



UWI TODAY

THE UNIVERSITY OF THE WEST INDIES · ST. AUGUSTINE CAMPUS

SUNDAY 30TH AUGUST, 2009



This State of Independence

Man Crab, the **Peter Minshall** king from his 1983 presentation, **River**, portended the dread aspects of the misuse of technology. The metallic costume, portrayed by **Peter Samuel**, arrived on the Carnival stage like a dread oracle, bearing a pristine white square of cloth that stunningly became drenched with scarlet, symbolic of the lifeblood that was being squeezed out of nature and humanity.

Forty-seven years after Independence, Trinidad and Tobago, locked in its bloody pincers, is gasping for air, and the national flag might well be more truly depicted by the Man Crab canopy.

"We are now living fully in the age of *Man Crab*," says **Minshall**, as his grim prophecy has come to pass.

On the centrespread, psychiatrist **Gerard Hutchinson** offers a sociological perspective on why the society finds itself in this bloody mess.

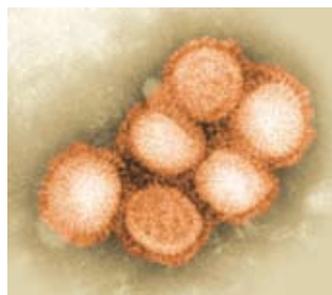


PHOTO COURTESY: NOEL NORTON AND PETER MINSHALL

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Swine Flu

■ A novel, unpredictable mix



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■ High fives and sixes for UWI!



I UWI LIFE

Orientation Week is on!

CMMB
33X7

TURTLES, TOURISM AND TRUST



Oscar Prieto, CEO of Atlantic LNG, another of the conference's sponsors, spoke at the opening.

Given the extensive range of the leatherback turtle and Trinidad and Tobago's unique role in providing some of the most important nesting habitats for the species in the Atlantic Ocean, the fate of this endangered species is heavily influenced by management of the nesting turtles locally.

Responsibility for this nesting colony is the responsibility of the Government of Trinidad and Tobago's Department of Forestry (Wildlife Section) and the Turtle Village Trust (TVT) is one of four community-based organisations involved in this.

The Minister of Tourism, Joseph Ross, spoke at an international conference, 'Turtle Conservation, Ecotourism and Sustainable Community Development' hosted by the Sir Arthur Lewis Institute of Social & Economic Studies (SALISES) at The UWI at the end of July. He told participants that the Tourism Ministry has partnered with the TVT "in positioning Trinidad and Tobago as the premier turtle tourism destination globally."

He hoped that the conference would "provide a blueprint for a sound ecotourism policy" for the nation, "where the demands of tourists can be balanced with the needs and cultural traditions of local people, the landscape and environment."

President of BHP Billiton Trinidad and Tobago, Vincent Pereira, said that as a sponsor of the conference, his company's "close relationship" with communities like Toco, Grande Riviere, Matura and Fishing Pond, gave them a "more detailed insight into the need for protective action."

"We are aware of the many dangers that face the sea turtle population if conservation efforts are not effectively instituted," he said.

The conference was meant to help develop a network of sector interest working groups and to expand and empower them in the thrust for sustainable community development. It was also designed to bring academics and communities together to work more relevantly towards this end.

Speakers focused on diverse areas such as "The Effects of Seasonal Beach Dynamics on the nests of *Dermochelys Coriacea* at Matura and Grande Riviere" (Alana Kezia Joseph and Paul Shaw), "A Clear and Present Danger to the Caribbean: Climate Change or Climate Alarmism?" (Reynold Stone), and "Neo-tropical Animals and Agro-Tourism: A Trinidad and Tobago Opportunity" (Dr Gary Garcia).

Discussions also focused on Trinidad and Tobago's draft National Tourism Policy and draft National Ecotourism Policy.

EDITORIAL

THE WELLNESS FACTOR

Many organisations have designed Employee Assistance Programmes (EAPs) to respond to difficulties faced by staff, particularly those that have a negative effect on professional performance. At The University of the West Indies (UWI), we have a fairly broad EAP that offers counselling, therapy and information on many of the problems people face daily.

We recognise that the challenges of modern life can cause a high level of pressure. Studies have shown that this, combined with an unhealthy lifestyle, contributes to a high incidence of non-communicable diseases such as cancer, diabetes and cardio-vascular disease.

During the CARICOM Summit on Chronic Non-communicable Diseases in 2007, these diseases were cited as the leading cause of premature mortality in Latin America and the Caribbean. Given the implication of such alarming statistics for human and financial resources in terms of the productive capacity and overall development of Caribbean countries, implementing proactive strategies to reverse this trend must be a priority.

We are indeed mindful of our responsibility as a large employer, and The UWI St Augustine Campus has introduced a Wellness component to our EAP. In the middle of August, we launched the new Employee Assistance and Wellness Programme (EAWP) with a Wellness Fair on the Campus, blending information and services with a series of enjoyable activities.

This new EAWP is designed to offer services that will help alleviate ailments engendered by stress and lifestyle patterns, so that our assistance to employees comes not only in times of crisis, but through continuous support and preventative care. The EAWP will focus on areas such as proper nutrition—by monitoring the food offered on the St Augustine Campus to ensure that it promotes healthy choices—and physical and sporting activity, which will be encouraged through a gym programme, seminars, clinic screenings, fairs and other activities. Enhancing related amenities, including the lighting of our grounds, is a work in progress.

We believe that good health is central to optimal performance and productivity. Maintaining a healthy work-life balance is, therefore, essential and we are committed to supporting our staff and our students as we work towards achieving this goal in unison with our broader institutional goals.

CLEMENT K. SANKAT

Pro Vice Chancellor & Principal

EDITORIAL TEAM

CAMPUS PRINCIPAL
Professor Clement Sankat

**DIRECTOR OF MARKETING
AND COMMUNICATIONS**
Mrs. Dawn Marie De Four-Gill

EDITOR
Ms. Vaneisa Baksh

CONTACT US
*The UWI Marketing and Communications Office
Tel: (868) 662-2002, exts. 2013, 2014
Or email: uwitoday@sta.uwi.edu*

CAMPUS NEWS



REDUCING DEPENDENCE WITH EDULINK

He stressed that the focus of The UWI is now “capacity building for financial sustainability,” to reduce dependence, and St Augustine Campus Principal, Professor Clement Sankat, went on to identify other areas of focus. Those areas, specifically in the area of business development, would be funding for research and innovation, and “commercialization in all its facets i.e. physical, human, intellectual and even in provisional services.”

“There is a clear desire for it to have a stronger capacity and engagement with staff... and certainly on the commercialization of research and also on philanthropy and gift giving,” said Prof Sankat as he spoke at the launch of one such initiative, Edulink, earlier this year.

The UWI and other Higher Education Institutions in the African, Caribbean and Pacific (ACP) Group of States and the European Union Member States that are signatories to the 9th European Development Fund (EDF) are collaborating on the Edulink initiative, which funds cooperative projects between its members.

The UWI is leading this project, ‘Capacity Building for the Financial Sustainability of ACP Higher Education Institutions,’ which includes The University of Technology (Jamaica), The University of Mauritius, The University of Suriname, The University of Guyana, The University of Belize, The University of the South Pacific, and The University of Warwick.



(L-R) Dr David Rampersad of The UWI’s Business Development Office, Principal Prof Clement Sankat and Prof Michael Shattock of the University of Warwick at the Edulink launch in May.

This Edulink-funded project involves strengthening the capacity of the member universities in the area of financial sustainability, through the design and implementation of a professional development programme on resource mobilisation. The project will help partner institutions to strengthen their competitiveness and enable ACP states through their universities to achieve sustainable development objectives and promote higher education as a means of reducing poverty.

The project is intended to provide the tools to academic and administrative staff to help them generate revenue more effectively and create a shift from traditional sources of

funding. It will also facilitate capacity building in research administration, use of technology, and the management of intellectual property.

With Edulink, academic and administrative staff of all partner universities will be trained in revenue generation techniques with a focus on philanthropy, grantsmanship, commercialisation of research and business development. The project is also expected to result in the formulation of a professional development programme in resource mobilization and the establishment of a virtual office at which will provide guidance and manage the implementation of this project. The project will last for a period of twenty-four months.

CARING SEEDS

“Seeds for a Caring Society” began with a mission to inspire university students to venture out and create community gardens. The UWI Planters for Social Change, a student-activist group based at the St Augustine Campus, and students of the Social Policy and Administration III class, started ‘My Green Thumb,’ a project which trains participants in the creation and maintenance of community parks through the Master Home Garden Training Course. To date, the group has created the Trinity Hall Food Park, which serves as a template for the sustainability of domestic agricultural production. The course is expected to lead to the development of food parks at the San Juan Girls’ Primary School, the Cyril Ross Children’s Home and The Unemployment Relief Programme site in Mt Hope.



Part of the display at the ceremony, where seedlings were distributed.



Former President Sir Ellis Clarke is greeted by young Emmanuel, who was named after him, and his sister Christine, and their mother, Patricia Jaggar-Clement co-founder of UWI Planters for Social Change, while Dean of the Faculty of Social Sciences, Dr Hamid Ghany looks on at their recent ceremony.

■ CAMPUS NEWS

■ UWI PRODUCES 23 NEW DENTISTS AND 94 DOCTORS

With a population of 1.2 million, Trinidad and Tobago has 320 registered dentists, giving a dentist population ratio of 1:3,750, whereas the WHO recommended ratio is 1:2,500. There is a lacuna of dentists and obviously a great scope for the dental profession in the country.

The Doctor of Dental Surgery Programme of The UWI recently held its oath-taking ceremony, with 23 new dentists qualifying to practice. With the average annual number of graduates from the country being 15, this was a welcome growth, especially as half of them secured honours and distinctions.

The numbers were higher in the MBBS programme, with 94 doctors graduating at their oath-taking ceremony. Kavita Deonarine and Kibileri Williams took three prizes each, with Rishi Rampersad taking two.



At the oath taking ceremony for dental students: Prof Samuel Ramsewak, Dean of the Faculty of Medical Sciences, Graduate Allana Tang Choon (winner of the best overall performance, and three other awards), Campus Principal Prof Clement Sankat and Prof Paluri Murti of the School of Dentistry.



Pro Vice Chancellor and Campus Principal, Professor Clement Sankat and Judith Mark, General Manager, CDA signed the agreement on behalf of their institutions.

■ CDA JOINS HANDS ON MEGA FARM PROJECTS

A new Memorandum of Understanding (MOU) was signed between The UWI and the Chaguaramas Development Authority (CDA) in August. This MOU outlines several areas of cooperation in relation to the work being done on the Government's Mega Farm at Tucker Valley.

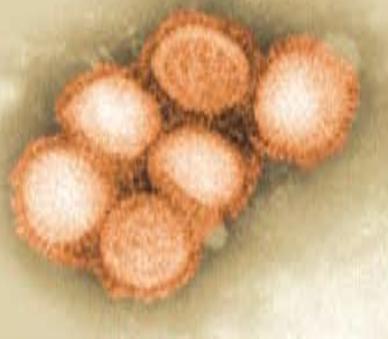
The agreement enables collaborative research to develop agribusiness models, suitable varieties, production systems, agricultural machinery designs, post-harvest technologies and product development. It creates an opportunity for joint design and delivery of training programmes in the general areas of farming, fisheries and agricultural science and technology, research and experimentation, environmental management, including marine science, infrastructure development and enhancement, recreational and tourism product development, and other areas relevant to the achievement of food security and sustainable development.

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HEALTH ISSUES

Of Pigs, Birds and Men

Novel genetic structure of swine flu makes its course difficult to predict



The **H1N1** virus continues to spread rapidly, with 97 reported cases nationwide at the time of writing, although public concern seems to have dissipated since the outbreak was first reported mere months ago. Medical Epidemiologist, **Dr Avery Hinds**, answered our questions on the origin and nature of what was first known as swine flu.

What distinguishes the H1N1 from other influenzas?

In many respects, the Novel Influenza A/H1N1 virus is similar to other “flu” viruses that are responsible for seasonal flu epidemics. It causes similar symptoms: fever, cough, sore throat, runny nose, body pains, headache, general malaise (feeling poorly) and, in some cases, vomiting and diarrhoea. In this regard, it is almost completely indistinguishable from seasonal flu.

What makes this virus different—and by extension a cause for concern—is that it has a completely novel genetic structure of combined porcine (pig), avian (bird) and human origin; therefore the specific genetic makeup of this pandemic strain of the flu was never before seen in viruses circulating among human beings. This presented two concurrent potential problems:

- No one in the world would have immunity to this new virus; meaning that everyone on the planet would be susceptible to being made ill by this new strain of Influenza A.
- No one knew how this new virus would behave—would it be as deadly as the 1918 pandemic? Would it be as deadly as the Avian Flu? (Still currently being monitored globally.) Would it spread quickly or slowly?

Is its rapid spread a result of some innate quality, or is it largely a reflection of the interconnectedness of the planet?

Its spread is a combination of those two factors: The new genetic makeup of this virus does seem to favour high transmissibility, but the ubiquity of global travel has accelerated the spread to a large extent.

Are local physicians adequately prepared in terms of information and medication to diagnose H1N1, and to treat patients with it?

Local physicians have been adequately informed of the existing protocols for diagnosis and treatment of the new pandemic flu. Information has gone out to the medical profession through several channels designed to reach both the public and the private physician population.

In terms of treatment, it is necessary to point out that in most cases, disease has been very mild and no specific/special treatment beyond supportive therapy has

been needed. In cases where more serious disease was noted or where other risk factors were present, the treating physicians have been advised to refer to the public facilities where specialist teams were assembled to guide care of the higher-risk patients.

Several public service messages have been broadcast in various media with advice on hygienic and other preventive measures to help contain the spread, are these adequate?

These messages are accurate, informative and “on-point” with regard to their content, their focus and the channels of communication being used to spread them.

However, there is only so much that can be done by the Ministry of Health or other authorities in spreading information. There is always the element of personal responsibility. Members of the public have an important role to play in informing themselves by listening to the official information released by the respective authorities, reading the fliers, checking the website, reading the papers and heeding the instructions given.

One or two cases have been reported where the influenza seemed resistant to medication, what complications can arise by a virus' mutation?

Mutation refers to random changes in the genetic makeup of the virus. By nature, this process is completely unpredictable. It is therefore difficult to say with any degree of certainty what complications can arise if the virus mutates.

One of the possible outcomes is that it can become adapted to the medications used to treat the flu. This most commonly happens when persons start a course of antiviral medications but do not take ALL of the medication (usually because they have started to feel better). This gives some “stronger” viruses the chance to survive and to reproduce, leading to a new batch of “stronger” viruses than the originals. In a short time, those stronger viruses can replace the originals and become the dominant circulating virus, which is more difficult to treat.

Another outcome is that viruses may become more “virulent” meaning capable of causing worse illness. Large numbers of persons may become severely ill if this happens—a situation which can put great strain on the workforce and the health care system.

GUIDELINES FOR H1N1

The public needs to know and follow the guidelines currently being issued by the Ministry of Health with regard to:

RESPIRATORY ETIQUETTE

- The flu is spread by germ-carrying droplets from the mouth/nose that are produced when people talk, cough and sneeze
- Cover coughs and sneezes with disposable tissue or with the sleeve of your shirt/blouse: **NOT WITH YOUR HANDS**
- Dispose of the tissue in a bin after use

HAND HYGIENE

- Germ-carrying respiratory droplets can contaminate common surfaces like door-knobs and counter-tops.
- Wash hands thoroughly and frequently with soap and water or use alcohol-based (70%) hand sanitizers to keep hands clean

SOCIAL DISTANCING BEHAVIOURS

- If you are ill with the flu, the best thing to do is to remain away from work or school

GO TO YOUR DOCTOR IF YOU FEEL VERY UNWELL e.g.

- Very high fever that won't break
- Shortness of breath/ difficulty breathing
- Chest pain when breathing
- Dizziness or confusion
- Severe vomiting or diarrhoea

IN CHILDREN, ALSO BE AWARE OF:

- listlessness or lethargy (abnormal quietness or inactivity)
- decreased fluid intake
- rapid breathing



SWINE FLU masks are being sold on **AMAZON.COM** for **US\$12.95**



DO YOU NEED A MASK?

Masks are needed in specific situations:

- Health care settings where personnel are directly involved in close range interaction with persons who have respiratory illness
- In home settings where ill persons are at home and are likely to interact with other family members at distances of less than 6 feet (in which case the ill person should wear a mask)
- In home settings where family members are caring for ill persons who cannot perform normal self-care activities (in which case the caregiver should wear a mask)
- In situations where there is widespread, high intensity disease transmission (as occurred in Mexico) where social distancing is employed, mass gatherings are banned etc. In these cases the public is advised to remain indoors and ESSENTIAL excursions into the public domain are accompanied by use of masks to reduce risk of spreading or coming into contact with infectious respiratory droplets

In the local setting masks are not needed and, in fact, their improper use can increase risk of infection by lulling persons into a false sense of security. Please note the following:

- Masks need to be fitted to the face so that no air can seep around the edges of the mask (otherwise they really serve no purpose in this setting)
- Masks need to be changed every 4-6 hours, or if they become damp from breathing through them
- If a mask is worn beyond the advised time, it becomes a germ trap (due to the humidity) and can increase risk of infection
- Precautions need to be taken when masks are removed to avoid contamination of hands and surfaces, if these are not followed, using a mask can again increase risk of transmission of respiratory illness by self contamination and contamination of the environment.

COURTS
33X7

This is not a fete in here

*Not in this house, not in this Garden of Eden
Oh how we danced to the beat of this lovely lie
Until a man opened a door/And showed us our other side
And all our Mecca'd illusions/Walked right on by*

*Now Trini know what is UZI diplomacy
Now Trini know what is SLR love
In these troubled times/Under the stars above*

Hoosay, DAVID RUDDER, (Rough and Ready) 1991

Poor mental health a major factor in society's breakdown

BY VANEISA BAKSH

July 1990 was indeed a coup because it introduced a gun culture to Trinidad that inside 20 years has so deeply embedded itself that no one knows how to reverse it.

Crime and violence have risen to such alarming levels that more people are migrating, travellers are being warned to avoid the islands, and murders have become daily fare. "We are now living fully in the age of Man Crab," says Peter Minshall, and he had warned that it was coming 26 years ago. What has changed in Trinidad and Tobago since those heady days of Independence in 1962?

Echoing Rudder's characterisations of a Trini mentality that imagines itself as "a chosen people" who "never worry 'bout these things" Gerard Hutchinson, a professor of psychiatry, believes that while recent factors contribute to the degeneration, Trinidad and Tobago was always predisposed to this journey

Prof Hutchinson, Head of the Department of Clinical Medical Sciences at The UWI, sees the pressure of a faster pace of life, which has contributed significantly to poorer mental health, the predilection for instant gratification, and the easy availability of drugs and guns, as the most recent dimensions contributing to the increase in crime and violence, but thinks that the elements for disorder were already encoded in the society's DNA.

More demands are being placed on people, requiring them to cope with more, and it is reflected in all the Caribbean islands, where the same kinds of patterns are emerging, "more lifestyle related diseases, more diabetes, more hypertension, more cardiovascular problems, more mental health problems," he said. "It's a challenge of development. It is related to increasing urbanisation and an increasing sense that it is through material things, structures, acquisitions, that you define your wellbeing, and that sets up a lot of additional pressure."

Measuring accomplishments by their possessions has aligned the young to a culture of material gain by whatever means.

"They want to get the prize more quickly than people in previous generations because they think that the effort they expended to get to that point is in itself requiring of a reward, and they're not necessarily prepared to work especially hard to achieve that and that has a trickle down effect. If you're not able to climb the education ladder then you would still want to feel that you measure up and therefore crime becomes an attractive vehicle to achieve those things," he said, and even free education does not compete with that.

■ PROF HUTCHINSON'S TRINIDAD

- Young people expect things faster, not just in terms of crime, but in terms of the rewards they feel are due to them because they have achieved a particular level of certification.
- Social norms in Trinidad have always been very fluid, and flouting them has never been something that the society really creates a great objection to.
- We have a kind of sneaking admiration for the smart-man. We enjoy that capacity to beat the odds, to be publicly extravagant in terms of things we would say and what you would promise, and having a kind of personality that is hard to pin down, and which is unpredictable. I think we enjoy that.
- Trinidadians love intrigue and the more intrigue there is, even though it might be impacting them negatively, they enjoy it, they enjoy not knowing how things are going to turn out, and speculating on how they should.
- It's become a cliché: our lawlessness, our flouting of norms and the rule of law.
- That whole existential thing is also a big part of Trinidad, that transience, we tend to shift from things very quickly... common references to seven-day wonders and people spending lots of money on costumes and throwing them away afterwards. I think we dwell in that world of transience.
- We're naturally a little overactive, impulsive, inattentive... naturally, or innately maybe.

Theorists, he said, say it's not so much about rising from poverty; it's more related to perceptions of inequality of distribution. If you can't acquire it legally, you'll resort to other means, or "be so stressed out by the fact that you can't get it that you develop poor lifestyle habits that will make you sick."

Trinidad has "particular things that apply," he said, "and that is the whole drug culture," particularly cocaine, that has "engulfed" us.

The gangs that dominate the criminal landscape are not a new phenomenon, he said, though their features may have altered because of drugs and guns. "It's probably more widespread now, but that whole defence of turf and territory was a major part of all the steel band wars," and this is a Trinidadian trait.

The steelbands represented communities "who had defined their territory and determined who should have permission to enter and what kinds of punishment they should receive if they violated those unwritten rules. It evolved into something that is defined now by more restricted terms and conditions, by predominantly illegal activity, and the range of punishment now begins and ends with use of a gun, rather than in the past, using bottles and cutlasses," he said.

"Many of the community leaders, as they were called, were also seen within their communities as benefactors in sports and entertainment, providing opportunities for people in the community, particularly younger people, and there is a sense that it is through this identification with organisations like that that many young people, particularly in the urban areas get their sense of belonging because they don't get it anywhere else."

Worsening violence is an issue, he concedes, but is "a symptom of something deeper, which is the quintessential Caribbean problem. It's about identity and belonging," and the loss of it, he said. "If you don't feel like you belong somewhere then there's no incentive to hold it together."

At the hospitals, the number of people seeking attention for violence-related issues has increased, even in psychiatry, but the institutional response to crime from the policing, judicial and health systems has "lagged behind," he said. "We have not adjusted our capacity in terms of the demands that trauma for example, would be making on the system," he said, "because of the trauma people react more excessively, more extremely to things that happen so they become so much attuned to risk that they would come to the hospitals almost at the drop of a hat." The threshold for seeking help



has dropped because people are so edgy, and it is “putting a lot of pressure” on the systems.

The violent ones share this hopelessness.

“The perpetrators of the violence feel that they are caught up in something that they can’t control. They feel that they are reacting rather than acting and I think that for the most part they would like a way out, but that way out has to be provided with dignity and pride, because one of the other things that has happened—going back to the whole material thing—is that peer respect or community respect or rank, has become a much bigger thing than it was.”

From his counselling work with prisoners and others, Prof Hutchinson finds that they “underplay their acts” and “don’t acknowledge a lot of what they do.” Some do partly because they don’t want to “create an impression of being a terrible, society-destroying person, which is interesting.”

“I think a lot of them could be reached if we had systems and structures in place to reach them, it is not that they don’t care but they have been taught or conditioned not to care. Once they’re taken out of that environment, they become concerned again about the things that most people in society are. They would say things like I really didn’t

■ A CASE IN POINT

“I saw a young guy once who was set adrift, didn’t really have any anchor, family was away... and he saw this guy who was reputed to be a hit-man in the community and the guy lived very well, lived much better than everybody else and he decided this was the way to live better. So he said, ‘I want to do that,’ and he became this guy’s apprentice, and this guy told him that to ascend to full-fledged status he had to demonstrate that he could kill somebody for no reason. Just for the single purpose of killing. So they went and selected somebody who was a watchman in Chancellor Hill, at some construction site, and he said well that’s your target.

Fortunately for him, or perhaps unfortunately, after he did it he was overwhelmed by remorse, and he said it wasn’t worth it and it led to such torment in his head that he gave himself in and ended up being referred for psychiatric help; but for whatever reason he had that capacity to step back after having done it.”

“It’s about changing core values with regard to what is important... It’s about art and centering art and artistic expression in their lives. It’s about providing stability...”



Prof. Gerard Hutchinson

mean to do that but I had no choice, or, it just turned out that way because...”

Violence that seems gratuitous or particularly savage might be influenced by the drug trade’s codes, he said. Another issue is the justification for doing it, which “is the result of a warped sense of humanness,” the inability to “recognise another human being as someone who does not deserve to suffer, which introduces the mental health component, because one of the things that makes us human is the capacity to recognise in another human being the shared responsibility for not doing harm or not deliberately trying to damage the process of their life, whether physically or otherwise.”

Something has changed in that inability to recognise that, wrought over time by repeated exposure to direct and indirect brutality.

The lack of consequences is another major factor, he said, “the belief that you can act and do these inhumane things with relative impunity. An illustration of that brutality is the whole murder/suicide thing which has been going on in Trinidad for a long time, and which is something that we don’t really see in many other places. It is that refusal, usually related to relationships, to acknowledge another person’s right to exist in a way that’s independent of whatever control you’re trying to place on them, but acknowledgement thereafter of the loss of or lack of value for life. It becomes almost inevitable that you would take your own life afterwards.”

In psychiatry, he said, some disorders have become much more prevalent. One of them is Borderline Personality Disorder; another is Attention Deficit Hyperactivity Disorder. In the first, patients have strong fears of abandonment and resort to shifting identity based on superficial acts, like how they dress, to be different. It suggests shallowness and instability, he said, similar to the traits exhibited by ADHD, which he thinks Trinidadians are so predisposed to on account of their overactive, impulsive and inattentive natures, that it has skewed the capacity to determine what is pathological.

The society itself presents an unstable framework because of its sheer complexity—if it were a patient, it would be diagnosed with ADHD—and its innate qualities combined with the drugs and guns met at a point of convergence that has erupted out of control, said Prof Hutchinson.

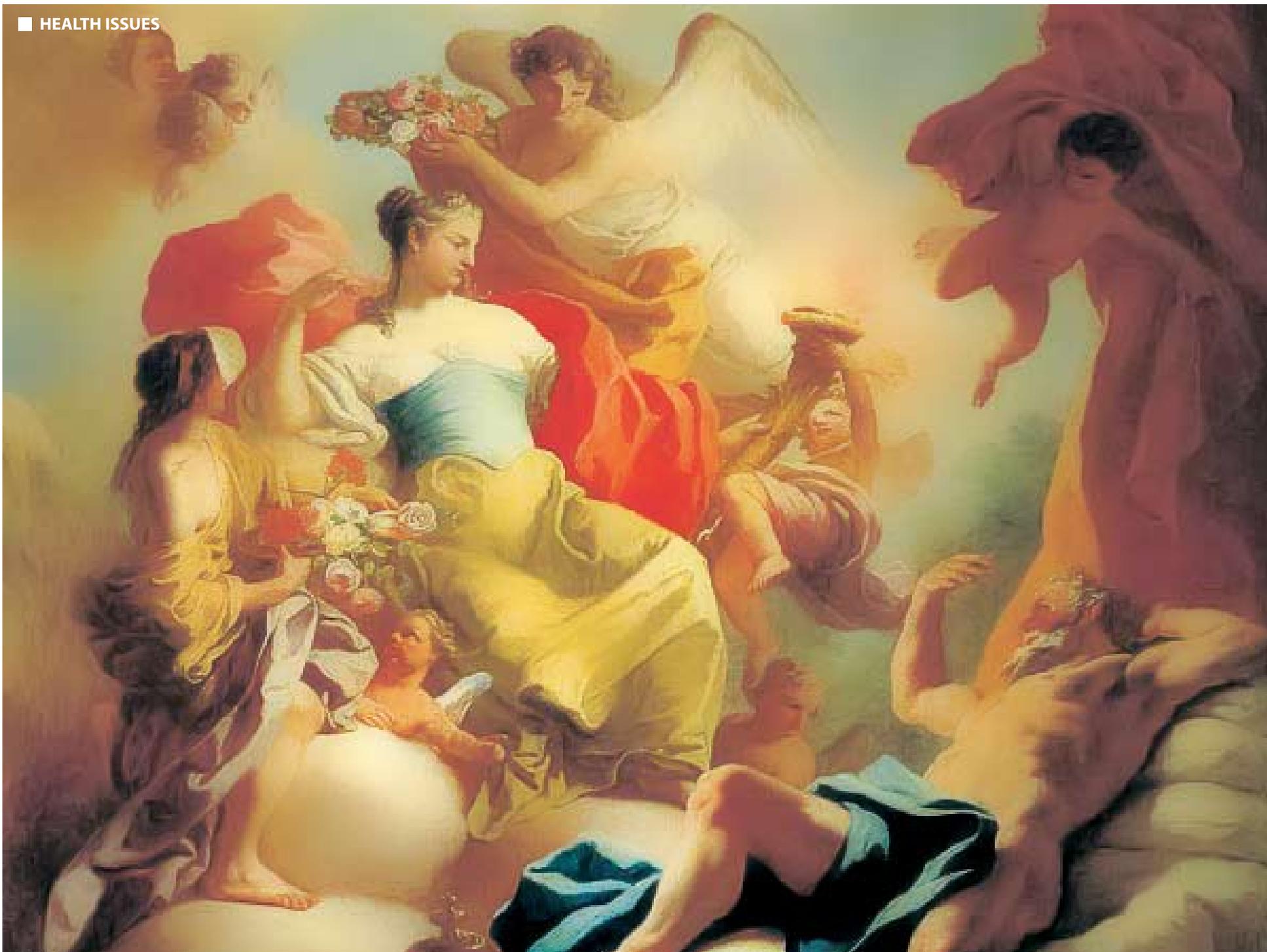
“I think the whole regional project is in danger.”

■ RECOVERING A LOST GENERATION

“Any recovery project obviously would have to be multi-focused. The top would have to reconstruct at the same time that the bottom is being reconstructed. If the top remains the same, any reconstruction at the bottom will collapse as well. The institutions necessary to facilitate that reconstruction have to be remoulded—specifically talking about education and health—and the boundaries set by authority figures in the society would also have to be reconfigured.

You hear all this talk about parenting, but that won’t work if the systems in which these people have to function remain the same. They have to occur in parallel. It’s about rebuilding, and a lot of stuff that’s been said a hundred times and more, about rebuilding communities and so on, but it’s about rebuilding them with a shift in terms of what is the purpose of their rebuilding. It’s about changing core values with regard to what is important, how quickly what is important is supposed to be achieved. It’s about art and centering art and artistic expression in their lives. It’s about providing stability which I think is a big influence on its own, the absence of stability in their lives and the absence of a stable care-giver whoever or wherever that might come from.”

HEALTH ISSUES



EOS BY FRANCESCO DE MURA

DEATH-DENYING ACTS

Can we afford the cost of prolonging a life that's gone?

BY DR HARIHARAN SEETHARAMAN

Although we no longer pay directly, people should be aware that the cost of treatment at an intensive care unit in Trinidad and Tobago is between \$5,000-\$20,000 a day. This enormous cost can be a strain on any healthcare system, especially when there is a perennial shortage of hospital beds.

However, because that cost is borne by the State, users of the public healthcare system rely on intensive care unit (ICU) services under circumstances when they might not if they paid directly for it.

It raises several dilemmas for institutions, hospital patients and their families, because technology has made possible many recoveries that would once have been miraculous, but still cannot hold the inevitable at bay forever.

In modern times, all branches of medicine have grown rapidly. Intensive care medicine has developed beyond anybody's imagination, with high-technology support for every failing organ system of the human body. People have started thinking that death is preventable with the help

of technology. Because of this "death-denying" notion of society, ICU admissions have increased, and dying on a ventilator has become common in many countries.

A few years ago, *Time* magazine reported that while 70% of Americans wanted to die at home, 75% died in hospitals and at least 30% died in the ICU. Similarly, in Canada, a survey showed that approximately 70% of the population died in hospitals and 50% of deaths occurred in the ICU.

It is now accepted that people do not want to die in medical institutions and also that relatives enter a financial roller-coaster and face immense hardships during these periods.

Widespread misconceptions about the value of cardiopulmonary resuscitation (CPR) are especially hyped by television. In other words, death has become more of a process rather than an event.

The ethical dimensions of end-of-life care are profound. We live in fear of death and most people want to prevent it by using high-technology life support. The reality is that life-support can become an agony-prolonging intervention.

When the process of death gets prolonged in a "futile" patient, intensive care is merely toying with biological parameters.

Vitalism, the belief that life processes are not wholly governed by the laws of physics and chemistry, may favour an argument that anything should be done to "save" life, but delaying death by high-technology intervention will not necessarily achieve the desired quality of life. Some argue that modern medicine has to hold on to human life because it is considered "worthy" (worthiness morality); however, the reality is that this is usually done on the basis of affordability.

Generally in high-technology medicine, huge sums of money are spent to treat a relatively small number of patients. Many treatment modalities of high-technology medicine are limited to only those patients who have access to it because of wealth, location, social class, etc.

Inequality of access to healthcare is a worldwide phenomenon and greatly depends on the global inequalities of resource distribution—the richest 1% of the world's

population earns as much as the poorest 57%. The per capita healthcare expenditure for the 960 million people living in the world's high-income countries is US\$2,736. This is 130 times that of the per capita expenditure for the 2.5 billion people living in the low-income countries, which is a meagre US\$21. The average cost of one high-technology medical intervention in the developed world is much higher than the annual per capita health expenditure in many developing countries.

In the English-speaking Caribbean, high-technology interventions such as ICU care are usually free to citizens, and are in constant demand. There is a clear need for allocating these services to those who would really benefit from them.

Determining whether it is worthwhile is the heart of the dilemma.

The capability of high-technology to alter the dying process and prolong a low-quality life has been described as the Eos Syndrome of modern medicine. In Homer's mythology, the goddess Eos asks Zeus to grant immortality to her mortal lover, Tithonos; forgetting to ask for his eternal youth. Tithonos grows so old that Eos abandons him in isolation forever. To some, this is similar to managing a patient on life-support systems in an ICU, prolonging the process of death. Disease has to be addressed at a primary level, without having to deal with the agonies of end-of-life care.

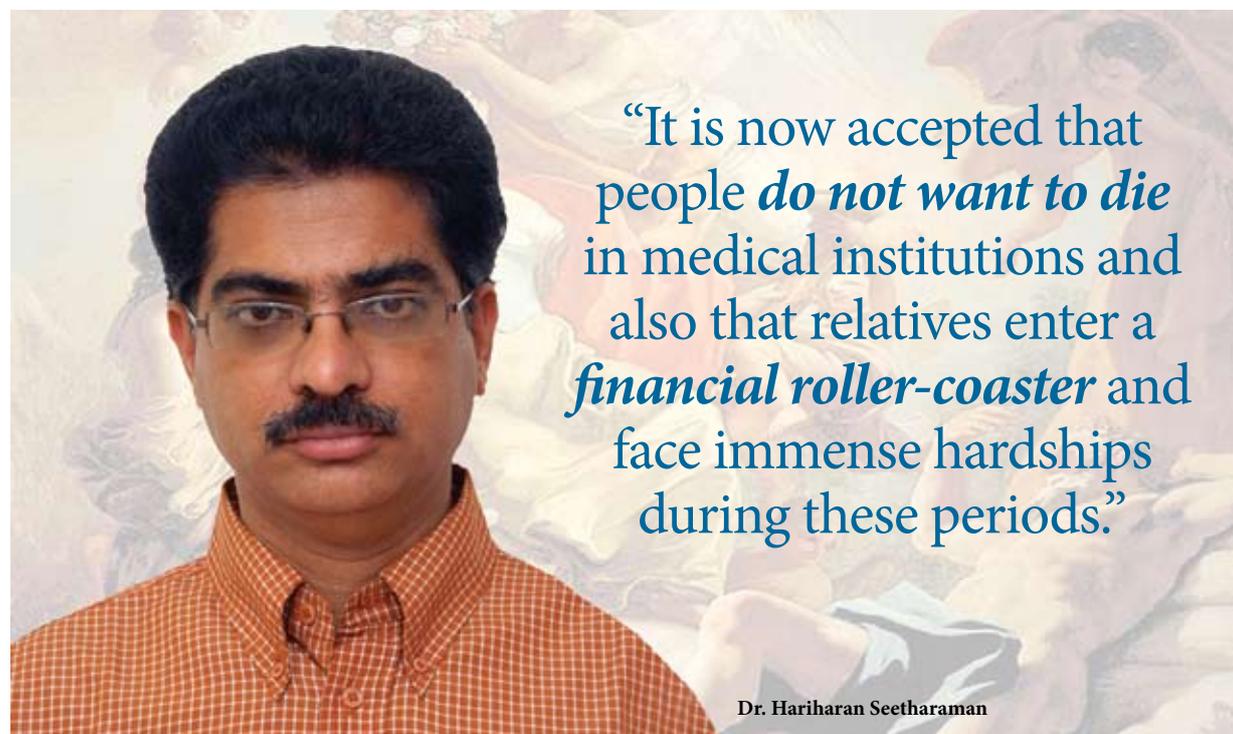
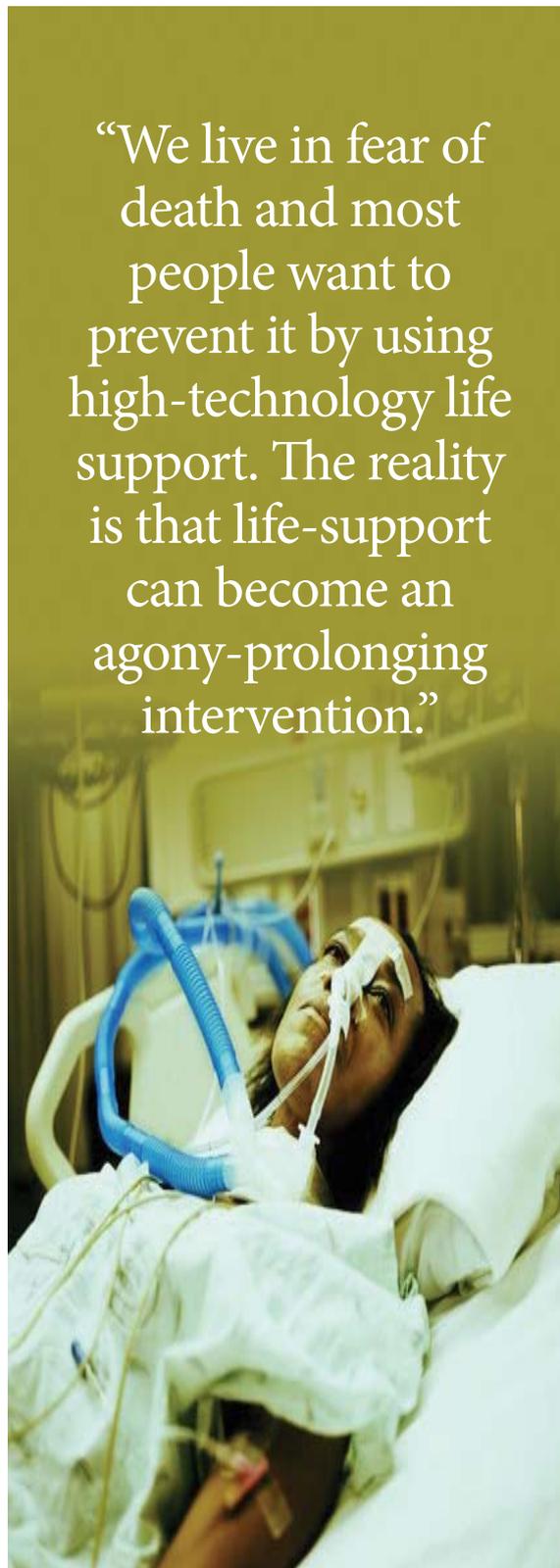
Another major ethical problem is the "rationing" of intensive care. This is quite germane to Trinidad and Tobago where there is a shortage of ICU beds. Although it is unanimous that cost should not influence decisions, in practice, things are quite different.

An interesting phenomenon occurred when the Eric Williams Medical Sciences Complex changed from a "fee-for-service" to an "all free" system in January 2006. During the fee-for-service days, an 80-year-old man with incurable brain haemorrhage was admitted to the ICU and was put on life-support systems. His relatives asked to end the life support due to the financial strain. Nowadays, when there is no apparent knowledge of the costs involved, many relatives want to continue support until the inevitable happens. Even a discussion about the end-of-life care is misinterpreted as pulling the plug.

Medical care might be better directed towards *preventing* illness and *treating* the curably ill, rather than *supporting* the life of an incurably sick patient. Our public should not be carried away by television shows telecasting miraculous survivals following CPR and ICU admissions.

Death is the stark end of everyone's life. The unnecessary delay is quite distressing not only to the patient, but also to the dear and near ones, as well as healthcare workers.

Dr. Hariharan Seetharaman is a Senior Lecturer and Consultant in Anaesthesia and Intensive Care at The UWI and EWMSC.



CAMPUS NEWS



Feraaz Abdool (Shaper), Khemraj Manoo, Anton Beach, Keegan Forde, Rajiv Sookdeo, Cornel Thompson, Rhea Boxill, Steaven Mc Millan, Ronald Thannoo, and Askia Alleyne formed Group F1, whose project was designed to help promote eco-tourism within the Valencia area.

ENGINEERS SERVE COMMUNITIES

At the beginning of this year, the Department of Electrical and Computer Engineering of the Faculty of Engineering introduced a module with a difference to its BSc Electrical and Computer Engineering programme.

The Community Service Learning (CSL) Group Project will now be part of the Department's practice stream and it is community-based. Essentially, students are required to identify and solve a problem related to electrical and computer engineering in a community of their choice.

By participating in this project, graduates are acquiring the kinds of practical skills needed in our region as well as an awareness of the social and economic needs of small communities.

As the first cycle of eight group projects ended, the Department received written expressions of gratitude from recipient organizations. Students reported a great sense of fulfillment as they gave back to their communities, which they found to be a motivating experience. Yohan Seepersad, a second-year student who has represented Trinidad and Tobago at the Mathematics Olympiad in Mexico and Viet Nam, said it was "one of my proudest moments in life thus far..."

The Chairman of the Sangre Grande Regional Corporation, where students developed a website featuring Valencia, said "It was actually a pleasure to see technical students taking interest in eco tourism."

One student, Jagdish Boodoosingh, reported that Toussaint Roberts, a member of the St. Vincent de Paul Home Committee, was so thankful, he said, "God bless this generation, this project was a gift from above," while another member, Lennox Harris, said, "It makes my heart glad to see young people taking on an active interest in us older folks."

These projects were all student initiatives and were structured in such a way that each group was responsible for identifying suitably qualified persons to supervise the projects that they undertook, with approval from the Department. It was the responsibility of the students to acquire funding for their initiatives.

The projects they undertook were:

- Online Tutorials, St. Mary's Home for Children (Group E1)
- Installation of an Intercom System, Curepe Presbyterian School (Group E2)
- Promoting Eco-Tourism in the Valencia Area Through Web-Based Technology (Group F1)
- Web-Based Skills Database Application: Skill Joy, Penal/Debe Community (Group F2)
- Replacement of Lighting System, Arunodai Presbyterian Church (Group G1)
- Lights of Hope, St. Dominic's Children's Home (Group G2)
- Installation of an Emergency Backup Light Systems at the St. Vincent De Paul Home for the Aged (Group H1)
- The SMS Based Community Messaging System, Chaguanas (Group H2)


 ■ COMMUNITY SERVICE

Snake Bites

How many types of poisonous snakes are there in Trinidad and Tobago?

There are more than sixty species of snakes in Trinidad and Tobago. Trinidad has four venomous species. There are no venomous snakes in Tobago.

What are the venomous snakes of Trinidad?

The four species are the two Coral and the two Mapipire Snakes.

CORAL SNAKES

- *Large Coral – Micrurus lemniscatus diutius*
- *Small Coral – Micrurus circinalis*

MAPIPIRE SNAKES

- *Bushmaster aka Mapipire z'anana*
Lachesis muta muta
- *Fer-de-lance aka Mapipire balsain*
Bothrops atrox

Coral snakes are usually easily recognized by their red, yellow/white, and black coloured banding. However, several nonvenomous species – including the False Coral – have similar colouration! Some persons may have been taught that “Red on yellow, kill a fellow; red on black, poison lack”. This is not true for the Trinidad species. Both banding patterns are poisonous.

The mapipire have two elongated, upper maxillary teeth (fang), which can be unfolded from their resting position against the roof of the mouth, to their biting position, where they are almost perpendicular to the upper jaw. Each fang is shed periodically and is replaced by the first reserve fang. They have a deep, easily identifiable pit between the eye and the nostril. (The pit is a heat sensing device that aids in detecting warm-blooded prey at night.) Colour and pattern are deceptive criteria for identification and should only be used by the very knowledgeable.

What First-Aid treatment can be used for snake bites?

Unless the snake has been positively identified as being non-venomous, all snake bites are medical emergencies and the victim should be immediately transported to the nearest health-care facility.

In circumstances where a long time may pass before the victim can seek help from a healthcare professional:

- Keep the patient as calm as possible.
- Apply dressing if bleeding.
- Immobilize the affected limb at or below the level of the heart.
- A tourniquet or constricting bands should be applied to the bitten limb, between the wound and the heart. The band should be at least an inch (2 – 3 cm) wide and slack enough for a finger to be passed between the wound and the limb. (If the tourniquet is too tight, the venom may be trapped and cause tissue damage and necrosis – tissue death).
- Transport to the nearest health-care facility.

What are some of the treatments that are NOT advised?

- Cutting of the wound and sucking out the venom is never recommended. (This has not been shown to have any benefit and it can increase the effect of infection or damage. Additionally, the mapipire's fang can be over an inch (2.5 cm) long. An incision, by an untrained person, to this depth can result in life threatening injury. Persons sucking out venom, who have open wounds in their mouths may also be envenomated.)
- Alcohol should not be used. (Alcohol increases blood flow in the extremities and will help to spread the poison.)
- Eating dirt and/or ingesting a mixture of mud and water are of no proven benefit.

What is the timeframe after which the poison takes effect?

The time between being bitten and the development of signs of poisoning depends on a number of factors, including:

- The nature, location, depth and number of bites
- Amount of venom / poison administered by the snake
- The species and size of the snake
- The age and size of the victim
- The general health of the victim (before the snake bite)
- The victim's sensitivity to the venom

I have heard that treatment of venomous snakebites require the use of antivenom. Where in Trinidad is this available?

Not all snakebites will require antivenom treatment. There are instances when the bite may be 'dry' (no envenomation). However, The Ministry of Health imports both coral and mapipire antivenom and makes it available to the public at all major Government hospitals in Trinidad.

Is there any scientific validity to some of the more popular 'sayings' about snakes and snakebites?

- If after biting its victim, the snake gets to water before the victim, the victim will surely die.
There is no evidence whatsoever to support this.
- Snakes get their poison by eating frogs / crapauds.

Venomous snakes are born with venom / poison in special sacs from which it goes to the fangs. In fact very young snakes can be even deadlier than mature venomous snakes. This is because the mature snake limits the release of venom as warranted by the particular situation (e.g. size of prey), but the young snake invariably release the entire content of their venom stores - until such time as they have learned this control.

Where can I obtain additional information about snakebites?

NATIONAL POISON CENTRE

The University of the West Indies
Faculty of Medical Sciences
Eric Williams Medical Sciences Complex
Champs Fleurs

Director: Dr. Verrol Simmons

Tel: 800 2742 • Fax: 645 7428

Email: Poison.Centre@sta.uwi.edu

THE EASTERN REGIONAL HEALTH AUTHORITY POISON INFORMATION CENTRE

Sangre Grande District Hospital

Ojoe Road

Sangre Grande

Director: Ms. Angelie Lochan

Tel: 800 2742 • Fax: 668 4741

Email: pic@erha.co.tt



■ COMMUNITY SERVICE



Alfonso Mendoca, the Martha's Smile project's official accessories designer.

At a time where most depictions of society's youth are negative, 22-year-old entrepreneur, Toni Thorne, CEO of BoUiK and graduate of The University of the West Indies, Cave Hill, has assembled a small team with a fresh new approach to the fight against HIV/AIDS. Viewing social responsibility as a vital aspect of modern business, she identified the need to give back to society with the non-profit venture Martha's Smile.

Statistics confirm that globally, the Caribbean ranks second only to Sub-Saharan Africa in terms of the prevalence of HIV/AIDS, making it possibly society's biggest threat, particularly to our reproductive sectors. Motivated by this harsh reality, the Martha's Smile initiative, seeks to use creativity to assist Martha's Home, a subsidiary of the Mustard Seed Communities. As a private home in Jamaica, it is responsible for approximately thirty HIV infected children who have either been abandoned or orphaned. However, in a sad twist of fate, in March of this year Martha's home was burnt to the ground; thus the initiative was conceptualized to contribute to the restoration process.

"Jamaica was responsible for a large amount of the exposure we received as a small company in the Caribbean fashion industry. We simply had to do something to give back to the lovely community there; ideally, it is a regional effort. I think everyone knows someone suffering from the stigma and health effects of HIV/AIDS," said Thorne.

Under the project, which is already turning heads, dance and music lessons will be provided to the home's charges for at least a year. Additionally, BoUiK intends to host an Art Day where the children will be asked to paint and dye an all-white collection donated by the Caribbean's best designers.

This collection will then be showcased and auctioned amidst all its deserving glitz and glamour in late September in Jamaica. All proceeds from the fashion show, which has thus far been endorsed by The Jamaica Child Development Agency, Jamaica Association of Young Professionals, Toy Box Charity Foundation and Mustard Seed Communities, the Love Campaign and Pulse Caribbean, would then be donated to Martha's Home.

Clearly, Martha's Smile is contagious as designers from as far as Columbia, in the likes of Alfonso Mendoca, the project's official accessories designer, are "ecstatic" that they could be a part of something that combines their passion with such a noble purpose. Other fashion icons involved include, Trinidad's Claudia Pegus and Heather Jones, St Vincent's Tamiko Browne, Guyana's Andrew Harris and Sonia Noel, Jamaica's Poshe and Kumba and from Barbados Rojoe, Fetish by Cassandra Mottley, Fifth Element, Kaye Applewaithe, Kingley Thorne, Nefertari, Pat Blackman, Pat Brathwaite, Pauline Bellamy, Posh Punk by Antonio Cumberbatch, Shakad by Shanika Burnett, Sharon James, Simon Foster, 3rd Revolt, Wayne Smith.



Models at one of Toni Thorne's BoUiK's shows.

Students help build homes

'You can Help' is a volunteer programme that relies on students and community groups who offer their time and services to construct homes for the needy, with the latest project being constructing a home for a family in Tunapuna

The programme began in 2005, when 70 secondary school and university students pitched in to help build a Gran Couva home for a needy family with eight children. The programme was launched by North Hall, a registered non-profit organisation that aims to help young men make choices that will lead them to become responsible adults. At North Hall, students are exposed to human development programmes via seminars, conferences, hikes, spiritual development classes, mentorship programmes and sports. The 'You Can Help' programme helps students to understand the value of community service and deepens their holistic development.

For more information about the 'You Can Help' programme, please contact North Hall at: northhall@gmail.com or call (868) 645-9755, or visit the centre located at 7 Deane Street, St Augustine.



Andre Edoo, a second-year student in Social Sciences lends a community hand.

UWI LIFE
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■ IN THE ARTS

Screenings for Film Festival

Works from students of The UWI's Film Programme are among a range of films, including feature-length narratives, documentaries, experimental films and short films, to be screened in preparation for the Trinidad & Tobago Film Festival 09.

Students with work to show are **Thomas Jemerson** (Queen of the Brands), **Roger Alexis** (The Contemporary Sorcerer), **Oyetayo Ojoade** (Suck meh Soucouyant), **Jimmel Daniel** and **Renee Pollonais** (Power of the Vagina), **Solange Plaza** (Racing Definitions). A collective of students from the final year will be represented by the film *Sans Souci*, written and directed by **Francesca Hawkins**.

Bury Your Mother, an experimental film by UWI alumnus **Jaime Lee Loy** will also be shown.



Francesca Hawkins



Prof Patricia Mohammed



Robert Yao Ramesar

In addition to the student screenings, filmmaker and lecturer in the Film Programme, **Robert Yao Ramesar** will be screening his feature film *Sistagod II: Her Second Coming*, while Coordinator of the Film Programme, **Dr Jean Antoine-Dunne's** documentary on **Prof Gordon Rohlehr** will be shown. **Prof Patricia Mohammed's** film about Indo-Trinidadian culture, *Coolie Pink and Green*, will be shown, as well as a film about VS Naipaul by Dr Bhoie Tewarie.

Noted British documentary filmmaker **Adam Low** will attend on Thursday 24, for a screening of his film about acclaimed Indian director **Satyajit Ray** (Ray's debut film, the classic, *Pather Panchali*, will follow).

A number of filmmakers from the black British film collective, BFM, will screen some of their films on Friday evening.

During the day, screenings take place at the Centre for Language Learning, at the St Augustine campus, and on evenings, they will be outdoors at the new Film Programme location on Carmody Street in St Augustine.

The screenings take place on Thursday 24 and Friday 25 September and are free and open to the public.

See Screening Schedule on Page 16

Sweeping the Cacique Awards – High fives and sixes!



Jessel Murray

The UWI was outstanding at the prestigious Cacique Awards held recently at Queen's Hall in St Ann's.

The awards, which covered the period from 2007 to 2008, were dominated by the **Festival Chorale**, led by **Jessel Murray**, which took six awards for **Oliver** (2007); while three awards went to **The Sound of Music** (2008), including **Most Outstanding Actress** (**Hannah Howard**).

The **Department of Festival and Creative Arts** added to that making the overall UWI haul come up to 11 of the 22 awards presented on the night.

Student Production's **Bitter Cassava** (2008) won awards for **Most Outstanding Supporting Actress** (**Abigail Henry**) and **Most Outstanding Supporting Actor** (**Muhammed Muwakil**). **Dimitri Pollard, 11**, won the **Most Outstanding Supporting Actor** award. *Congratulations!*

AWARDS WON BY UWI 2007

1. Most Outstanding Achievement in Set Design: **Kwynn Johnson: Oliver**
2. Most Outstanding Achievement in Costume Design: **Paulette Alfred: Oliver**
3. Most Outstanding Performance by an Actress in a Supporting Role: **Kendra Sylvester: Oliver**
4. Most Outstanding Performance by an Actor in a Supporting Role: **Dimitri Pollard: Oliver**
5. Most Outstanding Dramatic Production: **Oliver**
6. Most Outstanding Production: **Oliver**

AWARDS WON BY UWI 2008

1. Most Outstanding Achievement in Set Design: **Gillian Creese and Jennifer Moab: Sound of Music**
2. Most Outstanding Achievement in Costume Design: **Paulette Alfred: Sound of Music**
3. Most Outstanding Performance by an Actress in a Supporting Role: **Abigail Henry: Bitter Cassava**
4. Most Outstanding Performance by an Actor in a Supporting Role: **Mohammed Muwakil: Bitter Cassava**
5. Most Outstanding Performance by an Actress in a Leading Role: **Hannah Howard: Sound of Music**



Kwynn Johnson

UWI CALENDAR of EVENTS

AUGUST – SEPTEMBER

UWI Alumni 7th Annual Independence Cruise

August 31st, 2009
Pier II, Chaguaramas

The UWI Alumni Association (T&T Chapter) will host its 7th Annual Independence Cruise aboard the Treasure Queen on Monday 31st August, 2009 from 7 p.m. to 10 p.m. The vessel departs from Pier II, Chaguaramas and boarding begins at 6 p.m. Proceeds from the cruise will enable continuation of the Chapter's educational development programmes, such as the UWI Student Today Alumni Tomorrow (UWISTAT), Mentorship and Apprentice programmes, and Bursary Awards. The contribution for this semi-inclusive event is TT\$150 per person.

For more information and tickets contact Charmain Subero at (868) 662-2002 Ext. 2099, or (868) 663-1579, or email Charmain.Subero@sta.uwi.edu.

Strategies to Cope with Global Uncertainty

September 4th, 2009
Kingston, Jamaica

The Caribbean Centre for Money and Finance will host the seminar entitled "Strategies to Cope with Global Uncertainty – Choices for Caribbean Business and Finance". The seminar is intended to assist Caribbean CEOs and top managers of business and financial companies in planning strategies to cope with global financial and economic turmoil. The seminar will feature presentations by local and international experts who will offer insight into the roots of the financial and economic crisis, and the nature and intent of changes we may expect to see in global financial structures.

For further details, please call the Caribbean Centre Money and Finance at (868) 645-1174 or e-mail ccmf@sta.uwi.edu. You may also visit the seminar's website at <http://www.boj.org.jm/ccmf>.

Screenings for Trinidad & Tobago Film Festival 09

September 24th-25th, 2009
UWI, St Augustine Campus

During the day, screenings take place at the Centre for Language Learning, at the St Augustine campus, and on evenings, they will be outdoors at the new Film Programme location on Carmody Street in St Augustine. The programme for screenings is as follows:

THURSDAY 24TH SEPTEMBER 2009

11am-1pm

The Contemporary Sorcerer,
Carmen & Geoffrey

1pm-3pm

The Cinema of Satyajit Ray

3pm-5pm

Pather Panchali

7pm-9pm

Suck Meh Soucouyant, Sistagod II

FRIDAY 25TH SEPTEMBER 2009

11am-1pm

La passion d'un pays

1pm-2pm

Racing Definitions, Power of the Vagina

2pm-4pm

Sans Souci, Bury Your Mother

4pm-6pm

Documentaries on Gordon Rohlehr and Leroy Clarke, Coolie Pink and Green

7pm-10pm

**Queen of the Brands, Melvin:
Portrait of a Player, Hasta Siempre,
Afro-Saxons**

I UWI LIFE

UWI LIFE 2009

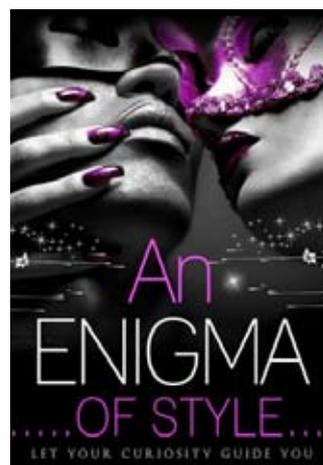
September 2nd-4th, 2009
UWI, St. Augustine Campus

UWI is opening its gates for the incoming class of 2009! The official student orientation programme kicks off on Wednesday 2nd September at 5.30 p.m., with a session for the parents, guardians, and spouses of our incoming students. On Thursday 3rd September at 5:30 p.m. we're hosting 'UWI Life Extension', a special segment for all of our mature, evening and postgraduate students. Orientation will wrap up with an all-day event on Friday 4th September, 2009 for all first-year undergraduate students. All incoming students are invited to come out and greet your new colleagues while taking part in forums, games, giveaways and musical performances.

For more information, please call 662-2002 Ext. 3635 or 2315.

An Enigma of Style

Saturday 12th September, 2009
Learning Resource Centre, UWI



The UWI Guild of Students will host a fashion show entitled "AN ENIGMA OF STYLE" on Saturday 12th September 2009. The show promises to combine drama, dance, music and fashion to create a truly dynamic event for the UWI orientation week. Proceeds from this show will contribute to the Guild's recently launched charity, The UWI Guild Legacy Fund, which provides financial assistance to children who require surgery. The show will feature designs from established and budding local designers, and performances by local artistes.

For more information call the UWI Guild of Students at (868) 662-2002 Ext. 2250, or log on to the Facebook event page titled 'An ENIGMA of Style'.

UWI TODAY WANTS TO HEAR FROM YOU

UWI TODAY welcomes submissions by staff and students for publication in the paper. Please send your suggestions, comments, or articles for consideration to uwitoday@sta.uwi.edu.