being shod.

She says into the 1940s Muskoka Wood still delivered kiln-dried wood by team and wagon, and one of the highlights of spring was the appearance of "horse buns" (manure) with birds picking at them after the snow melted. "It was one of the smells of spring," she says.

After completing Grade 13 in Huntsville, Armstrong went to southern Ontario as a "farmerette" during the Second World War. "Lots of girls did that," she says. "Afterward I got a certificate from the premier of Ontario saying that I had helped the war effort. I still have it."

When the war ended, Armstrong started her nurse's training at St. Joseph's in Toronto. When she returned home due to back problems, her troubles began.

Armstrong became concerned about her mother's behaviour and odd treatment of her and was surprised to find out her mother had been to the doctor about sending Armstrong to the North Bay Psychiatric Hospital. After an interview with a psychiatrist, Armstrong was admitted to the hospital. "Why, I don't know," she says. "I told him, 'There is something wrong at home,' and he completely misunderstood me.'

After being discharged, Armstrong continued to take tranquillizers and antipsychotic drugs that had been prescribed to her. "I had been taught as a nurse to follow the doctors' instructions, which

I did," she says. "I was drugged for decades, addicted and incapacitated. By age 43 I could no longer work.'

In the '70s Armstrong had a severe reaction to the drugs. "I was out of my mind for 15 days and doing the most bizarre things," she says. Then, frustration obvious in her voice, she adds, "It's ridiculous because there was nothing wrong with me. The drugs gave me any symptoms I had of mental illness.3

Until 1989, Armstrong continued to live with her mother and brother. "My life was a nightmare," she says. "My mother had a big imagination and was constantly complaining to the doctors about me. She never let up on me. It was so much to-do about nothing!'

In 1989, Armstrong finally left. "I packed my bags and

got out," she recalls.

Armstrong knew nothing at the time about applying for welfare or where to find other kinds of support, but she did know that she didn't want to be medicated any more. "I decided to stop taking the pills. The withdrawal was terrible," she says.

Still, Armstrong made it through. "I started to get re-educated and re-trained, updating and upgrading my nurse's training," she says. "I had to be resourceful. If I hadn't been, I wouldn't have made it. My

sense of humour also helped me." Armstrong also learned about business selling knitted wares, preserves and jam at the farmer's market in South

Unfortunately, ill health plagued Armstrong, as did landlord problems. Now happily settled in an apartment and regaining her strength, she is working hard to raise awareness of problems with the health-care system.

Although it is disturbing to recall all her past troubles, Armstrong hopes that her story will inspire those experiencing hard times. "When you consider where I am now, it's incredible what I have been through and inexplicable how things are straightening out and back to normal," she says.

Thanks to Jenny Cressman for suggesting that Marjorie Armstrong be profiled.

LETTERS

Shelter proponents should get all the facts before speaking out

CONTINUED FROM PAGE A6

reference to on a professional level.

At the risk of sounding immodest, I went through an education process of 11 years of university studies in the fields of animal biology and comparative physiology as well as veterinary medicine studies. I received numerous grants during my time in university from the National Sciences, Engineering and Research Council of Canada (NSERC) for studies relating to, among other things, the physiological changes that occur in animals living under stress. I was one of three Canadian recipients of the coveted Geraldine R. Dodge Foundation bursary for studies relating to the advancement of understandings with regard to the humane and ethical treatment of animals. I have taken many bioethics courses and I have been an expert witness in testimony regarding the neglect, abuse and inappropriate care of companion animals for the OSPCA on multiple occasions. I have been a primary care physician for animals obtained by the OSPCA in removal situations in more than the just the region of Muskoka. I deal with animal-related issues every day of my life. I am indeed, educated and very well informed regarding the issues surrounding the animal shelter of Huntsville.

The shelter would have the public believe they have received "outstanding marks" from the OSPCA, the OMAFRA and anecdotally some visiting veterinarian to the area and that the most recent reports from the aforementioned agencies are without blemish. I am not privy to those reports, but I do know that those members of the public

who are calling for the town to be transparent should be asking the same of the shelter. It is the shelter that needs to release the contents of those reports to the public. And to be clear, I think it prudent to inform the public, before it is manipulated too much further, what exactly the OSPCA and the OMAFRA have jurisdiction in regard to, especially as it applies to a privately run animal shelter. In a nutshell, the OSPCA is handcuffed by legislation that is extremely limiting and very frustrating for their inspectors, although recently Ontario's legislation has improved modestly in comparison to some other provinces (having previously been ranked as the weakest in the entire nation).

The OSPCA is only able to "do something" if the animal in question is devoid of water, food or shelter, or has obvious external injury or signs of abuse. Its jurisdiction is extremely limited in situations of shelter management and disease. The OMAFRA also has limitations on their jurisdiction. There is question, and rightly so, as to why the shelter will not release the results of those investigations in their entirety. The only mention is that one of the first inspections led to a report on how to change operations and was deemed as "irrelevant" by the shelter board in their press release. How so? The operations of the shelter are at the core of the issues both present and past.

My wife was shelter vice-chair only a few short years ago. Three of my former staff were also board members, two of whom for very long periods of time. These points have not been acknowledged by the shelter. The town bylaw enforcement officer, Barb Mooney,

who has been scathed so aggressively by the shelter, was on the animal shelter board for almost 20 years, from 1989 until only a few years ago, and sat as chair of the board for many years. Another staff member was one of the true driving forces for the shelter for over 10 years, a fundraising machine, and she too was ostracized. My present office administrator, Ellen Crockford, was instrumental in the creation of the animal shelter as a tireless fundraiser and operations aid. You may ask why these people are no longer involved? The shelter would have you believe these individuals do not care and that they have turned their backs on the shelter and all the animals in need. Nothing could be further from the truth.

I encourage all of you citizens who are so willing to write such strong words of support for the shelter, and against those trying to make change, to educate yourselves thoroughly before making assumptions and especially before putting your words to print. After all, ignorance is the basis for intolerance. Ask yourself and your community, why it is that the board members rarely change hands? Why is it that the non-core members of the board such as my wife (although vice-president at the time), are not included in critical decisions? Why is there such distance between the veterinarians of our community and the shelter? Why is it that historically only one veterinarian has consistently been able to continue a relationship with the shelter when we have numerous veterinarians in the region?

Why do animals coming from the shelter

continue to have such poor medical records accompanying them after adoption, with improper, incomplete or inappropriate vaccination and medical schedules associated with them? Why are huge amounts of funds used on individual animals, especially those with life-limiting, chronic and painful conditions? Why does the shelter continue to dismiss the fact they need to operate from a population medicine perspective? Why does the shelter shirk its responsibility as an integral component of the community when it comes to the pet overpopulation and transmissible disease issues? Why are there cats living in the shelter for many months or years at a time? What kind of life is that?

So, in the end what concerns me most is not that my name got dragged into this or that I have been misquoted or even misled. It is not that the shelter may not have the town contract for impoundment services for dogs. It is the apparent willingness of so many to speak up but not actually do anything. People will continue to suggest I went about things the wrong way, that I should have taken my concerns directly to the shelter. I chose to call on the town as nothing has happened when I addressed the shelter for years on a multitude of concerns. It is good so many people in our community are talking about this now. Talk can lead to change. All we need are some truly inspired people. As many people have pointed out, who really stands to suffer? The abandoned, stray and lost pets of our community, most would say. I do not disagree.

Veterinarian Jason McLeod

Let's hope next year's G8 diplomats do not need any hospital care This past week there was an incident at for Barrie. Again, he was not able to keep

the Huntsville Hospital that made me realize our hospital is leaving itself wide open to the critics of the world.

On April 23 a 50-year-old male from Novar was taken to the hospital suffering from cancer. At the end of January of this year he was not feeling well and was seen by his doctor, who then sent him to the hospital. The patient was given a CAT scan, was told he had lung cancer and was booked for an appointment in Newmarket for a further biopsy on his liver.

Waiting a number of weeks and getting weaker, he then said he could no longer keep the appointment. His state had weakened tremendously. The physicians then stated the next appointment would have to take place in Sudbury, which is significantly farther from the patient's home.

The appointment never took place. He was then told there would be a date set

that one because of his deteriorating state and the long initial wait time. He had an appointment on Thursday, April 23 with his doctor. He was not able to keep it. The doctor had said for a few weeks that he should be in the hospital, because of the lack of food and drink, along with a large weight loss. The patient was being helped by three of his friends as much as he would allow. Missing the Thursday doctor's appointment he was then told he should go to the hospital. He agreed. The ambulance was then called. After a two-hour wait he was transported to the hospital. Two of us accompanied him there in our own vehicles.

After arriving, the doctors were awhile checking him. I left for a short time and on my return asked for his location. The nurse told me the doctor was with him and I should speak to the other friend who had accompanied us, who was now in a gown and in another cubicle, but was not the original patient. A nurse had spotted her and felt she needed attention too. During the checkup the doctor wanted to admit her as she was worn out from the attention she had been giving to our sick friend.

The doctor completed the check of our sick friend. I was told he should go home. I then stated that he had no one to look after him. The doctor said he could not stay as there were no beds. I then inquired about sending him to Burk's Falls. The answer was the same: no beds.

After talking to two doctors, it was agreed he would spend the night in the hospital and go home the following morning. He spent the night in the emergency cubicle. The next morning, on checking, I found him in the day surgery recovery room. They had found a bed. This patient was coughing with a showing of blood and they still insisted he was to go home. I objected and had a talk

with the nurse in the room. He is now in a room on the second floor and at writing, is still there.

With this big meeting of the G8 nations that is coming to Huntsville, it would seem that the stimulus money and the plans for many other projects are not as necessary as our health care. We need some important things such as a trauma centre, a lot more beds for the care of our own and also our tourists. The doctors and nurses do a good job with the red tape they have to work with, not to mention the shortage of beds we all have to endure.

Let us hope that all diplomats from other parts of the world do not need hospital care while they are in town. Our problem would be wide open to the rest of the world for critics to talk about. Our health care needs to be examined.

> **Victor Cormack** Huntsville



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