

# Opinion

## MUSKOKA MOSAIC

### Introducing Mike Yale

BY PAULA BOON

Mike Yale has dedicated his life to making things better for marginalized people.

"I'm very political," he says. "If I have a defect, it's that I take things too seriously. I probably don't laugh as much as I ought."

Born in Hollywood, California, Yale was blinded in an explosion at age five. When he returned home after a year and 30 surgeries, the doctor told Yale's mother to encourage independence. "He said to let me make mistakes, even if I got hurt, and she did," he says. "My mother was a phenomenal woman."

In one of the first integrated school programs for blind children, Yale learned side by side with sighted classmates, excelling as a public speaker and member of the debating society. He also played classical piano before audiences of up to 5,000 people. In his teen years, his interest shifted from Beethoven to rock 'n roll, and today he has a 3,000-record collection to attest to his continuing love of music.

Yale spent the early 1960s at Berkley, majoring in journalism with minors in political science, history and comparative literature. He also became involved in the civil rights and anti-war movements – and found true friendship. "The hippies were the first group who accepted me for who I was despite my blindness and the scars on my face," he says. "I consider myself a hippy to this day."

After college, Yale travelled in Russia and Europe, then decided to leave the US permanently to protest against the Vietnam War. He moved to Toronto and began studying law at Osgoode

Hall. Although he decided not to write the bar exam, Yale says he's used those studies in many ways.

Over the next 20 years, Yale had many different jobs ranging from dairy and pig farmer to radio show host to investigator for provincial and federal human rights commissions. He also wrote a book called *No Dogs Allowed* about his European travels. The sequel, *Golden Reflections*, was recently accepted by a small Toronto publisher.

In 1986 Yale and his then-partner bought the Huntsville Pet Shop and ran it for about three years. Ever since, work has been sporadic and typically required a commute to Toronto, like his five years at the provincial information and privacy commission. "It's tough to get work," he says, noting that the unemployment rate among blind people is 75 per cent.

Yale has been very involved in this community. He was chair of the Accessibility Advisory Committee, served on the library board, and participated in the Visually Impaired Peer Support group.

"Blindness is a total pain in the butt, but it's not that bad," he says. "Life doesn't end. There's always a way to accommodate your disability."

Since his ex-wife Doreen returned to England a year ago, Yale has been living alone with his guide dog Narella. However, that



changed earlier this week when he moved to Toronto to be with the new love of his life. "Marcia brings me such joy," he says.

There's another reason for Yale's move: it will make it easier to continue his work as co-chair of the Ontario Disability Support Program Action Coalition. "We are trying to get McGuinty's government to live up to the promise he made to develop a comprehensive poverty reduction strategy," he says.

Yale explains that the provincial disability pension is less than \$1,000 a month. "Nobody can live on that," he says. "Even if they raised it to \$1,460 a month, it would only put recipients at the poverty line. There's so much wealth in this country,

there's got to be a way to make sure everyone has enough to live reasonably."

After 22 years, Yale will miss Huntsville. "I know everyone here and have a whole network of friends," he says. And he has a message for those staying behind:

"Protect the lovely, quaint character of this town. Don't turn it into just another nondescript another place on the highway, and don't let the politicians decide everything. Take an interest, get involved and protect what you've got."

Thanks to Harry Wahl for suggesting that Mike Yale be profiled.

## LETTERS

### Local doctor says patients will suffer if lab services shift

There is no doubt that Gamma-Dynacare will be able to perform laboratory tests on samples collected from Muskoka in a professional manner with up-to-date equipment, communications and controls. As a user I will clearly be able to trust the information that we receive. The issue with a change in our Muskoka laboratory services is not about quality of work. The issue is our ability to make useful interpretations of lab studies obtained.

There are those who are concerned that transportation of specimens from Muskoka to Brampton for testing will be disrupted from time to time due to weather. This is clearly going to happen on occasion. At the same time we have in the past had disruption of local service because of machine break downs. We have always been dependent on transportation of specimens to other locations for tests not routinely done in our local laboratory. These are often delayed longer than our southern, big city neighbours are used to.

What we have had locally for some 20 years is a truly integrated laboratory result network. While the rest of the province suffered in a patchwork of laboratory services not communicating with each other, we in Muskoka have had access to almost every laboratory result obtained either through your family doctor, the emergency department, while an inpatient or after seeing a specialist.

We have not had to go to each of these varied locations to obtain the laboratory history. It has been stored in the hospital's laboratory computer just waiting for us to request the test history of an individual. Now this might not seem like much to some, but for those of us who must interpret the results of tests it has been very special. Many of you may not realize that there is no such thing as a normal test.

There are test results that may lie within the normal range, but for each and every one of us there is a specific normal for any test. This normal can only be determined by reviewing results over time. At our Muskoka Emergency Departments there has been much better interpretation of urgent laboratory results because we always get to see your previous results. Those who come to Muskoka from the city and have no local history do not get the same service. We know when your ECG has changed because we have a copy of the one you had done at our family doctor's office last fall stored in our hospital laboratory.

So what will be lost in downgrading our local outpatient laboratory services to the provincial model? You will lose integration. We can search the hospital computer, both your family doctor to look up all your results, call and send release of information forms to Gamma-Dynacare to get your previous profile. But all of this takes time,

money and is annoyingly difficult. In the end when you are lying on a stretcher in the Emergency Department on the weekend when all these offices are closed with a normal or abnormal result that may or may not mean something in the correct context there is only one person who will suffer. It won't be Gamma-Dynacare, the hospital administrators, the LHIN executive, the nurses or doctors who worry about you. No, only

you will suffer.

Oh, and by the way, the province-wide integration of laboratory services that we all hope will come our way will be happening in the larger centres first because of volume, fibre optic cable and density of customers. We will move backward for some time before we see any real integration again.

Brian Murat MD, FRCPC  
Huntsville

### How can Gamma-Dynacare walk off so easily with testing contract?

I read the article announcing the decision to award the contract to provide lab testing services for Muskoka and Almaguin and your editorial and was struck by several points.

First, the lack of due diligence on the part of the MAHC, the LHIN and the Ministry of Health in arbitrarily awarding this contract is stunning. Not one word was mentioned about tendering the contract, getting at least three bids or proposals, or doing a cost comparison with the service already provided. Yes, we know it is costing \$150,000 annually, but what will Gamma-Dynacare's services cost? Will it be less than \$150,000? We have been given no information on that. What we have been told is that no due diligence and no tendering process occurred.

Secondly, we have been told that all this was decided after a cosy chat with all parties includ-

ing the contractor bidding for the job. That would be illegal in municipal or provincial institutions. They are bound by strict rules of tender and trust which do not include the possibility of favouring, coaching, or conspiring with a bidder to award a contract. Do these ethical principles not apply to the Ministry of Health? I would like your paper to ask each one of these bodies that question and the following.

Third, who are the principal shareholders of Gamma-Dynacare? Since they appear to be making decisions on our community's health-care future, I would like to know who they are in detail. And besides, since they apparently have such a sweet deal with the Ministry of Health that they don't even have to bid on contracts, perhaps I should get me some of their stock!

Celia Finley  
Burk's Falls

### A call for change in hospitals

I read with interest how the hospital is cutting the lab services. It seems we are on a path of more and more cuts for the next decade or two unless we take a different approach.

A different approach could be something like this. Firstly, most people, if pushed, apparently would rather travel further to a great hospital than go to a hospital nearby if they thought it was not so great. If that is correct, then we would be better off with one great hospital in Muskoka rather than the current two not-so-great hospitals.

Secondly, there are ways to build a great new facility that could offer a wider range of health services and be less costly to operate than the current two old facilities (no matter how well our board, administrators and medical staff operate these current facilities).

So here is the catch. Apparently there is not the vision or political will in Muskoka to take on something like this, on the belief that people would never let these old hospitals be closed no matter how many services get cut over the next decade or two.

However, we have a window of opportunity to test this.

We have a G8 Summit here in two years' time.

Could we build a great health-care facility by then to not only show the G8 that Canada still has great health care services but design it for our rural cottage and retirement community in Muskoka?

Could we do it with space for alternative health care, with affordable housing nearby plus have sports and recreation opportunities (to impress the 2010 Winter Games people as well)?

Could we make it all world class to meet our needs for the next few decades so we don't have to worry about the next round of hospital service cuts?

The Chinese apparently built a hospital in eight days to deal with SARS. Could we build a true rural health centre in two years?

I guess I have gone too far. It means we would need a vision and buy-in from four levels of government in Muskoka and that will never happen - ah!

I guess we don't have time for a vision and we just have to hope the G8 journalists don't visit our health-care services.

Stuart Morley  
Gravenhurst

### Town needs condominium bungalows

An open letter to Huntsville town council and builders.

My question to you all: Why do we not have an active adult community with condominium bungalow homes in Huntsville?

There is a great need in this area for such a development.

Some examples are: Ridgeway by the Lake, Niagara; Bridges of Seaford, Stratford; Sally-creek, Woodstock; Watermark Living, Orangeville; and the ones in Bracebridge and Orillia.

A lot of seniors are ready to down-size, but not to an "apartment-style" condo. We are looking for one-floor plans, with about 1,500 to 2,000 sq. feet with double car garages. Perhaps even a salt water pool and community centre could be added.

There are a huge number of us retirees who want to still live in Huntsville, Muskoka area, and cannot seem to interest the builders here in condominium bungalows. They seem to be into

large homes or apartment-style condos.

Many of us retirees have large homes on the lake and are looking to downsize. We do not want to buy another large home, nor do we want to go to apartment-style living. We want our own bungalow but in a condominium set-up as many of us are not here in the winter. This lifestyle is growing in all other parts of Ontario but not here!

I feel this town is missing an opportunity in not developing an area for seniors to live. Many of us have supported Huntsville all of our lives, and now have to move elsewhere to get this accommodation of condominium bungalows. There is a huge market here and you are missing the boat.

Huntsville is growing and it is time to start thinking more like the towns south of us. It will give people of all ages something to look at in the future.

Bob and Carol Burrowes  
Huntsville



## HEALTHCARE HEROES

Huntsville District  
Memorial Hospital Foundation  
100 Frank Miller Drive  
Huntsville, ON P1H 1H7  
Tel: (705) 789-4756



### Midas Muffler

In August, "Midas Muffler" ran a BBQ and silent auction fundraiser to support the ongoing needs of Huntsville Hospital.

Manager Brian O'Neil presents a cheque for \$1,000 to the Foundation Executive Director, Debi Davis. (missing from the photo, owner Ray O'Neil).

Thank you to the staff at Midas and all their customers for taking the time to make a difference.

If you are interested in holding a fundraising event to support your hospital, please give the Foundation a call. There is a guide to help you with your planning.

### Huntsville District Memorial Hospital Foundation continues to support:

- Huntsville District Memorial Hospital
- Fairvern Nursing Home
- Burk's Falls & District Health Centre



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