

Thank you, Queen Rania, for your invitation to Canada to participate in this International Roundtable Session and for your own work as Patron of the International Osteoporosis Foundation. Your efforts are known and appreciated by all of us.

This is an important and symbolic gathering of women from several countries. It provides us with the opportunity to raise, in a very public way, the nature of osteoporosis and the scope of its impact – especially on women – in our societies.

But this meeting has a larger purpose than raising awareness of osteoporosis and its crippling and often fatal results for the 1 in 3 women and 1 in 8 men internationally who suffer from it. We are here to take concrete steps to urge all of our governments, and the international agencies that deal with women's health, to act now to ensure early and accurate diagnosis, effective prevention and treatment, and funding for the research into osteoporosis.

As a medical law specialist and author, who has been the national spokesperson for the Osteoporosis Society of Canada, I support the Society's work across Canada and see this roundtable as an opportunity for all of us to create awareness and actions internationally to address this serious bone disease.

Twenty years ago this June, when the Osteoporosis Society of Canada began its pioneer work as the first national osteoporosis organization in the world, Canada had just passed its *Charter of Rights and Freedoms* that guarantees

both procedural and substantive equality to all Canadians. Access to health care was not then seen as a rights issue. Now we know that discrimination can take many forms and affects individuals and groups differently. Because osteoporosis has traditionally been labelled as a disease mainly affecting elderly women, its diagnosis and treatment have not been national or provincial health care priorities.

Thanks to the work of national organizations like the Osteoporosis Society of Canada, their scientific council, consumer advocates and members that situation is changing. In Canada we are fortunate to have a strong base of

committed advocates who have been actively working on this issue for several years.

The “NO FRACTURE IS ACCEPTABLE” campaign initiated over two years ago created an awareness of the critical issues of access to diagnosis and treatment. The campaign successfully moved several provincial and territorial governments to provide improved access to medication and diagnosis for Canadian women.

But much work remains. Our collective call to action provides further encouragement to us to address these critical issues with policy makers in Canada. This meeting and our call to action reminds all governments that the diagnosis and treatment of osteoporosis is a critical health care priority.

Each of us must continue to work hard to ensure that the call to action we sign today becomes reality. That is why I am pleased to be able to share with you how the Osteoporosis Society of Canada and its supporters across our vast land plan to continue to move this agenda forward in the coming months.

Upon our return to Canada we will meet with our federal Minister of Health, the Hon. Anne McLellan, in Ottawa, to brief her and seek her support for the substance of the “Call to Action” we are signing here today.

Second, because the delivery of health and medical care in Canada is a provincial/territorial responsibility, we will continue the efforts of the committed osteoporosis advocates in Canada by seeking meetings with provincial and territorial Ministers of Health. During those meetings we will reiterate the key messages of the “NO FRACTURE IS ACCEPTABLE” campaign and demonstrate to them from the “Call to Action” we are signing today the global scope and local importance of this issue.

Third, as a part of that dialogue with the provinces and territories, we will work with selected departments of health to ensure that the drug therapies proven to reduce the risks and to improve the outcomes associated with osteoporosis be covered under our publicly financed health care insurance plans. There is no use improving the diagnosis of osteoporosis if we refuse to provide treatment. Our goal remains to prevent a first fracture and we will continue to urge governments everywhere to do this.

The poorest Canadians are single, widowed and divorced women over age 65. This is one of the groups that is also at the highest risk for osteoporosis. We have an obligation to ensure that they receive the best diagnosis and treatment. That will cost money, because we want the most effective drugs covered, not the least expensive. Women should not have to choose between food and medication to treat the disease that ravages their bones.

Fourth, we will meet with the President of the Canadian Institutes of Health Research, Dr. Allan Bernstein, to discuss how we can work together through research to improve women's health and combat osteoporosis.

Finally, the Osteoporosis Society of Canada will continue its ongoing efforts to increase awareness of the causes of osteoporosis; the current diagnosis technologies; and the options for prevention and treatment. The Society has been committed to these objectives since it became the first national osteoporosis society in the world twenty years ago. We will continue our work with individuals affected by osteoporosis and their families as one of our key priorities. We are establishing and growing our chapters across the country to ensure all Canadians have access to key information and support. Furthermore, by December 2002 the Society will be releasing its evidence-based clinical guidelines that will shape health policy and clinical practice in each province.

Our committed volunteers and staff are our strength and we thank them . They have made our participation nationally and internationally a reality.

We are very lucky women. We have the affluence and the influence to be here today to join our voices together to call on our governments and on the world's international institutions to address osteoporosis as a major public health and social priority. The statistics speak to its prevalence and impact on the lives of millions of women (and men) in our countries. Some around this table live with the disease and have seen their mothers bend and break under the pressure of disintegrating bones. Osteoporosis is about women's health. But it is also about women's equality.

I am personally honoured to be able to join you here today and I am equally honoured on behalf of the Osteoporosis Society of Canada. We stand united

in our pledge to continue to go beyond the awareness stage and to press for action by governments nationally and internationally. We will provide them with the health, education, awareness, treatment, and research strategies needed to attack and eliminate osteoporosis.