House of Commons
CANADA

Standing Committee on Health

HESA • NUMBER 006 • 1st SESSION • 38th PARLIAMENT

EVIDENCE

Thursday, November 4, 2004

Chair

Ms. Bonnie Brown

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● (1110)

[*English*]

The Chair (Ms. Bonnie Brown (Oakville, Lib.)): Ladies and gentlemen, good morning. It's my pleasure to call this meeting to order.

I will remind the committee members that we're following a different procedure. We're following what I call the normal procedure when a minister is not present. It's just that at your last couple of meetings you've had ministers, so you've gone to the extraordinary methodology.

Just to remind you, it's essentially five minutes per member. The first two questions belong to the members of the official opposition, followed by five to the Bloc, five to the Liberals, and five to the New Democratic Party. Subsequent questions are alternately shared between the government side and the opposition side. So we're back to our normal procedures.

Without further ado, I would like to introduce today's witnesses on Bill C-12.

Mr. Rob Merrifield (Yellowhead, CPC): On a point of order.

The Chair: If it's truly a point of order.

Mr. Rob Merrifield: It's an issue that I want to address, because I owe the Bloc an apology, and I just want to do that on record. I defended them at the last meeting with regard to the idea that the Liberal Party should have been part of a news conference we had on hepatitis C. But I was embarrassed yesterday when two members of the committee—

Hon. Robert Thibault (West Nova, Lib.): On a point of order. Just to assist Mr. Merrifield, I think before he refers to anything at that meeting he should be reminded that part of the meeting was in camera. I don't think the member would want to refer in an open meeting to discussions that happened in camera.

Mr. Rob Merrifield: Okay.

The Chair: If you like, Mr. Merrifield, at the end of this meeting we can go in camera for a couple of minutes for you to do this. Is that okay?

Mr. Rob Merrifield: Yes. I think we should discuss it. That's fine.

The Chair: If there's time.

We'll proceed then with the witnesses for today on Bill C-12, Mr. Paul Gully and Mr. Dennis Brodie from the Public Health Agency. Thank you for coming, gentlemen. From the Department of Health, we have Mr. Mario Simard, the general counsel. Thank you for coming, Mr. Simard.

We'll begin with Mr. Gully. The floor is yours.

Dr. Paul Gully (Senior Director General, Public Health Agency of Canada): Thank you, Madam Chair.

This is a follow-up to the presentations last week from the Minister of State for Public Health and the Chief Public Health Officer. We're here today to respond to questions of clarification from the members, to aid your discussion. I don't have a statement to make or a presentation, except to say we're here to assist and to answer your questions.

The Chair: Thank you.

Mr. Brodie, are you in the same situation?

Mr. Dennis Brodie (Legislative and Regulatory Policy Advisor, Centre for Emergency Preparedness and Response, Public Health Agency of Canada): [*Technical difficulty—Editor*]

The Chair: [*Technical difficulty—Editor*]...through those areas that they thought were controversial, and why the department decided to go in a certain direction on them if they were controversial.

I guess if you're not prepared to do that, we'll move to questions.

We'll begin with Mr. Fletcher.

● (1115)

Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC): I'm going to yield my time to Mr. Merrifield.

The Chair: Mr. Merrifield.

Mr. Rob Merrifield: I'll be splitting my time with Ms. Skelton.

It's a very important piece of legislation. It's a long time since we've seen it. We talked about this the other day with the minister, as well as with Dr. Butler-Jones.

When I recall what actually happened when SARS broke out in this country—and I talked to the minister of the day at the time—it's the Minister of Health who really pulls the trigger on the Quarantine Act. Is that correct?

Dr. Paul Gully: The Minister of Health has overall jurisdiction. However, the quarantine officers and those other people delegated with authorities under the Quarantine Act can use the powers of the act if and when they're required. So it does not require a decision by the Minister of Health to in fact use the powers of the Quarantine Act.

Mr. Rob Merrifield: Is this under the old act or the new one?

Dr. Paul Gully: Both.

Mr. Rob Merrifield: So the quarantine officers are the ones who can decide whether to apply the act instantly or not.

Dr. Paul Gully: Under the old act, that's correct.

Mr. Rob Merrifield: With or without the minister.

Dr. Paul Gully: That's correct. Under the new act, the screening officers and other individuals delegated can actually use the powers of the act.

Mr. Rob Merrifield: Okay, but you're doing it under the provisions of the minister, or the power of the minister.

Dr. Paul Gully: Absolutely.

Mr. Rob Merrifield: I've read it, and I think it says that in the act.

Dr. Paul Gully: It would do. Correct.

Mr. Rob Merrifield: Okay.

The changes to this act...and one of the complications we had with SARS was compliance of the airlines with regard to people coming in and people leaving. We knew that we were only a plane ride away from SARS coming into our border. We also ran into major problems when we exported it to other nations and left WHO no option other than to give a travel advisory to Canada, which cost us $2 billion.

I would like you to explain to me, was it a lack of understanding of what we were dealing with or the lack of political will at the time to apply the Quarantine Act appropriately last time, or does it give us more power under this act with regard to that?

Dr. Paul Gully: I would like to make a couple of points. One, in terms of the option of WHO, we feel that they always did have an option to invoke that travel advisory or not, although we do feel that we both could have done a better job in terms of communication with WHO to ensure that this didn't happen.

Mr. Rob Merrifield: But they only did it to countries where it was exported from their borders. Is that right?

Dr. Paul Gully: That was in their estimation. We feel that probably if we had communicated the information better, perhaps we could have come to a different conclusion. I think our discussions on the international health regulations going on right now in Geneva will enable WHO to have a clearer protocol in the future for essentially invoking a travel advisory and will put further responsibilities on us in terms of the information we have to give to WHO.

So you're absolutely correct that there were difficulties on both sides. There is room for improvement, and we have improved. I think the international health regulations will further clarify the responsibilities of the World Health Organization and member countries as well.

Mr. Rob Merrifield: From what you're saying, then, that's just communication streamlining. I am talking now about the difference between the new Quarantine Act and the old one. Is there a difference in power here?

Dr. Paul Gully: For airlines, for example, as I understand it—I'm going to ask Mr. Simard to correct me if I'm wrong—the responsibilities are essentially the same. The responsibilities are clearer in this act, but we did, throughout SARS, for example, make it clear to the airlines that captains of aircraft coming in had to inform quarantine authorities if they felt that a person on an aircraft was sick. Where it was less clear was the responsibility to assist in identifying sick individuals who they were going to take onboard to leave the country.

Although I think those responsibilities were there, and implicit in the previous act, my feeling is that the responsibilities are much clearer here.

Mr. Rob Merrifield: The power's the same; that's what you're saying.

Dr. Paul Gully: Correct, but it's much clearer.

Perhaps I could ask Mr. Simard to comment.

Mr. Mario Simard (General Counsel, Legislative Renewal, Health Policy Branch, Department of Health): What's clearer, for example, is that the operator must collaborate with the agency in terms of informing passengers, asking them—

Mr. Rob Merrifield: Last time, when I talked to the minister about this, she said that the airlines were not cooperating and that was the stumbling block, so we had to change the Quarantine Act.

I challenged her on that. I said, are you serious? We have SARS, we have a potential major problem in this country, and you're saying the airlines are not cooperating, and that's the restriction?

● (1120)

Dr. Paul Gully: We did have difficulty, undoubtedly, getting the cooperation of the airlines, because the Quarantine Act had never been, or had rarely been, invoked in the past. Therefore, it was not clear to them precisely what their responsibilities were in defined circumstances. We felt that the new act would in fact further clarify that, so then we could make it very clear to the airlines precisely their responsibilities.

So we feel it was there before, but it was a big question of interpretation. Because the act had never been used before, or had rarely been used, they weren't aware, and they weren't necessarily accepting of the responsibilities under that act.

Mr. Rob Merrifield: Are they clear now?

Dr. Paul Gully: Yes. Well, once this act is passed.... Their responsibilities are clearer now than under the old act, and we will make sure they're absolutely clear, using the clarification in the new act. We do have a close working relationship with the airline industry and the travel industry. We will use the provisions of the new act to make it clearer to them what their responsibilities are.

Mr. Rob Merrifield: If SARS were to break out again, would you go with the voluntary cards that you had in the airlines? Do you see that as the appropriate way to deal with it, if SARS hit again?

Dr. Paul Gully: There are two aspects to that. One is the cards. They were there to inform individuals as to what they would be obliged, under this new act, to inform the authorities about. We'd have to find some way of ensuring that those people on airplanes were aware of their responsibility, so we would probably use the cards, or an alternative, on airplanes.

Mr. Rob Merrifield: But last time they said they couldn't ask the question whether you were in contact with anyone who had an infection because it was too prohibitive.

Dr. Paul Gully: The second part of that is the information that is now required under the act in terms of contact information. Under the new act we can demand that.

The Chair: Before I pass the floor to Mrs. Skelton, I raise an issue that I believe I raised at an earlier meeting. The fact is that an associate member who visits is more than welcome, and more than welcome to sit at the table, from any party, but is usually the last person to speak. If Mrs. Skelton is going to be the public health critic, when the matters before us are public health she should get a replacement paper from one of the other committee members so she is an active member of the committee.

Mr. Steven Fletcher: Madam Chair, I've just given my time to Mr. Merrifield, and Mr. Merrifield is dealing his time to—

The Chair: But both of you are regular members of the committee and Mrs. Skelton is only an associate member. I cannot let other members wait.

Mrs. Carol Skelton (Saskatoon—Rosetown—Biggar, CPC): That's fine, Madam Chair. Go to Mr. Lunney. I will sit and observe.

The Chair: We will get you in at the end, if you like.

There are only two minutes left in this 10-minute slot, Mr. Lunney, but go ahead. We can get back to you.

Mr. James Lunney (Nanaimo—Alberni, CPC): Regarding the number of quarantine officers, could you tell us how many quarantine officers there are and where they are located?

Dr. Paul Gully: There are four quarantine officers on staff, or individuals designated as quarantine officers, in Ottawa headquarters. In the regions there are 21: five in Vancouver; two in Edmonton; two in Calgary; two in Montreal; two in Ottawa; two in Halifax; and six in Toronto.

Mr. James Lunney: As far as qualifications go, are they medical personnel? Do they have specialized training? Are they appointed? Are they screened? Can you tell us something about how these officers are selected?

Dr. Paul Gully: They are medical personnel or health professionals. In order to be a quarantine officer, they do have to undergo training before they get their card approving that they are quarantine officers. That training is undertaken by the agency.

Mr. James Lunney: I didn't quite catch the beginning. Did you say there are 21, four here in Ottawa and—

Dr. Paul Gully: There are four in the headquarters and 21 in the regions.

Mr. James Lunney: Thank you.

Have all of these officers been fully trained at this point?

● (1125)

Dr. Paul Gully: Yes, they have.

Mr. James Lunney: Excellent.

I want to pick up on an issue that I spotted here on “detaining”.

The Chair: Mr. Lunney, your time is up. Would you await your next turn?

We'll now go to Mr. Ménard.

[*Translation*]

Mr. Réal Ménard (Hochelaga, BQ): Madam Chair, I have four short questions. I'd like us to review clauses 55 and 56 of the bill which pertain to the collection of confidential information and ministerial authorization to disclose that information.

I would like you to explain a few things to me. For instance, what are the circumstances under which the minister could be asked to disclose confidential personal or business information, since the draft legislation does cover both types of information? How does all of this fit in with the various existing privacy protection regimes?

[*English*]

Dr. Paul Gully: The powers under the Quarantine Act are there....

[*Translation*]

I'll answer that question in English, for the sake of greater clarity.

[*English*]

The powers under the Quarantine Act are there to ensure that the health of Canadians is protected in terms of transmission of disease, and therefore the sharing of information would either be to individuals within the Government of Canada who have responsibilities or, more likely, to agents of the provinces and territories who are acting under their legislation to in fact prevent the spread of communicable disease.

So it would certainly be on a need to know basis so they are able to take action as required, and it would include information such as the name of the person, their identity, where they've come from, which countries they've come from, what have they done, and so on. Because the information is collected by the Government of Canada, we would be banned by the Privacy Act in terms of the protection and storage and sharing of that information.

We have the act here, which will enable us to share the information in order to carry out the act and then transmit the information to other authorities, who would then further use their authorities to prevent the spread of disease.

[*Translation*]

Mr. Réal Ménard: What kind of screening measures are we talking about? The bill states that various measures can be used for the purposes of conducting a medical investigation, provided they do not involve the entry into a person's body of any instrument or other foreign body. I believe this is one of the bill's stipulations. What type of screening methods are you planning to use?

Could a situation potentially arise where pursuant to the provisions of the legislation, the federal government would be in direct contact with either municipal or provincial health authorities?

[*English*]

Dr. Paul Gully: Under the act, the reference to non-invasive screening procedures is there to enable the screening officer to... [*Technical difficulty—Editor*]...undergo screening. When it comes to a medical examination by a medical practitioner, that may inevitably involve other normal activities that would be invasive. As for the information resulting from that medical examination, we would only wish to transmit information to the provinces and territories that they require for carrying out their—

[*Translation*]

Mr. Réal Ménard: Would you be authorized to collect bodily substances? The legislation refers to a non-invasive medical examination. However, the Supreme Court of Canada has ruled on bodily substances.

[*English*]

Dr. Paul Gully: There are a number of levels of intervention that the screening officer, the quarantine officer, and then a medical practitioner.... A medical practitioner, in order to essentially make a diagnosis on an individual, may well collect samples. It would be the medical practitioner who would collect the samples to make the diagnosis, and then it would be up to that medical practitioner to share what information he or she felt was necessary in order for the provisions of the Quarantine Act to apply. If I could make sure that was—

[*Translation*]

Mr. Mario Simard: Basically, the bill provides for four types of examinations. First of all, clause 14 refers to the use of screening technology, for example, to having a person pass through some kind of screening device. The clause stipulates that the process used must be non-invasive.

Another type of examination is conducted by a screening officer. Typically, the screening officer is a customs officer whose sole responsibility is to ask questions. If the screening officer has grounds to suspect a problem, then he must bring that person to a quarantine officer.

● (1130)

Mr. Réal Ménard: People are not patted down then.

Mr. Mario Simard: No, there is no physical contact.

[*English*]

The Chair: We'll now go to Mr. Savage.

Mr. Michael Savage (Dartmouth—Cole Harbour, Lib.): Thank you, Madam Chair, and welcome.

I just want to follow up initially, if I could, on a question Mr. Lunney was asking in terms of who is appointed a quarantine officer. Under this new act, it's much more restrictive as to who the minister could appoint as a quarantine officer. Could you just take me through what “other health care practitioners” might mean, and then maybe just talk a little bit about why that was changed?

Dr. Paul Gully: It was changed because we wanted to ensure that the individuals who had responsibilities under the act, who had responsibility essentially for identifying a sick person, had the training to do so. So health practitioners would include medical practitioners, nursing practitioners, for example. Given these powers for identification and action, we wanted to make sure that the ability of those individuals was sufficient to justify those actions.

Mr. Michael Savage: There are 21 of those who will be formally appointed in Canada. Is that correct?

Dr. Paul Gully: Who are in place right now in the regions.

Mr. Michael Savage: What would be the process for determining if that's sufficient, or if more are needed?

Dr. Paul Gully: I think we'd have to evaluate that as we go along. We now have far more than we used to have, because we did have some quarantine officers but they were not in place in airports across the country. Since SARS, we have made an evaluation. We'll continue to evaluate whether we need more or less.

Mr. Michael Savage: Very good.

In the current act there are two disease classifications, infectious and contagious. Bill C-12 streamlines this into communicable disease. Can you talk to me about why that change was made?

Dr. Paul Gully: It was to make it clear. There wasn't, we felt, a good reason to distinguish between the two. In the previous act there were certain parts of the act that applied to one type of disease and not to another. We felt that was unnecessary in the future. One classification, we felt, was necessary and much less complicated.

Mr. Michael Savage: Thank you. I'll ask one more question and then allow my colleague to take over. In Bill C-12 the minister would be permitted—

The Chair: After you we go to the opposition and then back to your colleague. The only reason they make that comment about sharing is because the official opposition has 10 minutes, which one person can use or they can share.

Mr. Michael Savage: Thank you.

In Bill C-12 the minister would be permitted to take temporary possession of any place and designate it as an isolation facility. Can you talk to me about that, how that improves the act and the circumstances under which that would happen?

Dr. Paul Gully: We feel that the utilization of those powers would be rare, but we could envision a circumstance where a plane full of individuals could arrive who were potentially exposed to a communicable disease. To enable us to ensure that those people were or were not infectious, we would need to detain them for a period of time. Therefore, it may mean that we need a place to detain individuals that was beyond the facilities normally in place. Again, we feel that would be a rare circumstance.

We are having discussions with the provinces and territories to further define the circumstances where that might occur, because we undoubtedly wish the assistance of the local authorities to identify such places.

Mr. Michael Savage: That would be a decision only by the minister, not the quarantine officer, wouldn't it? Could it be delegated?

Dr. Paul Gully: It could be delegated, as with every other power under the act.

● (1135)

Mr. Michael Savage: It could be—

Dr. Paul Gully: It could be delegated by the minister to the quarantine officer. It would depend on, essentially, the rapidity required in terms of the decision. We feel that in those kinds of circumstances we would certainly want to ensure the minister was aware of those kinds of powers being used.

Mr. Michael Savage: Okay, very good.

The Chair: We'll now go to Mr. Carrie.

Mr. Colin Carrie (Oshawa, CPC): Thank you very much.

I wanted to ask some questions about consent and a person's rights. There doesn't appear to be a requirement for the consent of the individual to the disclosure of medical information under Bill C-12. Does that mean that no consent is required? How does that react in terms of the Canadian Bill of Rights?

Dr. Paul Gully: I'll also ask Mr. Simard to comment. Essentially, under the act a person is required to give certain information. Clearly, if they give that information, they're consenting to giving that information. That also applies in terms of undergoing a medical examination. In effect, they are consenting. We feel that if they do not consent, because of the need for the act in terms of preventing spread of disease, then there are certain actions that can be taken under the act if that refusal occurs.

I ask Mr. Simard to further clarify this.

Mr. Mario Simard: I think what's important to understand is that the Privacy Act continues to apply, so the law of general application that protects the confidentiality of personal information continues to apply.

The act specifies the circumstances where the Minister of Health or the agency can collect information and share it—for example, where the individual has to provide information at clause 15. It provides that when an individual arrives at the point of entry, the individual must answer the questions that are asked by the screening officer.

There it's not strictly consent, in the sense that it creates an obligation to answer the questions, but then the act goes on to create a regime in case the person refuses to collaborate, which the person can always do. Then there's a buildup in the act that leads eventually to a court decision. For example, if the person refuses to submit to a medical examination, it's only the court that can order the medical examination by a physician.

Mr. Colin Carrie: All right. That's great.

You mentioned the sharing of information as well. Being in the health care field, I'm aware of numerous cases where testing has occurred where they've gone to labs and things get mixed up. Who would they be sharing the information with, and if there's erroneous information shared, what does the individual have the right to do to correct the mistakes?

Mr. Mario Simard: That's where the Privacy Act would kick in. All the redress that's provided for in the Privacy Act continues to apply. So if I'm an individual, I'm entitled to know what's in my file. I'm entitled to challenge whatever action has been taken by government, and so forth.

Mr. Colin Carrie: I have a question about Canada's quarantine laws. Are we in touch with the World Health Organization and other international organizations? If there's an outbreak, can we have any influence on quarantining people in other areas, or vice versa, the sharing of information in that way?

Dr. Paul Gully: During an outbreak we certainly would communicate with the countries involved. During SARS we had close collaboration with the United States, the United Kingdom, and Australia, for example, as required, to share intelligence.

In terms of utilization of their legislation, such as quarantine acts, we feel that our relationship with WHO, which is closer, and also clarification of WHO's powers under the international health regulations will, I think, further ensure there is consistency in terms of response from individual member states as a result of that.

Does that answer your question?

Mr. Colin Carrie: Yes.

Are you aware of international standards for quarantine?

Dr. Paul Gully: The international health regulations would be the regulations that individual states would then use to design their quarantine acts. I don't know of any other standards out there or best practices to look at quarantine acts, but the IHRs really have been used over the years as the starting point.

Now, with the improvement of the international health regulations, maybe, as is the case in Canada, changes will occur to quarantine acts in other countries in order to better comply with the international health regulations.

Mr. Colin Carrie: How is the communication now between different levels of government—for example, the federal government and the provinces—when something occurs?

● (1140)

Dr. Paul Gully: The communication between the agency and the chief medical officers, for example, has always been good. The challenge during SARS was not necessarily the communication, but the information that was available to communicate.

The ability of Ontario to collect information, for example, to analyse it, and then for us to get it and to share it internationally was a challenge. That's certainly something that Ontario and the Government of Canada have recognized, and as a result of that, other jurisdictions have recognized that as well.

We've certainly taken note of the lessons from SARS and the Naylor report. We're always trying to improve that communication, but then, as I said, we are dependent on the abilities of other jurisdictions.

Mr. Colin Carrie: All right. I thought that was important, to see the different communications between each level, provincial and federal, but also international, because it seems that this is such a global thing right now.

Dr. Paul Gully: Absolutely.

Mr. Colin Carrie: That's great. Thank you very much.

The Chair: Thank you very much, Mr. Carrie.

Ms. Dhalla.

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): Welcome to everybody here, and to Madam Chair.

I have a couple of questions that have been touched upon, but I would like to get some more clarification and understanding.

On the training of the officers, you mentioned that you have trained 21 at the moment. God forbid there's another outbreak such as SARS. We had a few major cities across the country that were affected. Will these quarantine officers then be made mobile to be able to travel across the country to address the issues in the pertinent cities?

Dr. Paul Gully: Yes. They are positioned right now in major ports of entry where we think we're most likely to have issues. For example, the numbers in Vancouver and Toronto are larger than in other ports.

The second point is that the screening officers that are specified in here would be used to add to the ability at the front line to screen large numbers of people, in the event of identifying a specific issue. There is always the possibility of bringing in staff from the rest of the Public Health Agency, for example, who are health trained to add to that.

In addition, we have been developing what are called health emergency response teams, who we are training. We could then send those to places that needed backup and support.

Ms. Ruby Dhalla: Just to expand on your health emergency teams, for the average person out there who doesn't necessarily have knowledge of the Quarantine Act, what would the implementation and passing of this act mean to the average Canadian? How would it be better able to manage the conditions we had in the past, such as SARS?

Dr. Paul Gully: We feel that the act will do a number of things. One is to clarify the roles of different levels of government. In terms of the federal government, our role and our relationship with the provinces and territories and how we communicate with them will be clear.

In terms of an event, they may not see a lot that is different. When they're crossing a border, for example, a lot of the initial screening might not be apparent. Perhaps one of the things we have to do in the future is ensure that they are aware of what we can do, although it might not be totally apparent.

We've talked about the clarification of the responsibilities of airlines and conveyors. On the linkage of the public health authorities, we had discussions with the provinces and territories about their understanding of this act and we got their comments on this act. For example, when we pass over responsibility to a local authority, it's very clear where that responsibility is, so there's no gap in between.

In addition, in the act there is the power of the minister to issue certain emergency orders to ensure the act can be applied. That is certainly over and above what we had before.

● (1145)

Ms. Ruby Dhalla: I have a last question. There is another important issue, and I think Dr. Cleary touched on this a little earlier.

Could you expand on and discuss the protection of human rights that will be available for individuals who will be affected by the Quarantine Act?

Mr. Mario Simard: First, it's important to understand that the charter continues to fully apply, and there is nothing in there that limits the charter. For example, when you are detained, the right to legal counsel, the right to go to court to have your detention reviewed, the protection against unreasonable search, etc., are fully applicable. On top of that, the bill provides for a number of provisions that add more human rights protections.

For example, the act provides—I can give you the number of specific sections later, if you like—that the quarantine officer must always choose the least intrusive measure that is available to address the problem. It provides that Health Canada can have a medical doctor examine you, but you may want to get a second opinion from your own doctor. That's additional to what's contained in the charter. It provides for the right of an interpreter for people who do not speak either one of the official languages. It provides for confirmation of detention on a regular basis. In other words, every seven days your detention must be reviewed.

If the person refuses, for example, to submit to a medical examination or to treatment, the act provides that the minister shall go to court to seek a court order. So it's the court that will decide, under the circumstances, if it's reasonable. There are a number of provisions that have been added with a view to creating the proper balance between the need to protect public health and the need to protect human rights at the same time. Maybe that's one thing we didn't have to use with SARS, but these are the kinds of circumstances when you want these guarantees to be in place in situations of crisis.

The Chair: Madam Demers.

[*Translation*]

Ms. Nicole Demers (Laval, BQ): Madam Chair, my colleague made a reference earlier to international agreements. This is also one of my concerns. You will recall that the fundamental principle established at the First International Sanitary Conference in 1851 was to ensure maximum protection combined with a minimum number of restrictions. This principle still holds sway today. I'm certainly concerned about our future course of action.

We do not want to hamper business and we know that businesses in Toronto experienced problems. However, some caution is in order. Some very serious negotiations need to take place.

My question pertains more to the costs that persons will have to incur when asked to submit to medical examinations. This question was raised in the House. Who will cover the costs of the medical examinations required either by the officer, or by the person himself?

Mr. Mario Simard: As you yourself said, the bill makes provision for two kinds of medical examinations. The first is the one ordered by the agency. In this case, Health Canada will designate a medical practitioner and cover the cost of the examination. In other words, the medical examination is conducted by one of our department's medical practitioner at no cost to the person undergoing the examination.

However, should the person wish to seek a second opinion from his own physician, the bill stipulates that the cost of this second examination shall be paid by the person himself, not by the agency.

Last week, we initiated some discussions on how health insurance schemes would apply to cases such as this.

Ms. Nicole Demers: Thank you.

[*English*]

The Chair: Thank you, Mrs. Demers.

Mr. Thibault.

[*Translation*]

Hon. Robert Thibault: I'd like to pursue the same line of questioning as Ms. Demers. Are there any provisions in place to financially assist persons who are not Canadian citizens and who would like to seek a legal or medical opinion, but cannot afford to do so? Is there some way for us to help them as we would any other Canadian citizen pursuant to the Canadian Charter of Rights and Freedoms?

● (1150)

Mr. Mario Simard: Currently, there are no such provisions in the bill. General rules would, therefore, continue to apply. For example, in a given province, the rules as they pertain to legal aid or health or medical insurance regimes would apply. However, there is nothing specific about financial assistance in the bill.

Hon. Robert Thibault: Could the regulations made under the Immigration Act or the Customs Act be applied in this instance?

Mr. Mario Simard: I'm not 100 per cent certain. I believe you will find the answers in legislation governing the application of provincial regimes.

Hon. Robert Thibault: You talked to Ms. Dhalla about a team of 21 professionals trained primarily to work in border regions.

What would you do if a person suffering from a serious, contagious disease arrived in Montreal and travelled to Baie Sainte-Marie in Nova Scotia before anyone realized that this person was sick? Over the course of three or four days, that person could possibly come into contact with residents of three or four provinces.

What would your response be in a situation such as this?

[*English*]

Dr. Paul Gully: Thank you for that question. It is an issue that was raised during the SARS episode by the chief medical officers, and we are continuing to have discussions with them to get their points of view about this act in relationship to that. If we, the agency, were to try to use the powers of the Quarantine Act for an individual who was arriving at a destination on a domestic flight, for example, and was in Canada already, the provisions of the Quarantine Act right now would not allow us to do that. However, the public health acts of the provinces and territories would allow a medical officer of health to use their provincial jurisdiction.

We'll have to work out whether that is sufficient or not, because in some ways we have the expertise at a number of the airports, and therefore we would have to make an arrangement with the provinces or territories, which we're doing now. It's going to be a consideration, in terms of phase two discussions of this Quarantine Act, to work that through.

It was an issue of concern raised by the provinces and territories to get us to act, as opposed to something we were actually pushing at that time.

Hon. Robert Thibault: That brings me to the question of phase two. When Minister Bennett was here, as well as Dr. David Butler-Jones, they referred to a second part, which would be much more federal-provincial negotiations on how we would follow up on the initial act and bring it to the matter of federal-provincial harmonization or cooperation.

We had a chance to visit Colonnade Street and saw the systems that were in place—the communications system and the information system. Are you confident that the exchange of information at this point is quick enough that the provinces could react and bring in their health officers and their legislation, quick enough to respond to an avian flu, tuberculosis, or SARS outbreak?

Dr. Paul Gully: We're confident we have the ability to transmit information. The concern is whether the capacity is on the ground at the point of entry to act appropriately, and as an issue, one of the challenges of the Public Health Agency is to improve capacity across the public health system. It's in what comes next, in being able to deal with that information, that we would want to discuss how we would share expertise with the provinces and territories.

Hon. Robert Thibault: Thank you, Madam Chair.

The Chair: Thank you, Mr. Thibault.

Ms. Skelton.

Mrs. Carol Skelton: Thank you very much, Madam Chair.

According to subclause 14(1) of the bill, screening includes:

> any screening technology that does not involve the entry into the traveller's body of any instrument or other foreign body.

Does that exclude taking temperature by ear or mouth?

● (1155)

Dr. Paul Gully: Yes, it would.

Mrs. Carol Skelton: How are you going to designate temperature?

Dr. Paul Gully: There is one technology by which you can put something on somebody's forehead, which would not be as intrusive, but if you wanted to take a temperature accurately using a thermometer, then you would have to go to the next level, a medical examination.

Mrs. Carol Skelton: You talked about your health emergency teams being trained. Where are they getting trained? Who are they? Are they quarantine people? Are they medical professionals?

Dr. Paul Gully: They are a mixture. They are getting trained through collaboration between the agency and the provinces and territories. I don't have the information on precise numbers of individuals and where they are. I can get it to you.

Mrs. Carol Skelton: I would appreciate that, please.

We talked at a previous committee meeting about the newly created Public Health Agency of Canada. Bill C-12 gives authority to the Minister of Health, with no mention at all of the Chief Public Health Officer. Is there any connection between Bill C-12 and the Public Health Agency headed by our Chief Public Health Officer?

Dr. Paul Gully: The minister has the powers and can delegate those powers. The responsibility for the Quarantine Act is a responsibility of the Public Health Agency, which is headed by the Chief Public Health Officer. In effect, the Chief Public Health Officer has responsibility for the act under the minister, because there are certain powers, obviously, that the minister will delegate to the Chief Public Health Officer.

Mrs. Carol Skelton: Could you explain to me the level of interprovincial cooperation? How much cooperation between the provinces and the federal government is going to be necessary for Bill C-12 to operate properly?

Dr. Paul Gully: The cooperation is at two levels. One is at the provincial and territorial levels to ensure they are aware of issues that would lead to the utilization of the Quarantine Act. Second, at the local level—for example, in Toronto with the local health unit—it's going to require very close collaboration with the local health unit, because undoubtedly if a person is identified as being a threat and requiring treatment and so on, it would be the local health unit that would take over responsibility for that individual.

We are having discussions with the provinces and territories about parts of the act that talk about notification. We may well come forward with suggestions about clarifying how quickly that notification should occur. At the moment I believe it says “as quickly as possible”. The impression we're getting from the provinces and territories is they'd like the requirements about informing them to be a bit clearer from us. Undoubtedly we'll try to satisfy them in that regard.

Mrs. Carol Skelton: When did these consultations begin, and how long do you expect they will go on?

Dr. Paul Gully: We had a meeting in September with the provinces and territories in Edmonton about the Quarantine Act as it stood at that time. We got input. We're having another teleconference with the Council of Chief Medical Officers next week to talk about a number of issues that were raised and to further clarify what they would like to see as changes to the bill as it stands at the present time.

Mrs. Carol Skelton: Why did Health Canada proceed with a separate Quarantine Act at this time?

Dr. Paul Gully: Those of us who administered the Quarantine Act over the years always knew there were deficiencies in the old act, and because it was rarely used there wasn't the inclination to update it. As a result of SARS and utilization of the act, which certainly put it under close scrutiny, and the requirement for the Government of Canada to respond to the various reports on SARS, it was felt that updating the act sooner rather than later was appropriate.

In addition, during discussions about the international health regulations of the World Health Organization, it was felt that it was appropriate to do it and to spend time and energy, which it obviously does require, to do it now, before other parts of legislative renewal, of which Mr. Simard is well aware, were further implemented or further discussion was carried out.

● (1200)

Mrs. Carol Skelton: Will screening technologies be put into the listed schedule?

Dr. Paul Gully: We weren't intending to do that because it would be likely that those technologies would improve or would change, and therefore the listing might be out of date if we actually clarified it precisely in the schedule.

Mr. Michael Savage: I am just trying to understand. Accepting the fact that a peace officer may, at the request of a screening officer or a quarantine officer, arrest without warning, and the fact that there are fines and potential indictment, how do you assure, if somebody refuses to be isolated, that they actually are? That involves, I assume, police forces and airport security.

To what extent are we ready to actually force somebody to be isolated?

Dr. Paul Gully: We have had a memorandum of understanding with the RCMP, a longstanding MOU, to assist us to do that. Once a person is under the local jurisdiction, it is obviously up to the local jurisdiction to have those agreements with local law enforcement agencies.

The Chair: Thank you, Mr. Savage.

Mrs. Demers.

[*Translation*]

Ms. Nicole Demers: I have a short question for you. You stated that 21 screening officers were posted at various locations across Canada. How did you decide on the appropriate number of screening officers to be posted at the different locations? For example, I believe that there are five officers in Vancouver, six in Toronto and two in Montreal.

If there are only two officers in Montreal, how do they manage to cover all of the passenger arrival areas or the different ports of entry? The situation concerns me somewhat. How did you come to the decision to post five or six screening officers at a particular location? Do you feel that they will be up to the task?

[*English*]

Dr. Paul Gully: As always, the decision about utilization of resources is a balance between what would be absolutely ideal and what we think is appropriate use of our resources.

The levels of screening within the act take account of that, because it is much easier to train screening officers. We have a large number of screening officers—individuals we used, for example, during SARS—who were trained to do the initial screening. We can implement the policy that would utilize the training of those 21 individuals to the best possible extent.

As for numbers in each place, that was decided according to the amount of traffic and where the passengers would be coming from—for example, from southeast Asia. We made that judgment.

The Chair: Thank you.

Mr. Merrifield.

Mr. Rob Merrifield: I want to ask a quick question about compensation. We asked the minister and the chief medical officer this question the other day. The act says you “may” compensate. The intent was that they would compensate if it was appropriate to compensate. I question why the word would be “may” instead of “shall” compensate, with the regs determining how it would happen.

Dr. Paul Gully: The “may” compensate applies to owners of conveyances, so the compensation would relate to detentional destruction of product. I believe the word was “may” there, because in fact a business person may be contravening the act or trying to contravene the act or actually not carrying out what they would normally be expected to do in terms of standards, for example.

For example, if a conveyance arrived and it was infested and it required detention in order to be able to get rid of an infestation, and the conveyor would be well aware of the responsibilities to ensure there wasn't infestation, compensation wouldn't be appropriate. What is not in the act is compensation for individuals who are detained.

● (1205)

Mr. Rob Merrifield: I realize that, but you're saying “may”, which is total discretion. With “shall” the intent would be where the place is not contaminated but you have to use it for quarantine purposes, and it may need to be compensated or should be compensated. The minister said they would, but the act doesn't spell that out at all. It's been a lot of years since this has been looked at, so why would we not be a little more specific with what we would and wouldn't—

Dr. Paul Gully: There may be circumstances where a conveyance is detained where product is lost because of actions that were not taken by the person in charge of that conveyance, and therefore to compensate them in circumstances where they were in fact responsible—

Mr. Rob Merrifield: What if they were not responsible?

Dr. Paul Gully: This is where the “may” comes in.

Mr. Rob Merrifield: Exactly. That's why I'm saying why don't we say we “shall” in those circumstances and determine what the criteria of that are?

Dr. Paul Gully: It would mean then clearly defining what those circumstances were, which could be in the regulations.

Mr. Rob Merrifield: Which would be in the regulations, which we do in all sorts of pieces of legislation.

Dr. Paul Gully: It's always a policy decision related to that, and defining precisely the circumstances in regulation would also maybe tie the hands of the minister as well.

Mr. Rob Merrifield: There's not a lot of comfort there when people read the act. You would think you could apply a quarantine act for the benefit of the country but not have that country deal with the specifics of having the weight of that fall on one business or corporation or industry. Just in principle, that is not the appropriate thing to do. So the “may” is a pretty loose word. I'm wondering if we could tighten that up and if there could be recommendations. I don't know why it can't be done in regulations. That's the way most other pieces of legislation work.

Dr. Paul Gully: It could.

Mr. Rob Merrifield: Thank you.

The Chair: Mr. Carrie, and then Ms. Skelton.

Mr. Colin Carrie: I want to follow up a little bit more on my colleague's comment. Is there anything there for individuals? I was actually quarantined under SARS for 10 days and I know there was a significant loss of income. Is there something there for individuals who lose a percentage of their income, or business income, because of quarantine?

Dr. Paul Gully: No, at the present time there's not. I might point out that there was not under the previous Quarantine Act, and in fact as far as I'm aware there's not something under any of the public health acts across the country for those circumstances.

Ontario is taking action right now I believe in the specific circumstance relating to SARS, but they haven't made it more general under their Health Information Protection Act.

Mr. Colin Carrie: So there's nothing for individuals and there's nothing, let' say, for corporations? I could see where total jets could be quarantined and millions of dollars could be lost, but there's nothing in there for compensation?

Dr. Paul Gully: I believe that would be under the section referred to specifically by Mr. Merrifield, but not right now, not for persons, no.

Mr. Colin Carrie: Do you think this is something that's important and that it should be in the act?

Dr. Paul Gully: It's not there now, but obviously if you wish to, if you think it's important, then—

Mr. Colin Carrie: The question is out there because I see the potential. I know when I was quarantined it was something that was totally unexpected. That's just something to think about.

Thank you.

The Chair: Thank you, Mr. Carrie.

Ms. Dhalla, and then Mr. Merrifield.

Ms. Ruby Dhalla: I have one question. In terms of the Quarantine Act for our country, where are we at in terms of best practices models when we look at the international spectrum?

Dr. Paul Gully: I don't know the acts in other countries, but because we are updating our act right now and we're taking into account the probable revisions to the international health regulations, I believe we would be well in the forefront in terms of having modern legislation.

The Chair: Thank you.

Ms. Skelton.

Mrs. Carol Skelton: Following up on what Mr. Merrifield and Mr. Carrie said, it says in subclause 5(1) that the minister may “designate persons,or classes of persons, as analysts, screen-ingofficers or environmental health officers”. I think we should have in the act who those people are, so that they make sure they are trained professionals.

● (1210)

Dr. Paul Gully: I believe that's defined under the quarantine officer. At least in part, the quarantine officer refers to a medical practitioner or other health practitioner.

The reason for distinguishing between the three is that the screening officers would not require much training as the quarantine officers, as we defined. For an environmental officer, if it's not defined, the implication is.... The quarantine officers are in subclause 5(2). I don't believe, in fact, we've defined the qualifications of an environmental health officer, and maybe we should think about that. I think the term in this country, the use of the term “environmental health officer”, does imply some training, but I take your point.

Mrs. Carol Skelton: I just think it should be clarified. Thank you.

The Chair: Thank you, Ms. Skelton.

Mr. Thibault.

Hon. Robert Thibault: I have two quick points I'd like to raise as follow-up to my colleague, Mr. Merrifield's, questioning on the shall/may question of compensation.

First, though, before I get into that, under this act, do the regulations return for discussion to the health committee, or do they go to Privy Council for approval, discussion, and modification?

Mr. Mario Simard: The regulatory process under this act is the same as for any other act. Normally, regulations are not submitted to Parliament before they are adopted. It's basically Parliament that delegates to the executive branch the power to adopt regulations.

Hon. Robert Thibault: There are some cases, though.

Mr. Mario Simard: In some exceptional cases, like the Tobacco Act, I think, but that's not the normal rule.

Hon. Robert Thibault: So in this case, this would be done by order in council.

The question I would ask is, from your experience and expertise... and I recognize that there is a policy dimension to this that is out of your purview, as opposed to the more legal or technical aspect of it, but if we have a “may” in the act, “the Minister may compensate”, and then we have the regulations under the conditions in which he may compensate, the alternative to that would be to say, “the Minister shall compensate in accordance with the regulations”, and then the regulations would give the description as to when he “shall” compensate and when he “shall not” compensate. Those two things are similar, but one would be more rigid than the other, I presume, in the modifications, in the changing, in the legal aspects. Could you comment on that, please?

Mr. Mario Simard: You're perfectly right. You have to keep in mind that this is a policy decision, and you have to keep in mind that this has implications on appropriations of money to the department. But, yes, you could make it mandatory and the regulations could provide the details as to what amount will be paid in what circumstances and all of that. You could also have a combination of the two, whereby the minister “shall compensate according to the regulations”, and on top of that the minister “may compensate” for any extra expenses the person may have sustained that are not covered by the regulations.

Hon. Robert Thibault: Thank you.

The Chair: Thank you, Mr. Thibault.

Now, Ms. Skelton and Mrs. Chamberlain.

Mrs. Carol Skelton: Very quickly, does anyone have the right to refuse? It says the minister “may designate”. Does the minister have the power to appoint that person, and does that person have any right to refuse if, for example, there is something going on in their family so that they can't accept at that time?

Dr. Paul Gully: My interpretation of that is yes. We would obviously want to ensure that all those people who are designated were willing to work as such.

Now, there's a difference between designation and actually their hours of work, or how they're managed. I think we would want a whole list of people to be designated, as we have now, and it's up to the manager to ensure that those people are willing and able, given their other circumstances, to in fact essentially carry out work under that role.

Mr. Mario Simard: I don't think it's really conceivable that the minister could force somebody to act as a quarantine officer. If we wanted to create that kind of obligation, the act would have to be very specific and forceful about it, and there's nothing of that nature there.

The Chair: Mrs. Chamberlain.

Hon. Brenda Chamberlain (Guelph, Lib.): In the area of compensation, you said there's nothing in the bill, no proviso. Is there compensation in anything else that you're dealing with at all?

Dr. Paul Gully: With regard to the agency, we don't have responsibility for a lot of the legislation—the Quarantine Act and certain others, the human pathogens regulations. We don't have a responsibility for other acts, so I can't really answer that question.

Mr. Simard may be able to do that.

● (1215)

Mr. Mario Simard: If I understood the question correctly, first of all, it has to be clear that nothing in there prevents the government from being sued in liability. If the government misbehaves, we are subject to being sued, and damages. That's got to be clear.

Hon. Brenda Chamberlain: Yes, exactly.

Mr. Mario Simard: Traditionally, and we just saw it in Ontario with SARS, for example, the approach is that after the event has taken place, then a program is put in place. We saw it with hepatitis C and we saw it with tainted blood. In the department, though, I don't think we have a compensation scheme up front.

Hon. Brenda Chamberlain: If we did, it would be helpful to know what the figures are from another program. If we were to pursue it, we'd certainly want to know what we might be getting into. It could be huge, with no end to it, sort of.

The Chair: Mr. Carrie has a short question, and then I think we'll be finished.

Mr. Colin Carrie: I stepped out for a minute, so I'm not sure if my next question was already asked.

With regard to health care providers, has there been any discussion of what would occur if perhaps there was a fatality from their being put in these situations? I guess this would be in the area of compensation and things like that. Are there certain pension funds or anything along those lines that these people might qualify for, the people in the health care field who contracted something due to their employment with the government?

Dr. Paul Gully: If they were employed by the government, were public servants, then they would actually be covered by the benefits of the Government of Canada. Obviously, there is always this issue about who they're actually working for. I mean, that is an issue in terms of people who do work for, or we wish to work for, the federal government in times of crisis, to clarify that very precisely.

Every worker is also covered by provincial or territorial legislation, such as workers' compensation, as well.

Mr. Colin Carrie: I just see that some of these could be very high risk. As I said, the potential for death is there. Has there been any discussion or any thought in that area?

Dr. Paul Gully: I think it's clear, if the person is a public servant for the Government of Canada or a public servant from another...or in the event of an emergency, we have to clarify with the provinces and territories who is working for whom, precisely to make sure that those individuals are covered. This is an ongoing discussion,

Mr. Colin Carrie: So if you're drafting somebody.....

Dr. Paul Gully: We have to be absolutely sure, yes.

Mr. Colin Carrie: Thank you very much.

The Chair: Thank you, Mr. Carrie.

Seeing no further hands, it's my pleasure to thank you, Mr. Gully and Mr. Simard, and Mr. Brodie—who got off very lightly today, I might add, but we may need him another day—for coming and answering our questions. We reserve the right to recall you if our other witnesses raise issues with us that we didn't raise today. We may have to ask you the government's rationale for certain sections of the bill. In the meantime, thank you very much for your presence today.

Ladies and gentlemen, Mr. Merrifield said at the beginning of the meeting that he would like to say something. Mr. Thibault advised him that we should go in camera to do that.

Mr. Merrifield, do you still wish to do this?

Mr. Rob Merrifield: I would like to have a discussion about something that's very public, and then I would like to go in camera just for a short time to address my concern with what happened in camera.

The Chair: Mr. Merrifield has the floor on a point of order.

Mr. Rob Merrifield: The issue is that as a committee, we do our best to work in a non-partisan way. I think we've been doing that. We came up with a decision, a unanimous decision of the committee, to not only agree to compensating hepatitis C victims but to report that to the House, which we did, and ask for the concurrence of the House for that.

So the decision we made here, we hoped the House would agree with, and yet some members of the committee stood in the House yesterday, blocking that from happening.

I just don't understand. I would like an explanation from perhaps those members as to why they would do that, why on this issue they would act differently in the House of Commons from when they were at a committee of the House of Commons.

The Chair: Would you like to speak to this?

Mr. Steven Fletcher: Actually, Madam Chair, I will let Mr. Savage respond, if that's all right.

The Chair: Mr. Savage, then.

● (1220)

Mr. Michael Savage: Thank you, Madam Chair. I stand by the recommendation of the committee, which I supported, as all of our colleagues did. I have every confidence that the government has indicated, as the health minister did in the take-note debate, that they're in general agreement with that as well, that it's simply a matter of process, and I stand by my support of that recommendation of this committee.

The Chair: Mr. Fletcher.

Mr. Steven Fletcher: Well, we had an opportunity yesterday to have the recommendation of the committee go before the House and have concurrence, and it was blocked by the Liberals, by Madam Chair of the Committee, Mr. Thibault, and other members of the committee. We had an opportunity to move forward in the process and the opposition or the Liberals blocked it.

From a rookie MP's point of view, it seems disingenuous, on one hand, to stand by the rules of the committee, but when it comes to the House of Commons, torpedo.

The Chair: Yes. If I can—

Mr. Michael Savage: I would like to make one last comment on that, Madam Chair.

There were many other people who wanted to speak on that issue while it was before the House. I myself was hoping to speak to that issue last night and we ran out of time with that debate. So it doesn't indicate a lack of support for the recommendation of this committee.

Mr. Steven Fletcher: Madam Chair, there were two motions to extend the hours, and members from this committee stood and blocked that opportunity to extend. So it's not clear how Mr. Savage can say that we ran out of time when we tried to extend the time and the Liberal members blocked that extension of time.

The Chair: I'll respond to this, Mr. Savage, for a minute.

There was a slight revision of history at the beginning of this by Mr. Merrifield, because the motion that we passed unanimously simply said this committee does urge the government. The second motion said that we report the unanimous passage of that motion to the House, and we all voted for that and it happened.

At no time did any motion suggest this committee agreed that the strategy of this committee was to seek the concurrence of the House, because I think you would not have found unanimous support for that. What happened was that somebody sought that concurrence without asking us what we thought about that as a strategy, and we did not support it in the House.

We didn't get the agreement on the strategy before we left this room. Some people decided on a strategy and expected others to come along and then were surprised when they didn't. But not everything is as it seems.

However, I don't feel that any of us who stood yesterday to block either the extension of the hours or the concurrence of the House motion went against anything we did in committee. Perhaps we have another strategy—you see?

But the thing is that we all agree where we want to go, but we can't be accused because we didn't agree with some strategy that nobody shared with us and was decided without us.

Mr. Rob Merrifield: That's not very accurate either, Madam Chair, and I would like to clear it up. The decision here was to compensate all victims and for that to be reported to the House.

● (1225)

The Chair: Yes, which we did.

Mr. Rob Merrifield: There was a 48-hour notice of motion that no one opposed. No one had talked to me with regard to having the House concur with that motion. It's all the same strategy. It wasn't a reversible—

The Chair: Where did that notice of motion go, to the House?

Mr. Rob Merrifield: On Monday in the House.

The Chair: Okay. Well, I wasn't aware of it and I don't think anyone else was.

Mr. Rob Merrifield: It was on the order paper as a notice and then there was 48 hours' notice, and that's when the motion came in. So everyone knew about it.

The Chair: Well, we didn't.

Mr. Rob Merrifield: I can't help that, but it was on the order paper.

Nonetheless, it's not a reversal or a change. It's an extension, and it was a motion with exactly the same wording as what we asked for here. It wasn't a change of strategy at all; it was a continuation of the strategy.

I was a little bit surprised. The night before we had a take-note debate, and the minister suggested to us that he was going to take this to cabinet and wanted to push it as hard as he could in cabinet to get approval for it. What a great opportunity to have the House give him that extra...let's say support, to be able to push that argument in cabinet yesterday.

And yet to stand up and block it was something I don't understand, and I don't understand committee members especially who voted here. Maybe some of the others disagree with us, and they have for a decade, and that's fine, but for committee members who sat here and agreed with us in a debate on it then to turn around and reverse that view, and even to stop debate on it and not allow, as Michael said, a member of the committee to even discuss it, I just don't understand it. If we're going to work together to try to achieve things for the best interest of the country, I think we should actually do that and not play those games.

That's why I thought it was worth airing here, to give members the opportunity to explain themselves.

The Chair: Mr. Merrifield, I think you've laid your complaint on the table. People have responded to you. Whether you understand their motives or not is not my responsibility.

Seeing no further interventions, I think we should—

Mr. Steven Fletcher: I would just like to say one thing then. Speaking about responsibility, I think it would be the responsibility of the people on this committee to make sure they check the order paper in the future to make sure they are aware of what is coming up. Then people can't deny that something is happening because they didn't know about it.

The Chair: Mr. Ménard.

[*Translation*]

Mr. Réal Ménard: I'm a little disturbed by what I've been hearing over the past two days. The opposition has its work cut out for it. It's important for everyone to understand that we must push for the government to consider some broader form of compensation.

When we held our press conference Tuesday morning, we felt that we had a duty to go forward. We would have done so anyway, regardless of this committee's position. At the same time, we should not take matters to extremes.

I was reassured to hear the minister tell the House that he wanted to seek Cabinet's authorization to broaden the compensation. I'm taking the minister at his word. He is new to this position and we should assume that he is a person who is true to his word.

The next stage of the process will involve our questioning of the fund managers. The reason why I was so insistent on this amendment is that the fund managers need to come before the committee to explain the constraints to us. The minister says that he wants to move forward with this initiative, but that there are legal constraints to contend with, owing to the fact that the government is no longer formally tied to the fund. That may well be so, and that's why I am counting a great deal on hearing from the fund managers and from representatives of the Canadian Hemophilia Society, whose Vice-President is here with us again today. That's where I was going with my amendment. I'm hoping to get an overview of the situation.

I'd like us to work on the assumption that all committee members want to move forward with broadening the compensation. Of course, as an opposition party, we'll do our job. It's not that I don't trust you, Madam Chair. I know that you are one of your party's progressive thinkers, as are Brenda and Michael. I'm not as well acquainted with the two new members, but I'd like to think that we're all in favour of broader compensation.

I want to hear about the constraints associated with managing the fund. Until such time as we hear from the fund managers and from the Canadian Hemophilia Society, we should agree not to resort to stalling tactics, and that goes for the opposition as well as for the government. Once we've heard from the managers, we can then summon the minister, with full knowledge of the facts. However, we must not try to use this issue as a means to achieving some other end.

There's no question that we plan to do our job, because we do have a role to play. However, let me repeat that I'm confident committee members, that is those in government as well as those in opposition, favour a broadening of compensation provisions.

Madam Chair, can you remind us of when the fund managers are scheduled to appear?

[*English*]

The Chair: The tentative date is December 9, a Thursday. Thank you, Mr. Ménard.

I believe Mr. Ménard also wanted to make a suggestion to the committee, which he mentioned to me a few minutes ago.

● (1230)

[*Translation*]

Mr. Réal Ménard: Madam Chair, I wanted to propose a moment of silence to mark the death of Mr. Arafat. However, according to reports from Paris, news of his passing was premature. Therefore, I suggest we stay calm.

[*English*]

The Chair: He's left Paris?

[*Translation*]

Mr. Réal Ménard: He is still in Paris. His death had been reported, but Paris officials have denied these reports.

[*English*]

The Chair: Thank you.

Mr. Merrifield, do you want to pursue this in camera issue? It's not a motion, is it?

Mr. Rob Merrifield: No, it's not a motion.

The Chair: But Mr. Thibault is gone.

Mr. Rob Merrifield: He was the one who said I should do it in camera. I have no problem doing that. So yes, I would go in camera.

The Chair: You couldn't wait until the next meeting?

Mr. Rob Merrifield: Oh, sure I can.

The Chair: Could you?

I want to thank you all for your hard work in this five-week period, and I wish you a very restful and thoughtful, not too active, break week.

The meeting is adjourned.

Published under the authority of the Speaker of the House of Commons

Publié en conformité de l'autorité du Président de la Chambre des communes

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