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Monday, June 13, 2005

Chair

Ms. Bonnie Brown

Standing Committee on Health

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● (1535)

[*English*]

The Vice-Chair (Mr. Rob Merrifield (Yellowhead, CPC)): I call this meeting to order.

We want to thank the minister for being here. The clock says 3:30—or we'll see it as being 3:30; I know he'll add that time to the end. Hopefully he can stay a little bit after 5 o'clock so that we get a full amount of time with him. We savour the time we have with the minister.

Would that be fair?

Hon. Ujjal Dosanjh (Minister of Health): Absolutely.

The Vice-Chair (Mr. Rob Merrifield): Okay. That's good.

We appreciate having Mr. Shugart and Ms. Gorman here as well.

I would just remind the committee that when the minister is here, the rotation is a little bit different, as is the timing. The official opposition gets 15 minutes, the Bloc gets 10 minutes, the NDP gets 10 minutes—we just go down the row here—and then it's 10 minutes for the Liberal side. After that, it's five minutes back and forth.

I'll ask the minister to open with his presentation, and we'll follow with questions.

Hon. Ujjal Dosanjh: Thank you.

You've already noted the presence of the two assistant deputy ministers—

The Vice-Chair (Mr. Rob Merrifield): We know them by their first names, actually.

Hon. Ujjal Dosanjh: Oh well, there you are.

We have Ian Shugart, senior assistant deputy minister, and Diane Gorman, assistant deputy minister.

I have some remarks I want to put on the record, and then we can have questions and answers.

I appreciate the opportunity to meet with you this afternoon. I want to bring you up to date on some of the recent developments within Health Canada, to share with you my vision for future progress, and to reiterate my interest in your views on a number of key issues and priorities. It goes without saying that I'll be happy to take any questions or advice that might come my way.

Since taking over the health portfolio, I've tried to make a difference in various areas. The department already has solid competencies in these areas. Indeed, Canadians have long enjoyed an unparalleled degree of confidence in the safety of the medicines they use and administer to their families. But it struck me as a new minister that there are ways to strengthen the process further, especially in key areas like clinical trials, disclosure, and post-market surveillance. I will be providing you shortly with the details of some of the measures we're putting in place to achieve these objectives.

The second area, and perhaps more important, in my view, is my push to improve the department's operational transparency and openness. We are entrusted with the confidence of Canadians. We act on their collective behalf, but we need to work harder to preserve their trust and faith in our system. That means bringing stakeholders, including consumers and patient groups, inside the loop. It means bringing the usually behind-the-scenes processes into public view.

When it comes to therapeutics regulation, Canadians have a right to know what we're doing, why we're doing it, and how we're doing it. If I may say so, I am extremely pleased by the progress we've made in this regard. Permit me, over the next few moments, to outline some of the more recent highlights.

First, our 2005 budget provided $170 million over five years to improve the safety and effectiveness of drugs and therapeutic products. This money will be spent in areas such as clinical trial oversight and regulatory enforcement activities.

Just last week I announced the first phase of consultations on ways to enhance the transparency of clinical trials. The testing of therapeutic products on human subjects is a serious business and should not be shrouded in secrecy. While protecting certain legitimate privacy matters, Canadians are entitled to know when and where trials are proceeding, what they are trying to test, and what their eventual outcomes are. So we are about to launch stakeholder consultations in order to figure out the best way to register all clinical trials, and to disclose their results, whether good, bad, or indifferent.

COX-2s is another area where Health Canada has made great strides in openness and transparency. My department recently established an expert panel to advise us about the risks of COX-2 inhibitor drugs. In addition to this expert advice, we're soliciting the views of the public at large. After all, product users, health professionals, and many others are entitled to share perspectives and receive information on this widely prescribed class of pain medication. Last week, Health Canada hosted a two-day public forum, the first of its kind, to invite public input on the risks and benefits of COX-2s. Obviously, it's a little early yet to say how the input we received might influence our internal decision-making process. My department will have to spend some time reviewing and digesting the extensive comments and debate. At the same time, we will assess the forum structure itself to see how it might be used to reach out to the public on other issues in the future.

I can also say that we will be going out to Canadians again soon on another issue, breast implants. Public consultations to be held in the fall will focus on whether Canadians would like to see these products once again approved for general sale in Canada. As you know, this is a complex issue with many dimensions. Health Canada has already received input on some scientific and technical considerations. But again, we want to hear from a broader cross-section of Canadians, especially women who have had implants or are considering doing so. Our scientific advisory panel will hear the public input and advise Health Canada on our decisions.

● (1540)

I want to underline that we refuse to be rushed. We are taking the very best information and advice we can find, and we'll take whatever time is required to make the right decision for Canadian women. Even at that, we need to bear in mind that we're dealing with human lives, and history has shown that once a product is on the market and used by hundreds of thousands of people, things can and do go wrong. That's why the department is also taking steps to strengthen our post-market surveillance system.

Last month, Health Canada launched a searchable online database of adverse drug reaction information. It used to take about two weeks to generate an up-to-date report on adverse reactions to specific therapeutic products. We are now talking about mere moments and a few mouse clicks. Best of all, the new ADR database is available to all Canadians over the Health Canada website. That means people can make more informed decisions about their health and health care.

While I'm proud of the ADR database initiative, I've also asked whether there is enough information available for Canadians. That's why I'm committed to advancing another important drug safety initiative in particular requiring health professionals to report adverse reactions that come to their attention. I recognize that mandatory adverse reaction reporting is not a simple matter, which is why once again we'll be soliciting the input of the people directly affected.

Health Canada will be posting a discussion paper on mandatory adverse reporting in the very new future, and face-to-face consultation with stakeholders will take place late this summer. Our objective is to come up with a practical, workable adverse reaction reporting system so that governments, health professionals, and consumers will gain a more complete picture of the real-world safety of health products available to Canadians.

When it comes to drug safety, there is one other very important issue I'd like to mention: our shared concern with the United States about the proliferation of drug sales to Americans. I just want to underscore that the Government of Canada is committed to protecting Canadian consumers from drug shortages. This is an issue on which the committee has been active. Your recommendations have been noted, and I share your concern regarding the possibility of export legislation passing in the U.S. Congress.

I want to be clear on this point. We will enhance and systematize our drug supply monitoring activity, and if necessary, we will use export controls to protect human health and our nation's drug supply. We will take whatever actions are necessary to protect Canadian interests. We will continue to share information and collaborate with our provincial and territorial partners and professional regulatory bodies.

We also have an ongoing dialogue with the U.S. government and the Food and Drug Administration to allay fears and promote a common understanding of the issues. My objective is not to shut down the industry, but I will not allow it to pose a threat to either Canada's supply of needed medicines or Canada's price regime.

Let me also mention very briefly the issue of the Chaoulli case, which was obviously decided after the arrangements for me to appear here were made. This case, from my view, was about the constitutionality of Quebec legislation safeguarding the single-payer publicly funded health care system. One thing is certain—the judgment is complex and we must be careful not to draw hasty conclusions. There has been a lot of incorrect analysis, speculation, and misconception.

First allow me to stress that we believe the ruling gives legal language to a paramount issue we've identified with the provinces and territories already: wait times. Key wait times commitments, as you are aware, are a cornerstone of the $41 billion September 2004 FMM accord.

● (1545)

I think the decision has reminded us of the urgency to reduce wait times and the need to get this work done by the end of this year. But we also need to ask ourselves whether we can accelerate this work and why we can't beat our self-imposed targets. I should also highlight, with respect to wait times and to other aspects of the FMM deal, that Canadians want action, not prolonged discussions and talk. Governments met in the fall and agreed on a reform plan and funding. We should get this work done before we get together again.

I should also highlight that this case does not have any direct impact on the Canada Health Act. It remains valid federal legislation. The Canada Health Act was not challenged in this decision, and in fact the CHA was not questioned by the Supreme Court judges. Further, as you know, the ruling of the Supreme Court came into effect immediately. The Government of Quebec is intending to request a stay, to permit it time to consider other measures that will ensure the integrity of the publicly funded health care system, while respecting the judgment. The Government of Canada will support Quebec in this respect.

Finally, I want to reiterate the Government of Canada's unwavering commitment to a universal, publicly funded health care system, a system where Canadians have reasonable access to health care services on the basis of need, not the ability to pay.

Mr. Chair, members of the committee, as you will recall, I wrote to you in the spring asking for your views on how Health Canada could better reach out to the Canadian public. We recognize that there are certain regulatory restrictions on the types of information we can make public. We cannot simply violate commercial rights and privacy laws. Within the bounds of the law, however, I'm convinced we can do better. We can also look for legislative authority to be more transparent and open, which we're looking at. We can do more to demystify our regulatory processes, and we can furnish patients, consumers, and health providers with more complete information about therapeutic products. This includes information on when these products are being tested in clinical trials and the concerns that crop up once a product is in routine use in the Canadian market. In recent months, I've taken a number of steps in that direction because I firmly believe that a more open and transparent regulatory system will enhance the safety of therapeutic products. I also plan to continue encouraging consumers to make more informed choices about their health.

I would welcome your comments about any of these issues or any others that you might choose to comment on. Advice would be more welcome than questions, of course. I'm still trying to erase the tire marks from the last meeting!

It was good to see you again.

The Vice-Chair (Mr. Rob Merrifield): Okay.

Mr. Ménard.

[*Translation*]

Mr. Réal Ménard (Hochelaga, BQ): Mr. Chairman, I have a point of order. I simply want to make sure that the minister was well informed of the reason why we invited him today. We invited him after a motion was introduced by the Conservative Party and the Bloc Québecois to have him speak to us about the American situation and eventual drug imports.

We'll have an opportunity to speak with him, but I thought he was a bit vague with regard to information. It seems to me he said little about the reason why we invited him. So I was afraid he hadn't understood the point of the invitation we sent him. It's always a pleasure to see him, but I would have liked him to be more specific about why we invited him.

● (1550)

[*English*]

The Vice-Chair (Mr. Rob Merrifield): Okay, that's fair enough.

You're aware, Mr. Minister, that the request was actually to talk about the Internet pharmacy issues.

Hon. Ujjal Dosanjh: Of course, I addressed that briefly in my remarks. I'm open to any questions.

The Vice-Chair (Mr. Rob Merrifield): That's what I was going to say. The minister actually addressed that. He addressed—I count here—at least six or seven others, and that's fine. I appreciate that, actually, because when we get the minister here, we want as comprehensive a dialogue as possible. Taking the lead from the minister, I believe questions can reflect the Internet or these or any other issues.

So we'll start with our questioning.

Mr. Fletcher, you have 15 minutes.

Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC): Thank you, Mr. Minister, for coming out. I always enjoy seeing you on these occasions. Rest assured, I have my summer tires on, so it's more of a summer grip—less to fear.

Having said that, you touched on recent events. A lot happened in the health portfolio last week. I look forward to a dialogue here, where we can exchange polite advice and answer questions. Perhaps I'll lead off with where we started at the last meeting, and hopefully we'll be able to have a more progressive conversation.

Will you agree that the Canada Health Act allows for private delivery of publicly funded services?

Hon. Ujjal Dosanjh: I think it goes without saying that the Canada Health Act deals with the five principles and with user fees and the queue-jumping issue. I think we can have an academic argument. The law on the Canada Health Act is very clear. It is within the purview of the provincial jurisdictions to decide whether or not to have private care, but the CHA is the conduit for transfers, and that conduit really sets out that the transfers are contingent on that law. And I think this is part of the social contract that Canadians entered into and that I've been talking about for the last three or four days.

I would be happy to talk to you about all of the legal issues. I don't really want to get into an academic debate. I think we have a much more practical issue before us in the shape of the Chaoulli case. If you want to talk about that, I'd be happy to talk about that as well.

Mr. Steven Fletcher: Well, this is an important point, because a lot of the rhetoric we've heard from you is that the Liberals will stand by publicly funded, publicly provided health care, and anything else is not acceptable. That is troubling. Contrast that with the Conservative position, where we believe in a publicly funded system but we're not so hung up on who provides the services.

My concern is that the rhetoric and some of the threats or near threats that have been exchanged between your government and the provinces on private clinics may diminish the provinces' ability to react to the long waiting queues. For example, it's well known, and I would think most people would agree, that the private sector is more adept at innovation and entrepreneurship, and in many cases is more efficient. Contrast that to the model you're presenting, which the Supreme Court criticized, which is the near monopoly. And I think we agree on the publicly funded aspect; there's no argument there today.

But will the minister agree with the Conservative position that a combination of public and private delivery of health care could help create a robust system that will reduce waiting times, which is the real issue?

● (1555)

Mr. Réal Ménard: A non-partisan statement.

Mr. Steven Fletcher: Just agree with the Conservatives and you'll be fine.

Hon. Ujjal Dosanjh: Let me just first deal with your contention that private care somehow would be more effective and less costly. Roy Romanow did an extensive study and held extensive hearings right across the country. He comes to a conclusion that is very clear, and I have seen no evidence to actually negate that conclusion. The conclusion is that he found no evidence that would suggest to him that private care, private delivery, would be any more efficient or less expensive.

Let me clarify the position I've been taking throughout the last 10 months that I have been the Minister of Health. We support our publicly funded health care system. My preference, our preference, is for public delivery, for the reasons I just stated.

In terms of the clinics that the honourable member talks about, there are MRI clinics that are private clinics. We can't go and shut them down, nor do we intend to. What we're saying is that those clinics have to operate within the confines of the Canada Health Act. I understand that some of those clinics may be violating the Canada Health Act, and that's the dialogue we're having with provinces such as Alberta, British Columbia, Quebec, and Nova Scotia. Those are the four provinces where we believe—or at least we've been led to believe—that there may be violations, and hence the dialogue.

Mr. Steven Fletcher: If you're looking for evidence, I think we could turn to your home province of British Columbia, where we have the Day clinics—that's Dr. Day, not the today versus tomorrow kind of clinics.

I was in Langley, B.C. The regional health authority explained to me how 25% of the MRIs are contracted out. The provincial government essentially subcontracts the MRI services, and they do it because it's more efficient and more cost-effective.

We could go back and forth all day. Let's just say that there's a school of thought that would suggest private clinics have a role and private delivery of health care has a role. Mr. Romanow need look no further than family doctors throughout the country, who are publicly funded and deliver private services.

I'm asking the government to be open to that suggestion, not to be so hung up on ideology, and look at what is best for Canadians.

I'd also like to note that the Supreme Court recognizes that private delivery is within the framework of the Canada Health Act.

Would the minister agree that we are here today on the wait-time issue due to Liberal cuts of $25 billion to health care expenditures in the 1990s? That is why we're here today.

I think it's important for people to understand why we're here today, because it could be a benchmark for what we can expect in the future. Does the minister feel that cutting $25 billion from the health care system in the 1990s was a good idea?

Hon. Ujjal Dosanjh: Let me answer some of the other things that you've also mentioned.

If you want me to answer your questions, then ask just the questions and don't make comments. Comments have a lot of questions embedded within them. So let me go through some of the comments you've made.

First of all, it is not ideological to admit that close to 30% of health care in Canada has always been that way. There's a significant element of private care within the Canadian system, and it has been so right from its inception. That's the doctors and the specialists. One should not use that to say we should start going backwards, from my perspective. That has always been the case. It's important to recognize that.

On dealing with the issue of cuts, if we remember history and it has not been erased, I think we all recognize that when the government took over from the previous Conservative government in 1993, we were close to being a banana republic. We had huge deficits and huge debt. We had to do something about it.

I was in the provincial government. I can tell you that I certainly didn't enjoy those cuts at that time. But I can also tell you that your party of the day said those cuts were not deep enough.

● (1600)

Mr. Steven Fletcher: Actually, my party only came into existence about a year ago.

Hon. Ujjal Dosanjh: You can change the name and it would be a new party tomorrow.

Mr. Steven Fletcher: Well, you know what, Mr. Minister? If you're going to talk about banana republics, I'd suggest that you look at the accountability of this current government. We could go back and forth on this.

Hon. Ujjal Dosanjh: Let me answer your question.

Let me read you a quote from your current leader of March 1, 1995: “We say this is not adequate”. He's referring to the cuts.

Let me read you another quote from March 3, 1995.

Mr. Steven Fletcher: But Mr.—

Hon. Ujjal Dosanjh: I did not interrupt you, so let me answer the question.

Mr. Steven Fletcher: Well, you're not answering the question. That's the problem.

Hon. Ujjal Dosanjh: I'm answering your question about the cuts. Your party thought the cuts were not deep enough.

Mr. Steven Fletcher: No, my party didn't exist in 1995. So you're already wrong.

Look, Mr. Minister—

The Vice-Chair (Mr. Rob Merrifield): Okay. Just ask the question and we'll get a short answer back. I think that might be the better direction to go in.

Mr. Steven Fletcher: Okay, you know what—

The Vice-Chair (Mr. Rob Merrifield): Mr. Fletcher, just start with the question.

Mr. Steven Fletcher: Sure. I can see that maybe we'll have to have this discussion in a more public forum than the health committee, with all the media there, which I'm happy to do, and—

Hon. Ujjal Dosanjh: There's some media here.

Mr. Steven Fletcher: I know, but not enough.

There was actually another very important issue that was raised last week, and I'm quite serious. That was the supply day motion dealing with the Canadian Strategy for Cancer Control, specifically, and also dealing with a strategy for heart disease, and for mental health and mental illness.

I'm quite pleased that the motion passed. The motion called for the government to fund the cancer strategy. The funding is approximately $260 million over five years, so that was clear when the motion was passed. However, the government has refused to fund that strategy and they've used the argument that there is a chronic disease strategy. But this was a disease-specific motion. It dealt with three specific diseases.

Within 24 hours of the motion, your government moved away from that. The Canadian Cancer Society condemned that the following day, as did the mental health organizations and the Heart and Stroke Foundation.

I wonder, Minister, if you would consider funding these disease-specific strategies. I don't see what there is to lose, but there is a lot to gain.

Hon. Ujjal Dosanjh: Mr. Chair, I think we should cast our minds back to the September 2004 accord, actually duly signed and executed by all of the first ministers across the country—all of them, bar none.

One of the provisions in that accord is that what you need across the country is a Canadian healthy living and integrated chronic disease strategy, and we've been working on that assumption.

And this particular motion was worded such that it was about heart, it was about cancer, it was about mental illness. That is broad enough to make it an integrated chronic disease strategy. I said that in my remarks very carefully in the House in support of that motion, that we were supporting the spirit of the motion because it really is leading to where we want it to go.

In that sense, I think the best advice you can get nowadays from doctors and specialists who deal with these issues will be agreement that most of these diseases share common risk factors. Only at time of detection, once you have detected a particular disease, do you need to be actually going into a separate stream for each of the diseases in terms of treatment. But in terms of prevention and healthy living promotion and awareness, most of these diseases share those common risk factors, which is actually what we have to worry about.

● (1605)

Mr. Steven Fletcher: In fact, when it comes to cancer, all the major stakeholders from the cancer community—all the major organizations—had come together. They came up with a plan: given the uniqueness of cancer and the fact that there has been so much success in other countries with similar demographics and other commonalities with Canada, for cancer it would be preferable to go with their strategy. We have the buy-in; we just need what was really an insignificant amount, considering the benefits that could be raised.

Also, I'd just like to say that in the chronic diseases, mental health is not mentioned, and it is certainly a major component.

The Vice-Chair (Mr. Rob Merrifield): There are a couple of quick questions, but we're out of time. Maybe we could have a very quick answer and then we'll go on.

Hon. Ujjal Dosanjh: If I had $1 billion for an integrated chronic disease strategy, in the context of that, what one could perhaps do—

Mr. Steven Fletcher: Kill the gun registry.

Hon. Ujjal Dosanjh: Yes, it's pretty easy to point to specific programs, just like your leader of the day said in 1995, “Let's kill the Department of Health”.

Mr. Steven Fletcher: The question—

The Vice-Chair (Mr. Rob Merrifield): That will be it.

Mr. Ménard, you have 10 minutes.

Hon. Ujjal Dosanjh: Let me just—

The Vice-Chair (Mr. Rob Merrifield): No, you'll have to get an answer through Mr. Ménard.

Hon. Ujjal Dosanjh: Well, then I'll respond to it before I answer him.

Mr. Réal Ménard: Not on my time.

[*Translation*]

Good afternoon, Mr. Minister.

I'd really like it if, on leaving this meeting, we had clear ideas about what you intend to do about U.S. drug imports because that's what concerns us. That's why we invited you today.

Mr. Merrifield and I introduced two motions. The industry was encouraged by your address to the Harvard Medical School in 2004, when you stated that Canada could not be the Americans' medicine cabinet. We have concerns about how events have turned out. As you know, by the end of the summer, one of the bills in the U.S. Congress — there are a number of them — could be passed and that could mean drug shortages. I'm going to ask you three brief questions.

First, do you agree with the committee's analysis that we must oppose the possibility of massive drug imports by the Americans?

Second, did you go to Cabinet, and have you filed a brief? What options are you considering?

If you filed a brief, are we talking about regulations or a bill? In concrete terms, what do you intend to do?

[*English*]

Hon. Ujjal Dosanjh: Thank you.

Let me address the initial question you raised in the introductory comment—and this is not being defensive. I saw the letter from the chair of the standing committee. It talks about three or four issues, not just the cross-border drug sales, but I appreciate that this is an issue that's uppermost in your mind, and we will address it.

I think it is common ground amongst most Canadians that we need to protect the supply and safety of our drugs for Canadians. We have been analyzing the issue. Without going into cabinet deliberations, I can tell you that this is a very important issue for me. It's a very important issue for cabinet. I can also tell you that it has not been in cabinet in any formal way, but it will be going there at some point very soon. Depending on what the decisions are, we definitely would be taking some steps.

We have shared with you the options before. Those options include a ban on bulk exports. There are the ethical considerations on issues around doctors co-signing prescriptions by the hundreds every day. And I want to take a moment here, if I can take a bite out of your time, because I must commend the professional organizations, whether it's the Canadian Pharmacists Association, the Canadian Medical Association, or the regulators, the colleges of physicians and surgeons, across the country in many provinces. They have taken steps to deal with the ethical issues in many respects.

So those are some of the issues we're looking at. Once cabinet has had the time to discuss the issues, we would be taking action based on the decision cabinet makes.

● (1610)

[*Translation*]

Mr. Réal Ménard: Mr. Minister, that's a bit hard to understand. You went to Boston on November 10, 2004, it's now nearly July 2005, and you still haven't gone to Cabinet. The industry is still afraid supplies will be depleted. The bill should be passed.

I know it's not easy to go to Cabinet. I've never sat in Cabinet, but I know there is an agenda. However, to find solutions, do you think we should take regulatory or legislative action? The last time, your officials considered three measures: prohibiting the counter-signing of prescriptions, the idea of simply prohibiting the sale of prescription drugs to persons not living in Canada and the idea of making a list of drugs that it would be prohibited to export. What are your thoughts on this now?

Please be frank with us; let us know what you're thinking. We're ready to listen to what you're thinking, and we'd like to have a little more information on your understanding of the situation. Everything's that said here will remain confidential in any case.

[*English*]

The Vice-Chair (Mr. Rob Merrifield): You have only 30 seconds to do it.

Hon. Ujjal Dosanjh: And I know it's between you and me and it's being taped.

Some hon. members: Oh, oh!

Mr. Réal Ménard: You love that! I know that.

Hon. Ujjal Dosanjh: Nobody will tamper with these tapes.

The Vice-Chair (Mr. Rob Merrifield): I'm sorry, there's a correction. I was only thinking five minutes, but you actually have five and a half minutes.

Hon. Ujjal Dosanjh: You were asking me whether we are considering a legislative approach or if its regulatory. I think there might be a blend of both, depending on what cabinet says we must do and cannot do. Some things can be done by legislation alone. Others can be done by regulation without amending the legislation. So once I'm able to go to cabinet, I will be placing before cabinet some of the options that you already know about. We'll take it from there.

I want to tell you that I am extremely worried about this issue, the pricing regime in particular. We were in the United States in March of this year and we met with the health secretary. We met with some congressmen, and a senator, Senator Vitter. I don't recall the state he comes from. It was very clear, listening to Senator Vitter in particular, that there is a section of politicians in the United States of America who are focused on trying to create what they call a compatible playing field between Canada and the U.S. on drugs, particularly patented drugs. Ninety-four per cent of our patented drugs are imported from outside. So we depend on imports. We then control and regulate the prices of those drugs when they're sold here.

It is important for you to know that we're watching the developments very closely. We are extremely worried, and that's why, hopefully, shortly, I'll be going to cabinet and we'll be dealing with the issue.

[*Translation*]

Mr. Réal Ménard: However, with all due respect, I find it hard to understand why you don't seem to have any clear thoughts on the subject, whereas this has been in the news for a year and a half and the industry and consumer groups have been mobilized.

How can you explain why, in spite of all that time, you're still saying you're going to present options? Mr. Minister, how can you explain why you're unable to say in concrete terms that our parliamentary secretary has nothing to fear because he's tough? How can you reassure the committee? It's disturbing that you're not able to tell the committee in concrete terms what options you're considering.

I find that you give an impression of vagueness and lack of precision that's a bit disturbing, in view of the importance of the problem. Perhaps we should pass a motion for there to be a study. I had proposed that the committee make recommendations to you. Perhaps that's what should be done, but I would have expected you to be a little more precise. I'm a bit disappointed in you this afternoon because you're being vague and indefinite. I'd like you to give us something a little more concrete. It seems to me this is important enough for you to be more definite. We won't record your remarks this time.

● (1615)

[*English*]

Hon. Ujjal Dosanjh: I'm equally disappointed that I can't give you all of the analysis that I might take to cabinet, for reasons of cabinet confidentiality. But I can tell you, and you know, that I have shared with you in the past the options we've been looking at. Those are the options we're still looking at. They have been fully, legally analyzed. I don't have them before me.

[*Translation*]

Mr. Réal Ménard: What are you going to do if the bill is passed? If it's passed between now and the end of summer, as the lobbyists tell us, you won't be able to convene Parliament in the middle of summer. What will you do if the bill is passed between now and August?

We're leaving in two weeks, and you don't intend to put any action scenario whatever before the House. Would you like the committee to make recommendations to you? You don't seem troubled, and perhaps I'm too troubled, but I get the impression this bill may be passed in the United States by the end of the summer. I don't want to put more pressure on you, but...

[*English*]

Hon. Ujjal Dosanjh: I'm equally worried, but this worry has been with me ever since I came here as Minister of Health. We've moved forward. When I came we weren't looking at options. We weren't looking at analyzing some of the options. We are actually much farther ahead.

As you know, some of this legislation was there before the Congress last year and didn't go anywhere. Some of the same bills and different bills are before the Congress this year. I understand, given how the process works in the United States of America, that it will take some months. We will have lots of opportunities to act on this issue if it arises.

We want to be prepared in advance. I think with the way the timetable now is, if I am able to take this matter to cabinet shortly, and cabinet approves an option or a number of options, we'd be able to act in due time. I want to reassure you that I am equally worried about this.

The Vice-Chair (Mr. Rob Merrifield): Thank you.

[*Translation*]

Mr. Réal Ménard: Thank you.

[*English*]

The Vice-Chair (Mr. Rob Merrifield): Thank you, Minister.

Mr. Martin.

Mr. Pat Martin (Winnipeg Centre, NDP): Thank you, Mr. Chair, and thank you, Minister, for being here.

I want to tell you that I'm very concerned about this too, being from western Canada. I can't overstate how important the Internet pharmacy industry is to my home province of Manitoba as well as to British Columbia and Alberta. I don't envy you, because this is breaking down as an issue of the west versus the interests of big pharma, largely in Quebec.

Don't shake your head, Minister. What I'm hearing from you is that you're about to present to cabinet something that will be devastating to Manitoba. When we got a western Minister of Health, I expected to see a champion for our western industry sector and the 4,000 jobs it represents. I was hoping to hear you come to us saying, "We're doing everything we can to help the Internet pharmacy industry survive in western Canada, and we don't want Pfizer and Glaxo and Eli Lilly and Wyeth dictating to the Government of Canada how we'll supply drugs". I don't hear that willingness, Minister.

Hon. Ujjal Dosanjh: I'm surprised at the implication in your comments—that somehow what we're trying to do here is at the behest of big pharma. Absolutely not. This is an issue, first and foremost, about ethics in medicine, compliance with current Canadian laws about co-signing prescriptions without a doctor-patient relationship being in place. It is an issue, ultimately, about the protection of a price regime beneficial to individuals across the country. Sometimes the medication they buy isn't covered by pharmacare plans in the provinces. Quite often, though, it is an issue. If we are able to deal with it successfully, it would benefit the treasuries of places like British Columbia, Alberta, Manitoba—

Mr. Pat Martin: One billion dollars.

Hon. Ujjal Dosanjh: —Quebec and Ontario. These are provinces that have significant pharmacare plans. If the United States of America were to throw open the doors to bulk imports and increase the trade in prescription drugs, which is based on arbitrage, prices could shoot up. We create a certain regulatory regime—

● (1620)

Mr. Pat Martin: I understand, Minister.

Hon. Ujjal Dosanjh: —for prices. We control the prices for local consumption.

Mr. Pat Martin: I understand.

Hon. Ujjal Dosanjh: You imply a trade based on arbitrage and the unethical conduct of practitioners. I think that's—

Mr. Pat Martin: With all due respect—

Hon. Ujjal Dosanjh: —pretty difficult to support. It's not about big pharma; it's about good medicine and protection of prices.

Mr. Pat Martin: —Minister, that's not unlike what you were saying back in February, when we had earlier talks about this.

But nobody's buying the ethical argument. I think you have the feeling that if you keep saying it over and over again, it will become accepted. It won't. The two legitimate points you raise are shortage of drugs—like some kind of blacklisting—and shortage of pharmacists. But the empirical evidence is that it's not an issue of the shortage of drugs. That's been dealt with. We can share some of the work that our researchers on this committee have done with you to satisfy your concerns there.

As for the shortage of pharmacists, in your own home province, only 70 out of 2,500 registered pharmacists work in the Internet pharmacy industry. In my province of Manitoba, about 110 out of the 1,500 pharmacists work in the Internet pharmacy industry. We're not siphoning off all the skilled people into this sector. If there's no logic or empirical evidence to lead you to squash the Internet pharmacy industry, it can only be lobbying by big pharma. They are very good at what they do. But let's not talk about cost of drugs. Arbitrary spikes in the cost of drugs happen with or without the Internet pharmacy industry. That's a bogeyman.

I'm not trying to burn up all the time. I want to hear from you. I just want to hear you say that you will do something for us in western Canada to save our industry, not that all you're doing is announcing to cabinet how you're going to squash it. Whose side are you on, Minister? You're a westerner, for heaven's sake!

Hon. Ujjal Dosanjh: First of all, I think it is absolutely the wrong way to look at the issue in east-west terms.

Mr. Pat Martin: What else do we do?

Hon. Ujjal Dosanjh: It's actually wrong, and I would not expect responsible politicians to engage in that kind of analysis.

Mr. Pat Martin: It's a regional economic development issue.

Hon. Ujjal Dosanjh: Well, I disagree with you. You can't have economic development based on a price regime that's been put in place for domestic consumption—

Mr. Pat Martin: Well, it's a billion-dollar industry.

Hon. Ujjal Dosanjh: You cannot have arbitrage building a trade. You talk about shortages, honourable member. We have anecdotal evidence of shortages. We don't have a system in place so that we can monitor whether or not there are shortages. As part of the proposal that I may take to cabinet, I want to put in place a system of monitoring the supply of drugs across the country so that we know whether or not there are shortages.

Right now I can tell you—

Mr. Pat Martin: I urge you to do that first before you pull the plug.

Hon. Ujjal Dosanjh: I can give you examples of shortages that are based on anecdotal evidence.

Mr. Pat Martin: You don't kill a billion-dollar industry on anecdotal evidence. Please, I implore you, don't do it.

Hon. Ujjal Dosanjh: I want the committee to know this very clearly from me: it is absolutely not my intention to kill the industry. It is my intention, number one, to protect the pricing regime that we have for Canadians; number two, to possibly ensure that the medicine is practised within Canada on ethical bases—

Mr. Pat Martin: That's a bogeyman. I don't accept that—

Hon. Ujjal Dosanjh: —number three, to protect the usual foot traffic that comes into the country; and number four, to even protect cross-border prescription sales that are based on good patient-doctor relationships. That's what I'm looking at.

Mr. Pat Martin: Our bargaining position on this issue seems to be on our knees. We're at the mercy of the big pharmas; they're going to somehow cut off the flow. In Canada 98% of all the drugs are imported. Only 8% of them flow through and are exported. These are the figures we get from the Library of Parliament, at least. I don't see the emergency here, unless it's a manufactured emergency on behalf of big pharmas that are trying to protect their interests.

Hon. Ujjal Dosanjh: I am not really wedded to any conspiracy theories. I don't subscribe to those kinds of issues.

Mr. Pat Martin: All I see is the evidence that where I come from, we're about to lose a billion-dollar industry, and I'm here to aggressively defend our industry.

Hon. Ujjal Dosanjh: I have no intention of killing the industry. I would hope we can come up with some better figures. I just read in the paper this morning that the industry is at $600 million. I read a couple of months ago that the industry was at $1.5 billion. You're telling me it's at $1 billion. We have no way of monitoring these issues. In addition to doing other things, I want to create a monitoring system so that we can actually tell what we're doing and why we're doing it.

Mr. Pat Martin: I would like to recommend, sir, that we monitor the industry for the next five years and then perhaps take some remedial action, because if we don't know what's happening, it's premature to kill this industry that's so critically important to Manitoba, Alberta, Saskatchewan, and B.C., your home province. That's what I would like to recommend.

Are my 10 minutes up, Chair?

● (1625)

The Vice-Chair (Mr. Rob Merrifield): The minister has a little more time. We're not going to promise anything further.

Hon. Ujjal Dosanjh: I have already made my point, but I want to make it clear to the committee that I am a westerner, but one has to look at these issues not always as west-east. Sometimes you have to act in the national interest, and the national interest, the public interest, is in protecting the prices we have, which are lower than those of the United States of America. If we do not control these prices, there would be absolutely no trade, so we want to make sure we are able to provide low-priced drugs to all Canadians. I know there is this industry in B.C., in Alberta, in Manitoba, and in some other provinces. Quebec had to deal with some of the examples of that.

I think we will deal with that in as sensitive a fashion as we can. We will try to protect the industry within the bounds of good ethical medicine, within the bounds of a price regime that's very dear to us as a country, within the bounds of ensuring our sovereign public interest as Canadians.

The Vice-Chair (Mr. Rob Merrifield): Thank you.

Now we're going to the Liberal Party. They have ten minutes, and they're going to split the time—five minutes for Mr. Savage and five minutes for Ms. Dhalla.

Mr. Savage.

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

Thank you, Minister. It's good to see you back at our committee. I do have a question or two on Internet pharmacies, which was the reason for asking you to attend, but you've opened the scope, so allow me to make a couple of comments on recent topics that we've discussed here at the health committee.

First, on CIHR, we have confirmed Dr. Bernstein's appointment. I just want to say what great work CIHR does. When Mr. Fletcher brought his motion last week on Canadian cancer control, mental health, and cardiovascular health, I had the opportunity to talk a little bit about CIHR as I've experienced it, about the huge impact it's had Atlantic Canada in increasing research in really important areas in Atlantic Canada, particularly in the study of health systems and population health as opposed to simply clinical research, which is important but needs to be built on by the work of our researchers. So a big thumbs-up to CIHR.

Second, we had a study on Paul Szabo's bill on fetal alcohol and fetal alcohol spectrum disorder. We weren't happy with the bill's recommendation on labelling. We thought it needed to go beyond that. We asked for a report back. I think it's fair to say that most members of this committee were disappointed by that report from Health Canada and the Public Health Agency. I think in part it was due to the fact that we had a very short timeline. There's some great work happening at the Public Health Agency of Canada, and I support them a lot.

I wonder, do you have some knowledge of that report and what perhaps is being done in fetal alcohol, and what we might expect?

Hon. Ujjal Dosanjh: I understand Dr. Butler-Jones appeared here and said they're engaged in a visioning exercise; they want to make sure they're able to pull together much of what's happening. There is work happening on this issue, but they'll be able to bring that together and come back to you in the fall sometime with a wholesome report.

I do recognize that the committee was disappointed. I think it was natural for the committee to be disappointed, because there wasn't much time for anyone to pull together, in such a hurry, all of the elements. It would have been difficult, and if the department had been able to do it, I would have been surprised.

So I do recognize that more work needs to be done in this area. I want to say, however, as a bit of a challenge to members of the committee and members of the House, that here was a bill that passed with overwhelming support: 227 people voted for it, if I remember correctly, with very few opposing it. Yet at the end of the day, when the crunch came to proceed on the bill—not as being a panacea for everything on this issue, but as part of a small part of an overall strategy—both this committee and the House turned it down. I think in that kind of situation, it's going to take some time to retool. We have to refocus. And I want to work on this issue.

Here is an idea that perhaps you'll let me throw out at you. We dealt with tobacco advertising because we felt that tobacco was doing damage to Canadians. Alcohol, unless it's responsibly used, does damage to Canadians who consume alcohol. Is there any appetite for looking at lifestyle advertising using alcohol, and dealing with that in any way, shape, or form? I'm not saying we must, I'm just throwing that out as an idea for the committee. The committee can do some work, take a look at that, and get back to me, or call me in and advise me about what you're thinking.

If we want a wholesome strategy, let's look at some of the ideas that are out there dealing with this whole issue. Alcohol, unless it's properly used and moderately used, does huge damage, not just to children born with FAS but to the human beings who actually consume it themselves.

So that's a challenge to all of us, and I would like to hear from the committee.

● (1630)

Mr. Michael Savage: We put that challenge to Health Canada as a committee, and we were a little bit disappointed.

I just want to say one thing: 220-some members of the House voted on that, but the members of this committee were the ones who studied it. We had witnesses come before us, and we came to the realization that it was not the answer. I don't want Health Canada to come back and suggest it is an answer in the absence of something better.

So I would just ask you to put your considerable strength and credibility into making sure—and I know you will—that this gets followed up on.

How am I doing?

The Vice-Chair (Mr. Rob Merrifield): You're about out. In fact, you are out.

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): Very good, Michael.

Mr. Michael Savage: I'll come back to all my questions.

Mr. Réal Ménard: [*Inaudible*]...future is good for you.

The Vice-Chair (Mr. Rob Merrifield): He's actually just practising.

Ms. Ruby Dhalla: Time flies when you're having fun.

First of all, thank you, Minister, for being here. I also wanted to take the opportunity to thank both you and the department for supporting the motion I put forward last week on creating a secretariat for foreign credential recognition. I know that you have shown an avid interest in that particular issue, and I think it's going to benefit many Canadians across the country and also address an issue that I think is important, that is, Canadians having a shortage of physicians and having to wait at hospitals and having long wait times. Hopefully, your and your department's continued support is going to ensure that when we do get doctors from abroad, we will recognize their qualifications and get them accredited and integrated into our health care system.

I want to touch on one of the reasons I think the committee felt an interest or a need for you to be here today in regard to Internet pharma. I would agree with you that we need to have a package of legislated regulatory or policy options to address this important issue, and to ensure, as you said, that Canadians are protected from a possible drug shortage and that our pricing regime is protected.

You've spoken about a couple of issues. You've spoken about the importance of protecting the doctor-patient-pharmacist relationship and you've spoken about possible options for ensuring the protection of our pricing regime. And we've looked at some other options. We know that in New Zealand they passed in 2000 a complete ban on the sale of export drugs.

In some of your previous speeches you have spoken about issuing export certificates and amending section 37 of the Food and Drugs Act. You've also spoken about the possibility of different pricing systems, one domestic and one for international sales, and I know Mr. Ménard briefly touched on that.

Can you perhaps elaborate on some of the options you have considered, which stakeholders have been spoken to or consulted with, and what sort of timeline you would be looking at?

Hon. Ujjal Dosanjh: Well, in terms of the stakeholders, we've been hearing from everyone. I haven't personally met with all the stakeholders. I have met in fact with Internet pharma representatives from B.C., from Manitoba, and I believe from Alberta as well, and their associations.

In terms of the options, I think options have been analyzed. The analysis I had some time ago is actually in the public domain. I'm on the verge of taking this issue to cabinet. I think it is inappropriate to pre-empt what has been prepared for cabinet. I have been very free and open actually with all of the debate on all these issues. I think there is a point when you're ready to go to cabinet. It becomes very difficult to share all the information.

The options are a ban on bulk exports. On the issue of doctor-patient relationships, how do we make sure that's an implicit part of any prescription drug trade, not to kill the trade but to make sure it's practised on the basis of good medicine? There has been the issue in the past that I've talked about of two-tier pricing, whether or not that goes anywhere. I haven't seen the analysis on that, but the issues that have been discussed over the last number of months remain the same.

I'll be taking it to cabinet, and I'll be happy to share it with the House as soon as cabinet decides, which hopefully will be soon. Cabinet may not accept all my recommendations.

● (1635)

The Vice-Chair (Mr. Rob Merrifield): I have a hard time believing that.

Ms. Ruby Dhalla: Are we looking at a timeline of a few weeks or...?

The Vice-Chair (Mr. Rob Merrifield): Your time has gone.

Mr. Lunney for five minutes.

Hon. Ujjal Dosanjh: Hopefully within weeks.

Mr. James Lunney (Nanaimo—Alberni, CPC): Thank you very much, Mr. Chair.

Minister, since we both represent British Columbia, I just want to make note here that some of the representatives from the industry in British Columbia have indicated that the Internet pharmacy trade brings in about $260 million a year in revenues and has created something like 700 direct jobs and thousands of indirect jobs—pharmacists, pharmacy technicians, call centres, etc. Even the post office in B.C. has shipped out more than a million pharmaceutical packages a year, so that's a sizeable industry in British Columbia alone.

Now, I know you've already commented that we don't know whether it's a total of $600 million, or a billion, as Mr. Martin has suggested, but there's obviously a lot of money involved and a lot of concern about this issue.

The question I have on this issue of Internet pharmacies is one the Americans are raising, that drugs from Canada could be inferior. I wonder if you have had any indication of how much of the pharmaceutical product we are exporting is actually manufactured in the United States. Or is it coming from Europe, or Asia, or other countries, as is implied by some?

Hon. Ujjal Dosanjh: First of all, 94% of our drugs, patented medicines, are imported. As to ones going from Canada, the vast majority of the drugs that are going out into the U.S. are imports into Canada in the first place.

Mr. James Lunney: Would those be imports from the United States primarily?

Hon. Ujjal Dosanjh: Some of them are. I don't have a breakdown of that. I'm sure a significant amount of that would be imports into Canada from the U.S. in the first place.

In terms of the safety issue, I think Americans recognize there have been bills passed in 10 different state legislatures in the U.S. that they want imports from Canada. There are bills currently before the U.S. Congress. They wouldn't have those bills either before Congress or passed in the state legislatures if they believed our medicines going into the U.S. were unsafe. They know that's not the case. I don't think there's any danger of that perception spreading.

Even in the U.S. there are two factions of politicians. One faction wants to actually openly smash our pricing regime, if I can use those words. The other faction feels that if they can get cheaper drugs from Canada, they can shame the U.S. into regulating their own prices. So it's not all this or that. But the difficulty is that one of those pieces of legislation before Congress may pass. They have bipartisan support; they have more support than they had last year. I have said publicly that President Bush has indicated, at least to my knowledge, he may not be able to veto the bill once it came, having been passed by Congress and the Senate.

I think there's a real issue here and we need to deal with it, and that's why we're all struggling with it.

● (1640)

Mr. James Lunney: I'm sure others will have questions on Internet pharmacies. I just want to take it in another direction while we have you here, Minister, and that's an issue that came forward last October.

It's a very serious issue that involves some 600 deaths reported at that time, in October, in Montreal-area hospitals, and it's the hospital-based infection related to a bug called C. difficile, Clostridium difficile. The typical reporting—I might say the "spin", if you'll allow me to use that term—suggested there was a need for handwashing in the hospitals and there'd been overcrowding and an overuse of antibiotics, all of which I'm sure are partly true.

But the concern to me—and there is something Health Canada might be able to do about this—had to do with a fourth factor, and that is the people who were.... The CMA *Journal* itself reported on a common class of medications, gastric acid inhibitors or proton pump inhibitors, associated with a significantly increased risk, 250%, of serious infection leading to death. I'm wondering, what has the department done to warn doctors about this and to even warn the public?

Hon. Ujjal Dosanjh: The Public Health Agency is involved in that. As you know, there was some surveillance started early on in 25 of the major teaching hospitals across the country on some of these issues, and I know Quebec has taken many steps in that regard. I don't have that information. I'd be happy to speak to someone in the Public Health Agency and have it come to you.

The Vice-Chair (Mr. Rob Merrifield): Thank you, Mr. Lunney.

Ms. Chamberlain.

Hon. Brenda Chamberlain (Guelph, Lib.): Thank you.

Minister, it won't surprise you what my questions are; they're going to be on waiting times. I think I heard you say today—which surprised me, but I hope I heard you say this—that by year-end we're going to have some results on that. I thought you said it in your presentation, but perhaps I didn't hear you. I thought the last time you came and I questioned you on it, you said it was going to be four years until we had a real monitoring system, and I was pretty upset about that.

Can you clarify that for me, and how are we going to hear this?

Hon. Ujjal Dosanjh: If we look at the accord of September 2004, there is a deadline of December 31, 2005, to make sure there are benchmarks in place across the country that we all have a consensus on, so we can work toward reducing wait times in all of the areas—what those wait times ought to be for certain conditions and for other conditions.

As you know, the Prime Minister, the Minister of State for Public Health, and I, met with the Wait Time Alliance, which is a group of health professionals led by the CMA. They had an interim report, the Western Canada Waiting List Project, on wait times. They issued the wait times they thought appropriate in those situations. A project in Ontario also issued their view of what the wait times ought to be, on an interim basis.

When we looked at those three reports, the wait times proposed for various conditions in the five priority areas of cancer, heart, joint replacement, sight restoration, and diagnostic imaging were essentially similar in all of the areas. So there is some consensus developing across the country. We're hoping to have those benchmarks in place by December 31, 2005.

That does not mean progress toward reducing wait times isn't under way. It is. Whether it's Saskatchewan, Alberta, even British Columbia, Ontario, or Quebec, I think they're all working hard to reduce wait times. They're already using some of their own money from their own treasuries and the money that has flowed to them for the last fiscal year from the accord.

I think you may be remembering what I said about the first public report that provinces have to make on reductions. They have to report a significant reduction in wait times by March 31, 2007, but they are already working on it.

Hon. Brenda Chamberlain: That's fine. I'm glad they're working on it. But you've got to appreciate—and I know I'm not the only one hearing this in their riding—that people go to a doctor, if they can get a doctor.... That's number one, because general practitioners are not available. So it really is a question of whether everybody is getting accessible health care or not. If they can't get a GP, I contend they're not, quite frankly.

This is the number one issue, and it continues to be so in this country. It was the number one issue a year ago when we ran an election, and it was so before that. To say they have to publicly release this by 2007 isn't good enough. People who are actually waiting need to see a doctor. I can't impress that upon you enough. I know you're very caring in this portfolio and you want to do what's right, but we really need to ratchet this up in some way.

On benchmarks by Christmas—they're there, but what do they mean? Tell me what they mean, Minister. There's a benchmark in place, but if we have no enforceability of it, I'm very concerned.

● (1645)

Mr. Steven Fletcher: Hear, hear!

The Vice-Chair (Mr. Rob Merrifield): You have a minute to answer that.

Hon. Brenda Chamberlain: You're not surprised at this from me.

Hon. Ujjal Dosanjh: Who said, "Hear, hear"?

Mr. Steven Fletcher: I did.

Hon. Ujjal Dosanjh: Your party, Mr. Member, wants to give everything over to the provinces and have no control over health care.

Mr. Steven Fletcher: Well, anyway, I agree with Linda.

The Vice-Chair (Mr. Rob Merrifield): Order.

Hon. Brenda Chamberlain: Minister, I absolutely agree—

The Vice-Chair (Mr. Rob Merrifield): In fairness, the minister was asked a reasonable question and he should answer.

Hon. Ujjal Dosanjh: You obviously heard some impatience in my opening remarks about the issue. We don't have to wait for the deadline. We can do it prior to the deadline. There's nothing preventing the provinces from reporting before March 31, 2007, that they have reduced wait times. In fact, my view is that their citizens will hold them accountable from time to time—as you are holding me accountable here and people are holding you accountable in your riding—on what you're doing. I think it's important that that process continue.

I'm hoping we won't wait for the deadlines. That's why I'm glad, on the issue of agreeing on benchmarks, that progress is being made. We may have a consensus on benchmarks across the country before December 31, 2005. As the provinces make progress in reducing wait times, I'm sure they will want to share that with their citizens. But the only review mechanism we have is Parliament reviewing the progress in implementing the accord every three years.

The Vice-Chair (Mr. Rob Merrifield): Thank you, Madam Chamberlain.

Hon. Brenda Chamberlain: I don't think that's good enough.

The Vice-Chair (Mr. Rob Merrifield): Sorry, your time's gone.

Hon. Brenda Chamberlain: I continue to feel that's not good enough.

The Vice-Chair (Mr. Rob Merrifield): Ms. Demers.

[*Translation*]

Ms. Nicole Demers (Laval, BQ): Thank you, Mr. Chairman.

Good afternoon, Mr. Minister. You know how much I like it when you come to see us. I'm always very pleased to hear you, even though my questions are at times a bit direct. That's the way I am.

I was reassured to learn that you'll be holding public hearings on breast implants in the fall. I was also pleased to hear you talk about transparency. I'm usually dissatisfied, but, for once, I find there are a lot of Health Canada employees here. However, I wonder why there are so many employees when you're appearing before the Standing Committee on Health. I find it a bit unfortunate to see these people seated taking notes and using their Black Berries. I thought there was a lot of work in your department.

However, I'm satisfied today. I hope they heard you too, and especially that they listened, because I would like them to understand the importance of transparency. Unfortunately, there have been a lot of situations in which we realized that transparency wasn't Health Canada's greatest quality. In that connection, I'm still waiting for the transcripts of the meetings that were held on breast implants on March 22 and 23, as well as the documents that were filed.

You talked about the data base. Pardon me, I'm jumping from one thing to another, but you talked about a lot of topics, when we were supposed to talk just about drugs. I went onto this Web site to see how it worked, whether it was user-friendly, and whether the average person might find it easy to use. Unfortunately, it's not very user-friendly. You have to know the exact name of the drug. You need a thorough knowledge of a compendium of drugs to know what's being talked about. It would be very interesting if you could make the data base more user-friendly so that everyone could use it. Those are a few impressions.

Now let's go back to my question, since we have to talk about drugs. The Ontario Pharmacists' Association conducted a study and a survey that revealed that 83 percent of Canadians want you to be very prudent and to protect the drugs that are available to them. The last time you came to meet with us, Mr. Shugart even said that the American Pharmaceutical Market Access and Drug Safety Act jeopardized supply.

Mr. Shugart, you wrote, and I quote:

> Clearly, any significant increase in current transborder drug sales by Internet pharmacies could have a harmful impact on the Canadian market and on supply chains.

Mr. Minister, you told us you had ideas, but that you first had to present them to Cabinet.

● (1650)

[*English*]

The Vice-Chair (Mr. Rob Merrifield): Do you have a question?

[*Translation*]

Ms. Nicole Demers: Yes, I'm getting there, Mr. Chairman.

I'd like you to be more specific and to tell us when you'll present them to Cabinet. I find this is taking a very long time. I'm not very familiar with the process — I'm a new member — but I feel this is an extremely important subject that requires immediate attention. I'd like to know when you intend to present your ideas to Cabinet.

[*English*]

The Vice-Chair (Mr. Rob Merrifield): Mr. Dosanjh.

Hon. Ujjal Dosanjh: I'm a new member of Parliament as well.

Let me tell you this. It is very difficult for anyone to tell, unless you are the Prime Minister, when anything will go to cabinet. You make your pitch and it's win or lose in terms of whether you can go quickly. On this one, everyone recognizes the need to act. I'm hoping this will happen very quickly. I can't give you a timeline because I'm not able to.

You said there are employees here listening. I think it's important that they take notes on what you tell us and then try to do what you want us to do, like make the web user-friendly, if you think it's not user-friendly enough. They work very hard, and I'm sure they will listen to everything you say and take it back.

Ms. Nicole Demers: With so many ears, they should.

Hon. Ujjal Dosanjh: Absolutely.

The Vice-Chair (Mr. Rob Merrifield): Thank you, Madame Demers.

Mr. Thibault, you have five minutes.

Hon. Robert Thibault (West Nova, Lib.): Thank you, Mr. Chairman, and thank you for coming, Mr. Minister.

I want to make a few comments and finish with a question.

I'm pleased that you clarified, in discussion with Mr. Fletcher, the question of the court decision. I think it came through, through the teasing of it that was there, but there is a difference between the decision and the debate as to the delivery of service, private or public delivery, or room for private-public participation in the system of public health care delivery and the question of the court, which was put to it, whether you could have access to medical insurance for publicly insured programs. I think it's going to be important that it clearly be defined in the discussion with the public, because there is often confusion as to whether this means doctors can incorporate or whether you can have private delivery.

In Nova Scotia, for example, a lot of the homes for special care are financed under the Health Act and are privately owned but publicly accessible, publicly financed, and you go in on a needs basis, not on an ability-to-pay basis, the same as doctors, our ambulance system, and MSI itself. The company that administers the health care program and funding in Nova Scotia and the payments to doctors is a private sector company.

So I think those lines are blurred sometimes, and I hope it wouldn't be confused with the decision of the court. We'll have to be very careful in the discussions.

The other quick thing I want to mention is that in the motion on the funding presented by Mr. Fletcher and agreed to in the House, there's an interesting debate there also on the disease-specific funding, on the strategy the department has.

I know, and you must have the same experience I do, about having all the groups for funding come to see you and make equally valid arguments. Not included in the motion by Mr. Fletcher in the disease specifics were fetal alcohol syndrome, juvenile diabetes, muscular dystrophy, and multiple sclerosis. Even in the cancer section you could be talking about breast cancer, you could be talking about brain tumours, you could be talking about prostate cancers, which all want specifically funded strategies. So it becomes difficult, and for that reason I think the billion-dollar argument you make....

What I want you to comment on and I would implore of you is that I think all members of this committee would agree with me that the frustration that's found by the committee and by a lot of the people we meet day to day is the speed of reaction of the department.

When we talk about the speed at which a strategy can be developed, when we look at the bill by Mr. Carrie and the question of whether there should be a schedule A in subsections 3(1) and 3(2), whether it should exist and should be modified, we find out that it's currently under consultation for five years—a bill presented in the House now that has agreement, has been presented in the Senate and we'll be studying soon, has the agreement of all provinces, all participants, everybody agrees with it, but the consultations took seven years.

We congratulate you on being an activist minister and having made some quick changes. We were pleased when we heard a lot of the participants who came to the committee on Mr. Carrie's bill speak so well of Mr. Waddington, who has been taking action quickly since he took over the natural health products directorate. I would hope you can instill that kind of activism within the department; consultation is not necessarily seeking consensus and having everybody agree, but hearing the people and then making a decision for the common good in a reasonable amount of time.

● (1655)

Hon. Ujjal Dosanjh: Thank you. The department personnel are here and they're hearing it. You've said it directly to them, and we'll work together to make sure we live up to your expectations and hopes.

Hon. Robert Thibault: Thank you.

The Vice-Chair (Mr. Rob Merrifield): Thank you.

Mr. Carrie, five minutes.

Mr. Colin Carrie (Oshawa, CPC): Thank you very much, Minister, for being here.

I had a question kind of on the same thing as Mr. Thibault was talking about, the speed of the department.

My NDP colleague brought up the point that if Congress did pass legislation even within the next couple of weeks...it seems we're always on the reactive instead of the proactive side. There are people who work in the Internet pharmacy industry who are really concerned about how we're going to handle this. It could be a billion-dollar industry.

If Congress did pass a bill tomorrow allowing bulk imports from Canada, how would your government react to the scenario? As you were saying, you have it in line to come to cabinet. Is it something you could rush within the next couple of weeks? Where is it on your priority list?

We've seen the speed of the department to be very slow in a lot of ways.

Hon. Ujjal Dosanjh: First of all, I think you're not the only one frustrated by the slow speed, but that's how things.... You're dealing with very tough, difficult, contentious issues where one person says, “I have a half-billion dollar industry and you can't touch it”, and the other person is saying, “Look, there are supply problems”. One part of the country is saying, “Look, we have to control the price regime and deal with the price regime”, and the other part is saying, “Well, the price regime isn't really in danger, but protect these jobs that are in my part of the country”.

So those are very difficult and sometimes competing and contending claims and positions, and though we have a small population, we are a vast country with regional issues. I think in that sense it takes time to consult and it takes time to move.

In terms of whether or not we can move quickly, I think there are mechanisms that are available under the export control act and the like that we can move quickly on to deal with any emerging threats if we were not able to bring Parliament together. But that can be done only on an interim basis, because that solution is not very satisfactory.

I don't have all the legal ins and outs of that analysis. I can just tell you what my understanding is.

Mr. Colin Carrie: I realize the speed, but I guess what we're looking for, more or less, is a leadership role from the department, because even now, as Monsieur Ménard pointed out, we have that motion that would ban bulk exports from Canada.

Is there a possibility of moving these things forward?

Hon. Ujjal Dosanjh: We are actually engaged in that process. I'm hoping to take some of those options to cabinet, yes.

Mr. Colin Carrie: Are you aware of any individual states that have legalized bulk imports from Canada?

Hon. Ujjal Dosanjh: About five states.

Mr. Colin Carrie: And what have we learned from that? How have things been going? Have we had a lot of bulk exports? Is anybody in Health Canada actually monitoring that right now?

Hon. Ujjal Dosanjh: I don't understand the entirety of the machinery in the U.S. I understand that the states can authorize. At the end of the day it's the FDA and the U.S. government that then allow them to import. They've authorized themselves to import; however, the FDA and the U.S. government haven't authorized them to implement that legislation at the end of the day.

● (1700)

Mr. Colin Carrie: Has anybody in Health Canada, though, been monitoring it? As you mentioned, there really is no system in place for us to understand how much is going across the border. Are they looking at this particular venue?

Hon. Ujjal Dosanjh: I don't think there are any imports into the States based on individual state legislation. I could be wrong.

But the question is the same. Mr. Martin says he has a half-billion dollar industry. There is no system to monitor that. We have anecdotal evidence of shortages of drugs. In fact, an issue with respect to a shortage of drugs was raised in the Senate, in the other place.

Mr. Colin Carrie: Well, that—

Hon. Ujjal Dosanjh: So we have to put that in place as we begin to act with respect to some of these options.

Mr. Colin Carrie: But as we were saying, a leadership role.... As far as the limitations are concerned, according to what we were provided from the library, it was even saying that several of the major manufacturers, including Pfizer, Wyeth, Eli Lilly, GlaxoSmithKline, and AstraZeneca, have imposed limitations already on Canadian wholesalers.

I was wondering, does the federal government have any legal authority to stop manufacturers from limiting the supply?

Hon. Ujjal Dosanjh: I am aware of only one of the issues. One of these issues was taken to the...is it the competition board?

Mr. Ian Shugart (Senior Assistant Deputy Minister, Health Policy Branch, Department of Health): Yes, the Competition Bureau.

Hon. Ujjal Dosanjh: The pharmaceutical company that provided these drugs basically stopped supplying an Internet pharmacy that was exporting these drugs into the U.S. It was taken to the Competition Bureau, and the Competition Bureau did say that this was an appropriate mechanism for the pharmaceutical company to use. So in that sense, the government really has no mechanism. We have an arrangement, in a sense a contract, with the pharmaceutical companies that they provide us drugs for domestic use, but we will allow them to sell them within a certain range of prices—not more than that; less than that, definitely.

So in that sense we are bound as a nation. As the Crown, you're bound by that arrangement that you enter into with the pharmaceutical companies. If we didn't have that arrangement in place, the drug prices would be as high as they are in the U.S. I would see no reason why they would be different.

Mr. Colin Carrie: In Europe, though, or—

The Vice-Chair (Mr. Rob Merrifield): Mr. Carrie, your time has gone, and we've gone a full round.

I want to thank the minister for coming in, and I appreciate your department coming in as well. But before we let you go, we also have a motion we have to take care of before the end of the meeting, so I think we'll let the questioning go there.

I noticed that late Friday afternoon there was an announcement in regard to a private member's motion that I had tabled with regard to crystal meth, and I wanted to thank you for at least exercising a good part of that piece of legislation. I hope that will be accelerated. I see it's gazetted. I don't know exactly your timeline on it, but I wanted to thank you for that.

I don't know if you have any comments on that.

Hon. Ujjal Dosanjh: May I thank you for a great meeting and great chairing.

Thank you.

The Vice-Chair (Mr. Rob Merrifield): Thank you. You have no tire marks.

Hon. Ujjal Dosanjh: No tire marks. He's been good this time.

The Vice-Chair (Mr. Rob Merrifield): Now for the rest of the committee, we do have a very quick motion. This is a motion we've seen before in committee. Actually, it was passed February 21, and all that we're asking.... I believe it's Mr. Fletcher's motion to ask that it be reported to the House—

Mr. Steven Fletcher: Yes.

The Vice-Chair (Mr. Rob Merrifield): Mr. Fletcher, do you want to introduce it?

Mr. Steven Fletcher: Yes, I'd just like to move this motion, to have it reported to the House. It's straightforward. It's been passed by the committee, and in the interests of time, I don't think there's much debate. I'll just move it, and we can move forward.

The Vice-Chair (Mr. Rob Merrifield): Okay, it's moved.

Any discussion on the motion?

Hon. Brenda Chamberlain: I haven't read it. Can I just have a second? This is the first I've seen it.

The Vice-Chair (Mr. Rob Merrifield): Yes, go ahead.

Mr. Thibault wanted to speak to it, though.

Hon. Robert Thibault: There are a couple of points. I think we all agree with the principle of it, but what isn't.... I'll have to go through my notes so you get it all.

Given the investment already made by the House in time and effort on the issue of accountability of foundations, including the role of the Auditor General, there is no need or benefit to passing this motion at this time.

● (1705)

[*Translation*]

My motion is different from that introduced by Mr. Fletcher on February 21, which was adopted by this committee in one respect. In that motion, he asked that it be reported to the House.

[*English*]

This is the change. This motion defers from Mr. Fletcher's motion of February 21, 2005, which did pass this committee in one respect. In this one he asked that the motion be reported back to the House. Reporting this motion to the House would not be a wise use of the House's time and is unnecessary. The House has had many opportunities to debate this issue, and there are concrete actions under way to address accountability concerns.

For example, on February 2, 2005, an opposition day was held on the issue and a motion passed calling on the government to implement the measures recommended in the latest Auditor General's report to improve the framework for accountability of foundations.

[*Translation*]

The purpose of Bill C-277, a private member's bill, is to amend the Auditor General Act to enable the Auditor General to act as auditor or co-auditor for various organizations, and it will apply to the health foundations that received more than $100 million over a 12-month period.

[*English*]

Private member's bill, Bill C-227, which proposes amending the Auditor General's Act in accordance.... Well, this is the same thing.

The Budget Implementation Act, Bill C-43, proposes amending the Auditor General's Act so that the Auditor General may conduct inquiries and report into the affairs of foundations, including all the ones mentioned in this motion. Health Canada is committed to effective oversight of the foundations it sponsors, and it works closely with the central agencies and foundations to ensure that all applicable requirements related to accountability of foundations are complied with. This includes important new commitments made by the government in response to the Auditor General's 2005 chapter “Accountability of Foundations”.

As an example, however, in the case of—

The Vice-Chair (Mr. Rob Merrifield): Are you nearly finished?

Hon. Robert Thibault: Almost. Mr. Chair, I remind you, if a motion is put, we have unlimited time to speak to it, and I think it's—

The Vice-Chair (Mr. Rob Merrifield): I was just asking the question.

Hon. Robert Thibault: As an example, in the case of the Canada Health Infoway, which would interest, I'm sure.... Annual reports, business plans, financial audits, and compliance audits are required each year, and a program evaluation must be undertaken by an independent third party at least every five years.

Infoway is not a federal institution. It's mentioned in your motion. It's a joint body of all the provinces and the federal government combined. So the federal government can't impose the auditors. They have to be chosen by the board.

The Vice-Chair (Mr. Rob Merrifield): Okay.

Mr. Steven Fletcher: Mr. Chair, I'd like to—

The Vice-Chair (Mr. Rob Merrifield): Yes, just quickly, you want to speak to it.

Mr. Steven Fletcher: I thought in the interest of time, just to keep it short, but Mr. Thibault, I won't match your—

The Vice-Chair (Mr. Rob Merrifield): Well, we will keep it fairly short. Our meeting time has gone, so we'll have to keep it short—

Mr. Steven Fletcher: Sure.

The Vice-Chair (Mr. Rob Merrifield): —or we'll bring it up at the next meeting.

Mr. Steven Fletcher: Okay. We should pass this motion. If you want to talk about wasting time, I think your government brought forward a motion dealing with sled dogs, which we voted on just a couple of weeks ago, so it's a bit rich.

I think this is worth bringing forward to the House. It's a good use of time, it's important, and it's been passed by the committee.

The Vice-Chair (Mr. Rob Merrifield): Okay. Any other comments? I don't want to totally shut down debate, but we won't go too long.

Mr. James Lunney: Just in regard to the parliamentary secretary's remark about Canada Health Infoway, if that is not directly under federal purview, perhaps there could be a friendly amendment and we could drop that one from the list.

Mr. Steven Fletcher: No, it's not a friendly amendment.

The Vice-Chair (Mr. Rob Merrifield): Okay. Ready for the question?

(Motion agreed to [See *Minutes of Proceedings*])

The Vice-Chair (Mr. Rob Merrifield): Thank you. The meeting is adjourned.

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