

ORLANDO ON THE MEND

Tales of survival, heroism emerge NP1





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WEDNESDAY, JUNE 15, 2016

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POSTMEDIA

NEWS

HEALTH

Doctor says lack of options leads to opioid overuse A5

CITY

Thousands of red-light camera fines still going uncollected A7

CANADA

Blatchford: Parents fought diagnosis of child NP3

DEN TANDT

We can no longer depend on U.S. for security NP4

OPINION

ADAM

How Muslims can respond to Orlando horror A9



\$1.52 plus tax at retail \$1.76 in outlying areas



Ross McAlpine, left, and Murray Minkus are upset about plans to build an LRT maintenance 'facility' off their backyards on Parkside Crescent. Residents had adopted and beautified the NCC land. WAYNE CUDDINGTON

LRT trains en route to green oasis



Across the street from Howard Darwin Arena on Merivale Road, a big green space opens up, heading west in a 100-acre chunk to Woodroffe Avenue.

It is NCC land and there was a time, maybe 15 years ago, when

the Crown corporation cut every blade of grass. "It looked like a billiard table," one neighbour said of the 200-metre wide strip.

Then they stopped, and the buckthorn and scrub trees started to spread, the grass grew and the neighbours — especially on bordering Parkside Crescent - took matters into their own

Spruce seedlings were transplanted. Paths were cut. A pack of Boy Scout cubs came along and planted trees to earn badges. A family who lost a daughter to

leukemia, age 11, planted trees in her memory on the fallow public space near their yard.

Murray Minkus, now 78, planted six trees to honour his lost son, born Aug. 6, 1966, and there they grow, off the backyard of the home he has lived in with wife Kathleen since 1976.

One of his neighbours — and it is hard to believe - bought a used 60-inch mower and cuts an estimated six to eight kilometres of grass pathway, opening up the site to dog walkers, cyclists, even deer. SEE EGAN ON A6

Injection site now needed: top MD

Health unit cites looming overdose crisis

DAVID REEVELY

The capital is on the brink of an injection-drug crisis, the city's top public-health doctor believes, and now is the time to open a safe drug-injection site to try to head

"In Ottawa, we are on the cusp of this larger trend, and we have dodged it because we have been lucky so far," says Dr. Isra Levy,

the city's medical officer of health Monday night, after years of equivocating, his health unit released a report saying the city should have at least one supervised facility aimed at chronic users of injection drugs, where they can shoot up with clean needles and have nurses on hand to help if they overdose.

Such facilities "may be a useful part of the spectrum of clinical health services in communities that wish to have such services," Levy said lamely in 2014, when

the idea first arose seriously here. Now, he's come to believe they're a necessity.

Levy never had any doubt that providing a safe place for addicts to use drugs was good medicine -"I could have said that to you when I started my career 30 years ago," he says — but the rise in overdose deaths we've had here already, and sharp increases they've seen elsewhere in the country, have convinced him that a safe injection site is good public policy. SEE REEVELY ON A2

Roger's House: 10 years helping families in crisis

PAULA MCCOOEY

As Roger's House prepares to mark its 10th year of supporting the families of children with life-threatening illnesses, those families are praising a place that provides not just a warm bed, but also a safe haven to connect with others who understood their pain,

anger and loss.

'We went there every single Wednesday night, broken," says Jeanine Otto, after her five-yearold daughter Maddy died suddenly in 2007. "We would dread going there ... because we knew it was going to be rough and crying. "It took three or four months to

actually smile. I remember one of

the other couples saying, 'You're going to smile again, you just don't believe it until it happens."

Those families will be sharing their stories at the Roger's House community builders celebration on Thursday - Roger Neilson's birthday.

Roger's House was created in honour of the Hockey Hall of Fame coach, who died in 2003, by the Ottawa Senators Foundation in collaboration with the Children's Hospital of Eastern Ontario and the ministries of Health and Children and Youth Services. SEE ROGER'S HOUSE ON A2

SPORTS

SCANLAN

Signs of greatness can



CITY

Opioids have a place, but they should not be the mainstream treatment for pain. People are getting addicted and people are dying. DR. HILLEL FINESTONE,

CONTACTTHE CITIZEN

Story Page A5

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INDEX

BIRTHS, DEATHS	NP7
CLASSIFIED	NP6
COMICS	В9
EDITORIAL	A8
FINANCIAL POST	B5
FOOD	C1
KEN KEN	NP6
LETTERS	A8
MOVIE TIMES	C6
PUZZLES	C7
SCOREBOARD	B4
SPORTS	B1
TELEVISION	B10
WEATHER	B10
YOU	C4

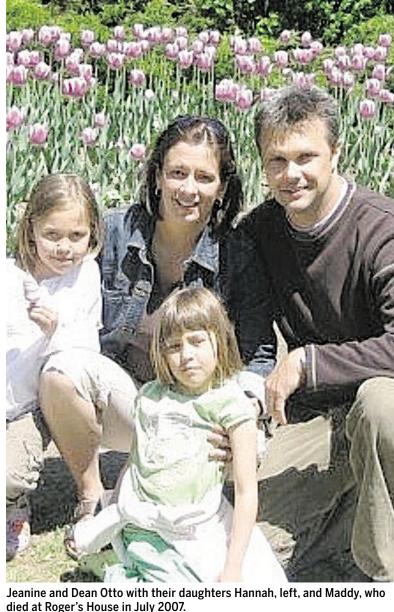
TUESDAY'S ${f LOTTERIES}$

Poker Lotto Winning Hand: 10♦ 6♦ 4♦ Q♠ 7♠ **Ontario Pick 3:** 381 **Ontario Pick 4:** 6619 **Daily Keno:** 01 03 04 07 09 15 17 18 22 23 25 27 28 29 42 49 51 53 59 68

Encore: 3804949 In the event of any discrepancy between these numbers and the official winning numbers, the latter shall prevail. These numbers are for evening draws only.



The Drury family: clockwise from left, Julie, Kate, Brian and Jack. Kate died on Nov. 30, 2015, aged eight.



died at Roger's House in July 2007.

'THERE IS JOY THERE

ROGER'S HOUSE FROM A1

It was expected that Roger's House would take five years to build, but the community was quick to mobilize and the home opened its doors on Smyth Road on May 15, 2006, within two years of the idea's conception.

"The anniversary celebration is really an opportunity for us and our board at the Sens Foundation, the CHEO Foundation, to bring back all of those people who helped donate services or supplies, inviting them back to see the house and see what they contributed to," said Megan Wright, Roger's House executive director.

The team provides respite, end-of-life, transition-to-home support, pain and symptom management, perinatal care and bereavement care. The physical, emotional and spiritual needs of young patients and their families are met through staff support, but also with the help of more than 320 volunteers who keep the house running and growing.

"Certainly the number of referrals have increased significantly, about an 86-per-cent growth in numbers, patients (from) that first year compared to last year," Wright said. "And we've added a number of services to keep up with the patient and family needs."

Those programs include enhanced bereavement and "SIBS" — for Spectacular Incredible Brave Siblings — which offers emotional support for the brothers and sisters of those in palliative care. It's an opportunity to meet other children in similar situations. Wright says kids often "grow and blossom" in the supportive group environment.

"They can talk about their feelings, they can do play therapy, they do a lot of art, they do music and

A new program also sends volunteers to a family's home for a few hours a week to help the parents, doing their laundry or cooking, to

"give moms and dads a little break in the house."

Roger's House offers a comfortable, home-like atmosphere, but there's also an emphasis on fun, and through activities like arts and crafts, cook and baking, recreation therapists make that happen.

"The kids have fun when they come to Roger's House," Wright says. "They like being here. When they come for respite it's a welcome break for them, too. They play and have fun and can just be kids."

FAMILY STORIES

Julie Drury's family developed an intimate relationship with the Roger's House team over the past eight years. Their first visit was on Mother's Day, when they spent the weekend in the family suite with their daughter, Kate, who was very sick and had yet to be diagnosed. Drury said the staff was quick to help them through the emotional

and confusing time. "We had a child who was having

The kids have fun when they come to Roger's House. They like being here. When they come for respite it's a welcome break for them, too. They play and have fun and can just

be kids.

multiple hospitalizations and no one knew what was wrong," says Drury, who will be speaking at the anniversary celebration. "The palliative-care team stepped in as support to us, co-ordinating the $complicated \, meetings \, and \, visits \, of \,$ the specialists (from CHEO) who were involved."

Kate was eventually diagnosed with Sideroblastic Anemia Immune Deficiency (SIFD), a rare mitochondrial disorder. As she got older and her condition became more complicated, the family kept receiving respite services and consultation from the pain and symptom management program to keep her comfortable. Then came end-of-life care in their home where, on Nov. 30, 2015, eightyear-old Kate succumbed to the disease, following complications from a bone-marrow transplant.

The entire family receives bereavement support, and Kate's brother Jack, who was just three when his sister first became ill, attends Roger's sibling counselling

"He doesn't say much. He's a qui-

et little boy and he got into the car and he said, 'Wow, those kids are just like me. They have the same thing going on in their house.' Pretty powerful from a little kid. "So he enjoyed it. He made

friends and he got to do silly games," said Drury, who organizes a group of charity runners during Ottawa Race Weekend in support of mitochondrial disease research. The children at Roger's House

might be medically fragile, but Drury says it's also a place with a lot of life, laughter and comfort.

"That place is happy, and there is joy there and fun and creativity, and it's a home," she said. "When you walk in, it's cosy and you feel safe and you feel supported."



Five-year-old Maddy Otto died at Roger's House in July 2007.

There's no evidence linking injection sites to jump in crime

REEVELY FROM A1

"I have been skeptical, to be honest, about some of the overdose information that we have received," Levy says. But now he believes he's standing on firm ground, since health-unit epidemiologists have spent the past two months studying Ottawa's

Between 30 and 40 Ottawans die of drug overdoses each year, he said, a number that jumped sharply in 2009. Opiates like morphine and heroin, which are often injected, cause a large and growing percentage of those deaths. Levy attributes the increase a few years ago to powdered fentanyl, a powerful opiate where the difference between a "normal" dose and a deadly one is tiny.

Since 2012, Ottawa's drug users have had growing access to a drug called naloxone, which can counteract opiate overdoses. Levy says the health unit's stats say naloxone has saved about 60 lives since then — but the final number of overdose deaths hasn't fallen.

In other words, naloxone is holding opiate overdoses off. Otherwise, we'd have more and

In British Columbia, the provincial public-health authority declared an emergency in April

over rising numbers of ODs. Here, a couple of hundred people each year survive overdoses with emergency-room treatment. Emergency-room visits for drug overdoses are up 60 per cent.

Paramedic calls are up, too. Drug overdoses here are not a stable problem.

Safe injection sites in Vancouver and in Europe have cut overdoses, reduced the spread of blood-borne diseases, and given chronic addicts contact with the health system they might other-

wise not have. There's zero proof from Vancouver that its long-standing safe-injection site in the Downtown Eastside promotes crime there. InSite, as it's called, is in a poor, and troubled neighbourhood but one that has business owners and landlords and residents; research commissioned by the federal Conservatives, who wanted to shut the site down, could find no sign that crime got worse on or around East Hastings Street after InSite

opened. The argument that a safe-injection site promotes crime is not supported by evidence.

InSite is a comparatively expensive standalone facility, costing about \$3 million a year, but the evidence is that it covers its costs in averted HIV cases alone. Not one person has died there of an overdose.

The argument that a safeinjection site costs money we could better spend some other way is not supported by evidence.

More drug users live in the Rideau-Vanier ward than anywhere else in Ottawa. It's why the Sandy Hill Community Health Centre wants to add a small safeinjection facility to its existing drug-treatment clinic.

The health unit sums its conclusion up in one epic three-

breath sentence:



Jenny and Jonathan Doull with daughters Mae, now 7, and Phoebe Rose, 5, who died on Nov. 18, 2015, after a lifetime fight against infantile leukemia.

IT'S A HOME

Roger's House came into Jenny and Jonathan Doull's lives after the loss of their young daughter, Phoebe Rose, in November 2015.

She was diagnosed with infantile leukemia at nine months old, and was sent for clinical trials at St. Jude Children's Research Hospital in Memphis, Tenn. Unfortunately, Phoebe Rose died after a relapse in May 2015, before they had a chance to bring her home.

"We actually tried to get her home because we wanted her to be able to be at a place like Roger's House," Jenny said. "But we weren't able to, and pretty much as soon as we got home we heard from a social worker at Roger's House offering support." Overwhelmed and devastated, the family started attending bereavement counselling for the parents and Phoebe's seven-year-old sister, Mae.

"Mae was with her sister when she died, she was with her for every step of her illness," Jenny said. "(Phoebe Rose) was sick pretty much from birth, and she passed away when she was five, so she and Mae were best friends, so it was really important to us that Mae get some kind of counselling."

The couple appreciated how Roger's House focused on play during the child counselling sessions. Jenny said it helped Mae talk about her sister and to share the "good times and the bad times" in a safe environment.

The couple says grieving with

other parents who understand their pain helps the healing process. Jonathan is also involved with the 57 Ride for Roger's House to help make the outdoor space at Roger's House more accessible and comfortable.

"For my husband and I, it's sort of the same thing, about being able to talk about Phoebe in a safe environment with people who really understand," Jenny said. "Because really, at the end of the day, the only people who truly understand what it's like to lose a child are people who have also lost a child. And so we've made some good friends. It's been a good experience."

Jeanine and Dean Otto were at their cottage on a sunny summer day in July 2007 when their fiveyear-old daughter, Maddy, awoke from a nap with what appeared to be partial paralysis from a seizure.

The family rushed her to CHEO, where she experienced a second seizure and were soon given the devastating news she had an inoperable brain tumour and only had 48 hours to live.

Representatives from Rogers House reached out to see if the family wanted Maddy to spend her final hours there. They said yes.

"It was just so much more comforting" than a hospital, Jeanine said.

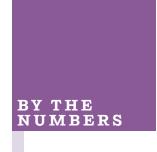
"There's a king-sized bed, and it's more of a room than a ward, so we did go there. I think we left CHEO around 3 p.m., walked through a little garden on the way to Roger's House and stopped in the garden and took a couple of pictures, and then she passed away around 6:20 that evening, with so many friends and family there."

With the sudden loss, the family, including their daughter Hannah, attended bereavement counselling

With the help of the social workers and other families, the Ottos have been able to pick up the pieces. To keep Maddy's spirit alive, they started Maddy's Gala. So far they have raised more than a half a million dollars for Roger's House.

"There's not a day that goes by that we don't think of her," Jeanine said. "We're good, but it doesn't mean that our heart is healed. There's a part of us that will always be missing."

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8 beds at Roger's House 20,661 days of care provided in the past 10 years

6,000 families have stayed at Roger's House with their children

581 families and children have received support through bereavement counselling

163,700 hours offered by volunteers



Eight-year-old died at Roger's House in August 2006, soon after it opened



ANET WILSON

When my son's oncologist and two of his nurses gently broached the subject of palliative care and suggested a tour of Roger's House, I looked around the hospital room to make sure they were talking to me.

Palliative care was for elderly people. Not an eight-year-old boy who had survived 10 months of rigorous treatment for cancer at the Children's Hospital of Eastern Ontario and a stem cell transplant at Toronto's Sick Kids that resulted in almost two years of clear scans. Patrick had beaten this insidious disease before — despite the initial grim diagnosis — and we clung to the hope that a promising clinical trial in the United States would save his life.

He was one of the first patients in Canada to be approved for the trial, but his disease had returned with a vengeance and was too advanced. He was only able to withstand two courses of treatment.

It was hard to accept that there was nothing more to be done, that palliative care awaited.

Patrick O'Brien Hadden was an outgoing five-year-old kindergarten student at Elmdale Public School in 2003. He had the love of his family, friends and identical twin brother, Logan. He was mischievous, funny and wise beyond his years. He had big plans and wanted to be an Ottawa firefighter like his dad or an astronaut or an NHL hockey player. He was captain of his hockey team and continued to play soccer till a couple of months before his death.

When Patrick complained of a stomach ache, I booked a doctor's appointment and mentioned that my son had started limping a few days before. When the pain intensified a few days later, his pediatrician suggested a blood test at CHEO. Shortly afterward, Patrick was admitted and we added a new word to our vocabulary. He had fourth-stage neuroblastoma and a chance of survival

of less than 30 per cent.

The three worst days of our lives were the day we heard Patrick had cancer, the day the cancer returned two years after going into remission, and the day we were told he needed palliative care.

After spending hundreds of days at CHEO over a three-year span, we watched the construction of Roger's House, a palliative-care pediatric centre on the hospital grounds. The eight-bed facility was named for Roger Neilson, the beloved Ottawa Senators coach who died of cancer in June 2003, and was built in collaboration with the Ottawa Senators Foundation, CHEO, government departments and the Ottawa community.

My husband and I were taken on a tour of the homey surroundings, bright kitchen, and art and gaming rooms. We were shown a lovely room for Patrick and a large family bedroom where his father, his brother and I could stay.

The staff was patient and very kind and helped to gently guide and support our family through a bewildering time. For almost three weeks in August 2006, Roger's House was home.

Friends and family were welcome and would arrive with dinner and wine and fill the spacious dining area with laughter and love. It brought a bit of normalcy to the situation. Patrick was also able to join in on a few occasions at mealtime and we were able to spend quality time with Logan and relatives from out of town.

As Roger's House prepares for its 10th anniversary on Thursday, it is a time to honour those who work and volunteer there, the businesses and tradespeople who built it, and the families who have walked through the doors and will do so in the days and years to come.

The anniversary is a difficult one as it marks a decade since Patrick's passing. He would have graduated from high school in a few weeks' time alongside Logan and all of their friends. The loss is almost unbearable at times and remains as profound as ever. We met extraordinary people throughout our journey, and we were thankful to spend the final weeks with our son at such a special place.



Patrick O'Brien Hadden

"Given the ongoing challenges outlined in this report, the evolving conversation about the expansion of harm reduction services in Ottawa and in other Canadian jurisdictions, and the evidence in support of SIS (supervised injection services) as part of the continuum of care for persons living with problematic

Mae and Phoebe Rose Doull

(supervised injection services) as part of the continuum of care for persons living with problematic drug use, staff is recommending that Ottawa's Board of Health declare that, from a public health perspective, SIS are an effective, well-researched and evidence-based treatment option that have a place in any comprehensive approach to working with people who inject drugs."

Levy also wants to look at the possibility of a mobile site, possibly a sort of minibus that could travel to drug users on demand. It sounds odd, but that's how needle-exchange vans work.

The health unit acknowledges that it knows of only three in the world — in Berlin, Barcelona and

Copenhagen. There's a lot less research on them than there is on fixed-location sites, and drug users themselves don't see the appeal. Also, nobody here has proposed one.

But the epidemiologists point out that while injection-drug problems are concentrated in a couple of downtown neighbourhoods, Ottawa's a big city and there's hardly any part of it that hasn't had overdoses. A mobile site could visit different places and keep odd hours. So we should be "exploring with partner agencies the benefits and considerations of implementing a mobile SIS in addition to fixed services," the health unit's report says.

For Levy, outreach is vital.
Heavy drug users might not have the wherewithal, or the time, to travel a kilometre to get to a safe injection site, so if one could come to them, they could still be served.

"There are some practical considerations," he acknowledges.

The health unit's existing needle-exchange van doesn't have the room for resuscitation equipment that would be an injection site's major reason for being. It could only be in one place at a time, with one user at a time. Levy's personally attached to the idea, but his own staff aren't sure it's workable. More study is the compromise.

compromise.

He says he understands the argument that it's unethical to condone, or at least ignore, drug abuse. He's had long, long talks about it with police-chief-turned-senator Vern White in particular. How can Levy, as a doctor, let a person shoot up with poison while he looks on?

"I see an ethical problem with throwing that person out of my office because he's going to do something I don't agree with," Levy says. Doctors attend to patients all the time who've done harmful things to themselves. They set bones broken in stupid teenage stunts. They treat obese diabetics and sun-worshippers with skin cancer and smokers with emphysema. They urge patients to make healthier choices and do all they can to support them when they're ready to.

"As a physician, I'm here to help. That's my reason for being here," Levy says.

Next, the board of health he advises will decide what to do with his advice. It's a body set up explicitly to depoliticize decisions that should be based on science. It's to debate Levy's recommendation next Monday night.

The transformation puts the health unit in conflict with both Mayor Jim Watson and Chief Charles Bordeleau of the Ottawa police, who are both against a safe injection site here. Well, Watson doesn't quite say that — he says he'd prefer to spend the money on rehabilitation programs.

"I'm hopeful that we can find common ground," Levy says. "I I see an ethical problem with throwing that person out of my office because he's going to do something I don't agree with.

think we have common ground already, in fact. ... This is about people who need help. It's our job to provide that help. These aren't 'those people,' these are Ottawans, these are part of our family." dreevely@postmedia.com twitter.com/davidreevely