



OPEN BOARD FORUM
Thursday, September 28, 2018
QUESTIONS & ANSWERS

- Q.** What are the results of the Study the board has done looking at the negative Health Effects caused by Electromagnetic Radiation including Wi-Fi.

In November 2015 I made a presentation to the board in Sidney asking from the board and or staff to look at the negative health effects caused by electromagnetic radiation in the environment including Hospitals. The board informed me a committee would be set up to look at the subject. A year later I asked about the progress the committee looking at the matter has achieved, Apparently the committee had not been struck yet. And I was promised someone would get back to me on the matter; I am still waiting for someone to get back to me on the matter. At other times I when I contacted the board secretary re the subject I was asked to send in some scientific papers on the subject for the committee to look at. I and a number of others have sent relevant published scientific papers on the subject. A recent FOI request to see what papers had been retained for the committee to study and what additional ones had they acquired result in an answer that they had no papers on the subject.

What has happened to the papers you were sent?

I note that the hospitals on the north end of the island have added Wi-Fi since I raised my concerns and now the hospitals on the south end of the island are adding Wi-Fi. Is it the practise of the Hospital board to misinform the public when they ask questions? Is it the practise of the board to ignore concerns raised by the public?

Is the board aware of the recent work by Dr. Golomb, MD, PhD, professor of medicine at University of California San Diego School of Medicine findings re the “mysterious” health issues embassy staff are experiencing? Her university's news release “Researcher Links Diplomats’ Mystery Illness to Radiofrequency/Microwave Radiation” may be found at <https://health.ucsd.edu/news/releases/Pages/2018-08-29-researcher-links-diplomats-mystery-illness-to-radiofrequency-microwave-radiation.aspx> and is included with this question. The levels of radiation involved were less than those allowed in Canada’s Safety Code 6 and presumably no more than a similar incident in 1972 called the Moscow incident or the Lilienfeld study named after Dr Lilienfeld of John Hopkins University who did the study for the US government.

Is the board intentionally adding to the challenges and problems for patients in the hospitals? It certainly did for me during my stay in VGH in 2010 where I had to contend with the radiation from the nearby cell towers. I estimate I required an additional month on the 6th floor.

- A.** Thank you for your questions and for expressing your ongoing concerns regarding the provision of Wi-Fi in Island Health facilities. The Board of Directors relies on senior management at Island

Health to advise us of emerging issues and areas of risk. In this case, we have received input from our Chief Information Officer and Chief Medical Health Officer regarding your questions.

The information presented in November 2015 was reviewed and resulted in consultations with B.C. Centre for Disease Control. As this is not our area of expertise, we rely on the information provided by Health Canada and the B.C. Centre for Disease Control to inform us if there is evidence to support the discontinuation or modification of our use of wireless technology.

The use of equipment that produces low-level (Health Canada approved) ranges of radiation is vitally important to the safe and efficient operation of health care services and systems, not only in Island Health, but across Canada. All wireless equipment used by Island Health complies with national and international standards on human exposure to radio frequencies including Health Canada Safety Code 6 which limits human exposure to radio frequency fields in the range of 3kHz to 300 GHz. In addition to using Health Canada compliant equipment, Island Health has also contracted with expert third parties to confirm the ranges of radiofrequency emissions within several of our facilities and found in all tested locations that signal strength is well below the acceptable levels set by Health Canada.

Island Health has, and will continue to follow the guidelines and recommendations set out by Health Canada ([Safety Code 6](#)) and the Provincial Health Officer of BC with respect to electromagnetic radiation.

Island Health's Board of Directors recognizes that there are individuals who are concerned about the potential health impacts of radiofrequency emissions from technology. We also recognize there are numerous studies produced by individuals and organizations that draw a range of – often differing – conclusions on this important topic.

Given the variety of opinions that exist, Island Health leadership are committed to continuing to monitor new and emerging research through the work carried out by Public Health leadership at the Provincial and Federal levels.

- Q. OPHTHALMOLOGY SPECIALIST** when I first started going to a specialist in the Brae Rd. Clinic there were 4 or 5 available. As of early 2018 there will be only one specialist, Dr. Karen Hoar. She has a family and I assume, will NOT be coming to the office every day. Her patient list will be long and unavoidable. If she doesn't work herself to exhaustion, patients we'll be lucky to get appointments in the near future. The problem arises from the clinic's inability to attract ophthalmologists because VIHA denies further access to hospital operating room privileges. The only other eye specialist in Duncan is Dr. Cory Ramstead who was once in the Brae Rd. Clinic but took his hospital privileges with him to his Beverly St. Clinic. The nearest Clinic providing surgical specialist services is in Nanaimo or Victoria.

I've been told that there is only one person holding up the issue of surgical licenses by VIHA. When one looks up on the internet the BC Medical Services Commission financial statements for the fiscal year ending March 31, 2017 it is quite revealing. The Beverly St. Clinic operated

by one Specialist has gross billings of almost \$ 1.5 million, much higher than the total billing by the Brae St, Clinic. I believe this is the problem why VIHA are limiting surgery licenses.

The Cowichan Valley Regional District has a population of approx. 84,000. It is hard to fathom only 2 Ophthalmologists serving clients, where there once were 5 and the population was considerably less. I am urging VIHA to immediately look into this pressing matter and issue additional surgery privileges to the Brae St. Clinic, a once proud, professional and thriving practise serving so well the patients in this District.

I am asking all those interested in good health care to sign this petition so we can see some favourable action being taken by VIHA.

- A.** Thank you for your questions and for sharing your concern about access to ophthalmology care in the Cowichan Valley. The Board of Directors relies on senior management at Island Health to advise us of areas of concern and we have received input on ophthalmology services from the Executive Medical Director for the Cowichan Valley (Dr. David Robertson).

Over the past three years, four ophthalmologists have retired from practice in the Cowichan Valley. In that time one new ophthalmologist has been recruited (Dr. Ramstead). Inevitably this means fewer patients will be seen by ophthalmologists in their offices. However, it is important to know that with the number of ophthalmologists in the region in the past, some were providing services that would generally be completed by optometrists. Some of those services have now shifted back to the optometrists' scope of practice.

It is also important to note that Island Health does not licence physicians and surgeons. They are independent practitioners who are regulated and licensed by the College of Physicians and Surgeons of British Columbia. The role of the College and its authority to grant registration are set out in the [Health Professions Act](#) and the [Bylaws](#) made under the Act.

As part of our commitment to ongoing communication with family physicians in the Cowichan Valley, we continue to reach out to physicians to determine if there are challenges in having their patients seen by appropriate specialists for eye care. To date we have not been advised by family physicians that this is a major concern.

Recruiting new surgeons to any specialty requires that a need be demonstrated, and that the existing surgeon(s) agree to share the resources to accommodate the new recruit. Once that happens Island Health is able to grant hospital privileges to the new surgeon. The ophthalmologists in the Cowichan Valley have not yet reached such an agreement.

Within Island Health, we monitor wait times for surgery and other hospital-based procedures. The allocation of operating time is based on both community needs and the demand for different surgical specialties. Since 2012, waiting times for ophthalmology surgery in the Cowichan Valley have been less than waiting times in any other community on Vancouver Island.

We will continue to monitor wait times for surgery at all our facilities. If we see any significant rise in the wait times for ophthalmology services in the Cowichan Valley we will certainly look at expanding resources at CDH (within the limits imposed by the building).

- Q.** Thank you for your attention to this submission from Children and Family Council of the Cowichan Region and Communities.

First Call the B C Child and Youth Advocacy Coalition of B C promote Keys to Success. They are based on the determinants of Health.

- i. A strong commitment to early childhood development.
- ii. Support in transitions from childhood to youth and adulthood.
- iii. Increased economic equality.
- iv. Safe and caring Communities.

Our Council is hearing the voice of the community. In too many cases the social/emotional/physical needs of children and youth are not being met. Mental Health issues are a huge concern. We are calling for investment in preventative 'upstream' collaborative community practice which addresses the 'Rights of the Child'. Whose responsibility is it to attend to this pressing need, fund it and be responsible to evaluate outcomes?

- A.** Thank you for your submission, and for your commitment and dedication to addressing the many social determinants that affect the health, development, and wellbeing of children and youth in your community.

Input into this topic was provided by our Medical Health Officer for the Cowichan Valley Region (Dr. Shannon Waters) and our Clinical Coordinator for Child Youth and Family.

Island Health works closely with many partners who are jointly responsible to focus on, fund, address, and evaluate the pressing needs of children and youth – especially those who are vulnerable and at risk. Partnerships with the Ministry for Children and Family Development, First Nations, Cowichan Housing, Our Cowichan, Canadian Mental Health Association, Cowichan Valley Youth Services, Education, and a number of other community agencies provide a range of supports and services for children and youth.

Island Health provides child health support, immunizations, vision and audiology screening, perinatal health supports such as breastfeeding education, crisis response, youth clinics, and a range of other public health programs and services.

We recognize that an increased focus on maternal, child and family health programming, a poverty reduction strategy, and increased emphasis on mental wellness promotion will help to provide the upstream, preventative measures to help keep children and youth healthy. With poverty as a compounding factor, it is especially important that programming and services are provided close to home.

The Ministry of Children and Family Development recognizes that young children and families need services in their local community. Throughout the first six years of a child's life, government-funded services are available across local communities to support family wellness. For example, providing opportunities for parents to connect with other parents, to help children socialize and build strong foundations as they enter the formal school system, or to help parents navigate challenging situations - from parenting skills to understanding their child's development.

The *Early Years Service Framework* provides the policy direction for all of the ministry's early years' services. In providing clear policy direction, this framework outlines what early years services are, why they are needed and the goals, principles, service types and terminology that underpin these services.

This information is intended to benefit families, service providers and policy and decision makers. The Early Years' Service Framework is available at https://www2.gov.bc.ca/assets/gov/family-and-social-supports/child-care/provincial-office-for-the-early-years/mcfd_early_years_service_framework.pdf