

have figured out how long we should leave the sutures in, how long to stay off an injured foot, how many days a cough should last, even how many weeks form the span of normal sadness. These are the yardsticks against which we measure symptoms. How long have you had this? When did it begin? When was the last time you can remember feeling okay? It tells us a lot about what we can and can't do, to know when the lump appeared, how many years of drinking and smoking there have been, how long the chest pain lasted before it eased.

Because we stand outside the stream of illness-time as it engulfs our patients, we can miss the currents that move us. As we watch a patient progress from health to death, it is easy to feel immortal. Are we not still here, unchanged, not a day older, not the slightest bit altered from what we have always been? Until, at the strangest

times, something catches us, we look at our bodies, and we realize that we too have been making the journey the whole time.

But medicine has taught us that it is not a bad thing that life is short, or that we are getting older. Before I became a doctor I was afraid of illness and death. I thought that being exposed to these conditions on a regular basis might make that fear worse, but instead it has helped. I still don't relish the thought of becoming sick or old, but at least the processes seem more natural. If I remember that I am not exempt, I can be grateful for the time that I have, whether it is fifty years, more, or less. I want to make the most of it and not, as Thoreau said, come to the end of my life only to discover that I have not lived.

The turning of the New Year lasts only a moment. Before I realize it, the

decorations are back on the shelf by the photocopier and it's mid-January. Resolutions are broken, and things move along as before. The days come quickly, one after another, pushed along by the many small worries that rise and fall like the tide.

But, at the strangest times — at the change of the seasons, or on a midsummer night — I get the feeling that comes to me most consistently in the first days of the New Year. The feeling that time has stopped for a moment, or that I have stepped outside of it just long enough to look around. To see where it is that I find myself. To wonder how much time remains. To consider what it is that I want to do now, what it is that I resolve I will become on this New Year's Day.

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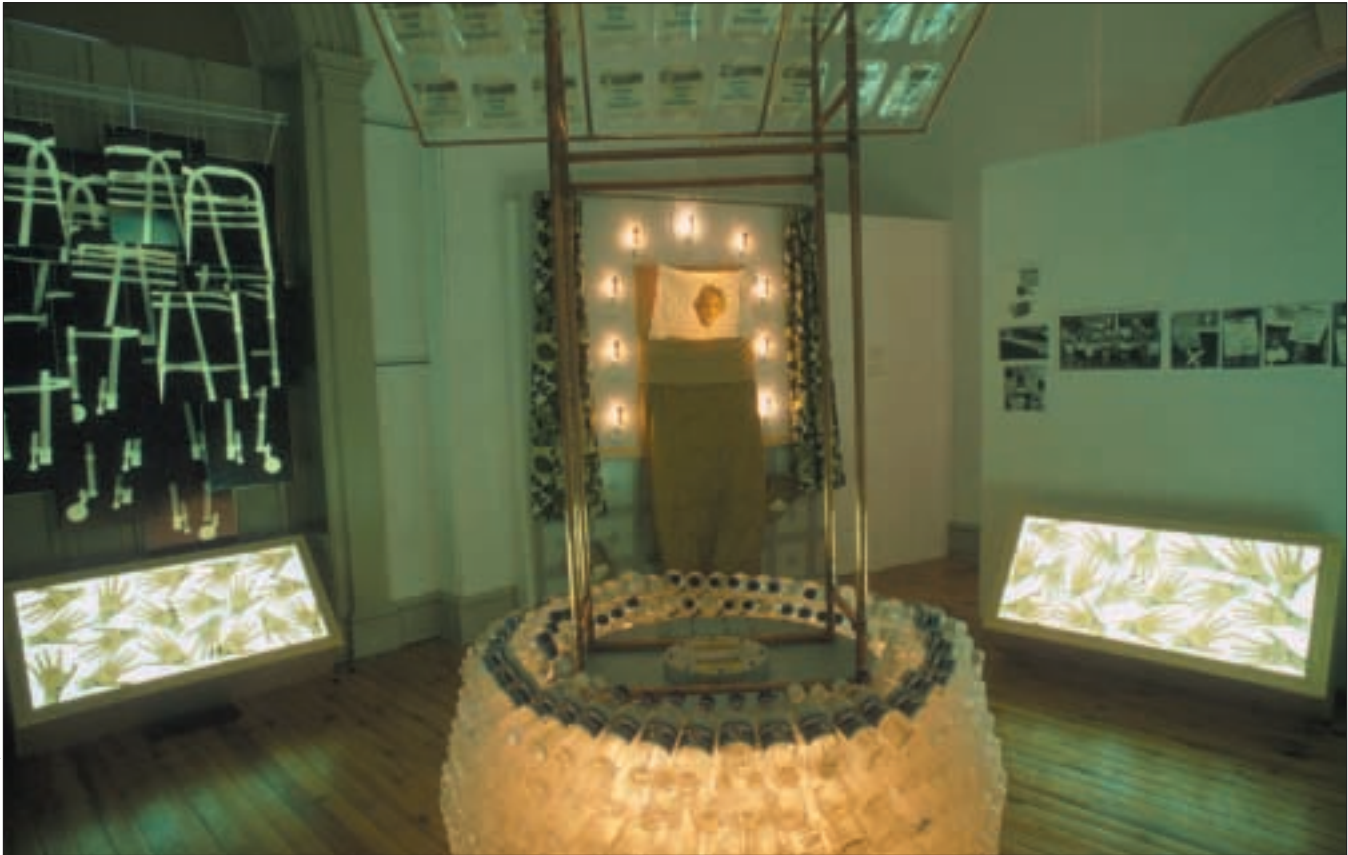
Lifeworks

Political work

Although the impetus for his work is often personal experience, the topics that artist Peter Karuna deals with in his video projects become political — perhaps even universal — and are far less navel-gazing than one might expect of contemporary self-reflective video work. The installation he worked on called *When You Need Me: Health Care Workers in Ontario* is a good example. As part of a larger exhibition called *Can I Help You? Canadian Workers at Your Service*, the video was recently on display at the Ontario Workers Arts and Heritage Centre (OWAHC) in Hamilton, Ont. The exhibition explored labour issues unique to those who serve the public in fields as diverse as the food industry and health care. Among the artists invited to participate was “Careless Servant Woman,” a collective whose members are Peter Karuna, Anne Milne and their daughter Iris Karuna. What they came up with is a provocative explo-



Peter Karuna, with Anne Milne and Iris Karuna, 2001. *Untitled*. Mixed media, 8' × 6' (approx). The colour photo image of an old and frail woman is applied to a white pillow that is lit from inside and positioned at the head of a vertical “bed.” An arc of glowing night lights enshrines the image of the woman. Each night light illuminates a tiny, full-length portrait of the same woman. Floral curtains, floor tiles and incontinence briefs tucked into two bedpans frame the arrangement.



© Peter Karuna, 2001

Peter Karuna, with Anne Milne and Iris Karuna, 2001. Installation shot of *When You Need Me*. At the centre is “Mike’s Home-care Wishing Well,” mixed media (copper, recycled spring water bottles, urostomy pouches, wood, lighting). A sign on top (not visible) promises home care access for all Ontarians; the translucent urostomy-bag shingles contain inserts with a trillium logo and the phrase “Open for Business.” To the left is a silver print photograph of walking aids. Lightboxes display latex surgical gloves; inside each glove is a colour image of a woman’s hand, with a superimposed word or phrase. Above the right lightbox are photographs of striking home care nurses.

ration of the day-to-day tasks of health care workers such as nurses and home care workers and the political challenges facing health care today.

Criticism of increasing privatization in many sectors, including health care, has become widespread. The artists who participated in the OWAHC project have joined the list of skeptics. According to the centre’s press material, home care agencies in Ontario are currently forced to compete for provincial contracts. When an agency loses a contract, many workers lose their jobs and are expected to switch to an agency whose bid has been successful. Seniority, job security and wages are jeopardized, as is the desirability of a career in home care.

When You Need Me documents responses to this changing climate

through personal interviews with workers. Judging by their comments, not only are working conditions altered, but so is the quality of patient care. Accompanying the video, a room-size installation incorporating fragmented x-ray images of walkers and wheelchairs formed the most symbolic and, consequently, most daunting part of the work. Latex gloves filling a display case were accompanied by words reminding the viewer of their necessity: “mucus,” “lesions,” “sores,” etc. But the exhibition shifted from the political to the personal with the inclusion of a composition: a pillow, several night-lights and a sleeping bag hung on a wall. On the pillow was an image of an elderly woman’s face. Beside this arrangement was a statement that set the tone for the room:

My mother visited Canada three times. During one of her visits, she was employed by a well-off family as a live-in support worker. She cared for an elderly man. Her wages were very low, but she didn’t have to pay for her room and board. In 1990, she left Canada for the last time. After a prolonged illness, she died in poverty.

This testimony might hint at the personal experience that spawned this project. But the overriding message is a political one that hits home: supporting the work of home care should be a political priority. Anyone can get sick. And, if we live long enough, we might need a little support in our homes. Let’s hope there will be something there for us.

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