

Arguments

Back to school in Kabul

Canadians' September ritual is familiar to a privileged few in the West, but increasing violence is threatening much of recent progress on education in Afghanistan



KHORSHIED SAMAD

The feel of fall is in the air again, the mornings crisp and cool, and the days grown shorter. Yellow buses have appeared driving children to school, many wearing new clothes, lugging new backpacks filled with school supplies, and a hearty dose of apprehension and excitement about school days ahead. It is an image that most of us in the West are quite familiar with, but in reality exists for only a privileged few.

In Afghanistan this image exists only on celluloid or in the imaginations of many a bright-eyed child. Afghan children do not take yellow buses, nor carry new backpacks brimming with supplies or nutritious lunches to school. They are considered extremely lucky if they can go to school at all, and if they happen to be school age girls able to get an education, they are part of a small percentage — a shrinking percentage at that.

Since the fall of the Taliban nearly seven years ago, more than 5.4 million Afghan children have returned to school, an estimated 1.75 million of them girls. It is an achievement worth recognition, but so much more needs to be done. A recent Oxfam report estimates half of school age children do not attend school — with significant gender and provincial disparities. From 1996 to late 2001, only 700,000 boys were allowed to attend school, run under strict Taliban code.

Women and girls were forbidden to attend school or receive an education, instead relegated to forced domesticity. They were also forbidden to work, travel without a male relative, receive medical attention by male doctors, and suffered a host of other indignities as non-citizens under the ruthless Taliban regime. The very few who did study or teach did so in peril through underground schools, and thousands did defiantly holding out hope against illiteracy and oppression.

In 2002, a few months after my arrival in Kabul, I witnessed Afghan girls and young women returning to school for the first time since the Taliban regime had been driven out. Thousands of them clogged the dusty streets, dressed simply in long black skirts and flowing tops, their hair covered by white head scarves. Many of them held hands in delight, giggling, laughing aloud, some hidden by umbrellas against the bright morning sun, as they proudly walked to school; the majority of them for the first time after six years of medieval darkness. It was a breathtaking parade of joy and hope, of sunny optimism after the fall of tyranny.



MASSOUD HOSSAINI, REUTERS

Students attend the opening ceremony of a school earlier this year in Kabul. Sadly over the last two years, instead of an increase in numbers and overall attendance at school by Afghan students, there has been an overall decrease, especially among girls, because of the terror tactics used by the Taliban and growing insurgency along the tribal belt provinces.

Inside barren classrooms, some without roofs, some even without walls, adorned with only a chalkboard and a few desks if any, the students lined up by age group to receive their lessons. The younger girls were in the front rows, faces scrubbed clean, eyes sparkling with excitement. In the back were teenagers, perhaps a bit embarrassed to be in the same class with much younger girls, but just as eager to learn. This was their chance to study and stimulate their minds, and to try and catch up on so much stolen time.

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Out of a population of approximately 28 million, an estimated 11 million Afghans are illiterate. The estimated literacy rate among women is 15.8 per cent compared to 31 per cent for men, and drops considerably in the rural areas. These epidemic proportions are in dire need of improvement and earnest support by the Afghan government and international community. Although 3,500 new schools have been built since 2002 with the help of the United States, Canada, EU members, and other donor nations, many thou-

sands of communities still do not have access to schools, with thousands of children still forced to learn in cross-border madrasas where the seeds of intolerance and exclusion are sown.

Sadly, over the last two years, instead of an increase in numbers and overall attendance at school by Afghan students, there has been an overall decrease, especially among girls, because of the terror tactics used by the Taliban and growing insurgency along the tribal belt provinces. More than six per cent of newly built schools have been burned down by the Taliban during the last 18 months — easy soft targets for their cowardice — and 220 students and teachers brutally killed in 2007 alone. Families have been openly told not to send their daughters to school, otherwise face the same tragic fate as the others. Fear has once again gripped the psyche of the Afghan people, and disheartened the intent of the donor community.

If anyone wonders why the Taliban are so fearful of girls and women getting an education, we need to revisit the misguided ideology that drives them. Educated minds will rebuild with purpose and dignity, perhaps becoming future leaders. Educated women are movers and shakers in Afghanistan, true agents of change becoming empowered ministers, MPs, journalists and human rights activists. They are a force to be reckoned with,

held up as role models by so many young girls, and respected by both men and women who long for real change in their country.

Since the Taliban's aim is only to destroy, murder and intimidate, rebuilding Afghanistan is far from their agenda. They want to leave it a barren wasteland, a war-torn and opium-riddled country, inhabited by impoverished and illiterate men and women. Nothing speaks louder than the torching of more than 110,000 textbooks headed for schools over the last few weeks.

Without hope and awareness there cannot be real progress, and this is what the Afghan people so desperately need besides security, economic development and sustainability, and lasting peace. Every Afghan child and adult needs access to proper schools and trained teachers, protected and secure against the scourge of terrorism. The Afghan government needs to reinforce its strategy to protect education by working hand in hand with local communities and the international organizations involved in this sector.

We need to continue the course for the Afghan people, who deserve our unyielding support in the face of such overwhelming challenges.

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PATIENTS WILL ONLY BENEFIT FROM A SINGLE ENTRY POINT

BY ROBERT CUSHMAN

In a recent editorial, the *Citizen* took a sledgehammer to smash, rather than understand, central intake, a precision tool that has helped reduce wait times in other regions. ("All doctors are not equal," Aug. 27). This is unfortunate.

First of all, we're only talking about CT scans, MRIs, and three common, routine elective procedures — cataracts surgery, and hip and knee replacements. So why all the panic and doomsday predictions of one long, apparently Orwellian line threatening personal choice, the patient-doctor relationship, and even our freedom as Canadians?

Let me try to shed some light on a strategy that does not lend itself well to sound bites and short quotes. First and foremost, we need to be clear about what central intake is. It's a single point of entry for assessment prior to surgery, not a single queue for surgery. The assessment addresses whether a patient needs surgery, and if so, a number of issues are considered including choice of surgeon and time of wait. A patient may choose to hold out for a certain surgeon, but equally may opt for a shorter wait, or for a surgeon recommended specifically due to special needs.

Once placed on a waiting list, patients are monitored for health status changes. For example, a patient's vision or joints might deteriorate, thereby requiring earlier surgery than origi-

nally scheduled, or a new illness or worsening diabetes may complicate matters and delay elective surgery. This flexible approach not only improves care but reduces the number of cancellations.

The assessment tool also standardizes the criteria for surgery, and thus reduces variability and unnecessary surgery, the so-called "knife happy" tendency identified in a letter to the editor. And the end result from all this work is just as many queues as there are today, but patients would be in managed queues that benefit from a single point of entry, the central intake.

There is an underlying assumption that patients can judge surgical competence — and should choose their surgeon accordingly.

While the debate has centered on the patient's right to choose, a right which was never contested, there is an underlying assumption that patients can judge surgical competence — and should choose their surgeon accordingly. With all the inevitable shock, fear and anger of a newly diagnosed cancer patient, what columnist Julie Mason needed and did not find in her prospective surgeon is lamentable ("Stand in line ... if you can," Sept. 7). However, a first office visit is far removed from the operating room when

it comes to assessing a surgeon's manual dexterity, visual skill for dissecting complex spatial relationships, and most importantly, mental courage and physical calm — veritable "sang-froid" — when and if the unexpected takes place.

As I think back to review the five surgeries our family of four has undergone, there are some observations worth sharing. Two of the surgeries were basic and probably would have been done by general practitioners a generation ago. The third operation was performed by the only pediatric surgeon in town who specialized in this area. A general surgeon in a community hospital did another operation for cancer. The final operation, the one that scared us and was technically challenging, required 10 hours of emergency neurosurgery as a result of an injury sustained in a different city.

The results were all excellent, and in no case did we choose the surgeon. However, there were some non-surgical challenges. For cancer surgery, pathology is crucial because it determines the treatment pathways. Yet our family encountered weeks of medical turf wars, mistrust and poor communication. Not exactly what a cancer patient recuperating at home, biting his or her nails and waiting for results wants to confront. Happily, it worked out and now with our regional cancer program, similar problems should be minimal to non-existent.

In a different surgery, special

arrangements were needed for a challenging anesthesia.

The point is that no surgeon is an island. There's a system out there, and maybe in some circumstances those less visible heroes — other doctors, nurses, health professionals and support staff — are more important than the person holding the scalpel.

The second lesson is that for the truly complex surgery, you rarely will have a choice because you cannot predict the time, the place, or the sub-specialist required. Therefore, it is imperative for hospitals to ensure all surgeons make the grade. You never know who you'll get in an emergency, and in such circumstances, patient choice of surgeon clearly becomes less important than timely care. And again, even the most talented surgeons cannot do these complex cases on their own.

If it is challenging for the patient to choose a surgeon, perhaps the solution is to leave it up to your family doctor's judgment. Ironically, family physicians usually welcome central intake because their referral patterns often date back to the time and place they trained. Over time, new surgeons arrive, older surgeons retire, and surgical procedures change.

This debate started with an excellent question from *Citizen* reporter Pauline Tam about whether we were considering central intake as a tool to address our local wait times. Both Dr. Jack Kitts, CEO of the Ottawa Hospital, and I said yes. But I believe the associated comments were misconstrued in later commentary. I hope this sheds further light on one proposed initiative to improve health care in our region.

ROBERT CUSHMAN is CEO of the Champlain Local Health Integration Network.

A smart city should do better

BY DAVID JOHNSON

Ottawa has been christened Canada's smartest city by *Maclean's*. But given the high level of education of the city's adults it is remarkable that in standardized tests students in the Ottawa-Carleton public and Catholic school boards tend to score below similar students in the rest of the province.

My report on school boards in Ontario, released by the C.D. Howe Institute recently, uses the Grade 3 and Grade 6 assessment results from Ottawa-Carleton schools, averaged over the three academic years beginning in 2003-04 and ending in 2005-06. How do these years compare to the most recent 2006-07 results?

Ottawa-Carleton public students were below the provincial average in five of the six assessments in 2003-04 but were below average on only three of the six assessments in 2006-07. The Catholic board also improved on this measure, going from near average or slightly below on most tests in 2003-04, to three percentage points higher than the provincial average across six assessments in 2006-07.

However the raw test scores can only tell us so much.

Wealthy and educated parents generally have children who will score well no matter what school they go to. In my research I carefully control for the social and economic composition of the schools in the board, which explains about 40 per cent of assessment score variation.

Backgrounds of students at schools are measured using four years of enrolment data ending in 2005-06 and the 2001 census. Using the 2006 census would make little difference since neighbourhoods change slowly. For every school I have created a predicted pass rate based on the school's socio-economic background and then compare predicted and actual scores.

The predicted pass rates allow a comparison of apples to apples, similar schools to similar schools, using the whole province. Schools in Ottawa-Carleton have much higher parental incomes and education levels than the rest of the province. For example, 38.6 per cent of the adults in Ottawa-Carleton public school areas (37.9 in Catholic schools) have some university education compared to only 22.1 per cent in the rest of the province.

Education and other socio-economic factors in the Ottawa-Carleton public board predict that pass rates on the average of the reading, writing and math assessments should exceed the provincial average pass rate by 3.68 percentage points in Grade 3 and 5.22 percentage points in Grade 6. Instead, Grade 3 students at the Ottawa-Carleton board in 2006-07 are two percentage points below the provincial average pass rate and Grade 6 students are only 1.33 percentage points above the provincial pass rate.

In 2006-07 Catholic schools in Ottawa-Carleton exceeded the Grade 3 provincial average by one percentage point and the Grade 6 provincial average by 5.3 percentage points. However, students in Ottawa-Carleton Catholic schools are predicted to exceed the provincial average pass rate in Grade 3 by 5.83 percentage points and in Grade 6 by 7.46 percentage points.

It is not fair to simply compare Ottawa-Carleton results to the provincial average. The generally well-educated parents of Ottawa-Carleton students should be asking what other school boards across the province are doing that produces better results with similar students to those in Ottawa.

Some *Citizen* readers wondered if these data accurately reflect the current state of Ottawa-Carleton schools. But, as I just showed, the conclusion that schools in both Ottawa-Carleton school boards perform at a lower level than predicted by their demographics does not change no matter what year of census data or test scores is used. The board-level 2007-08 results released this week will reveal whether Ottawa-Carleton has continued to improve.

Although the Ottawa-Carleton boards have improved since 2003-04, the 2003-04 hole was very deep. Both boards are digging out, but as of 2006-07 neither is above the ground.

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