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## Standing Committee on Health

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**Wednesday, November 2, 2005**

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**Chair**

**Ms. Bonnie Brown**

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## Standing Committee on Health

Wednesday, November 2, 2005

• (1545)

[English]

**The Chair (Ms. Bonnie Brown (Oakville, Lib.)):** Good afternoon, ladies and gentlemen. It's my pleasure to welcome you to the 52nd meeting of the Standing Committee on Health. You'll remember that we're not having witnesses today; rather, we're trying to clean up some business that is hanging over.

The first item of business is a motion that we adopted on May 19. In your agenda I think it's attached as document 1. It called for certain papers, as I recall. Does everybody have it—motion 1 by Mr. Ménard? It's on an 8 1/2 by 11 sheet. If you'd just like to have a look at that and remind yourselves what it was we agreed with Mr. Ménard should be done....

Having reminded ourselves, I'll ask Mr. Ménard to lead off about where he feels the state of the nation is on his motion.

[Translation]

**Mr. Réal Ménard (Hochelaga, BQ):** Madam Chair, a document on the situation prepared by Health Canada was distributed to us. The clerk gave me a copy of it, and I read it. It's utterly disappointing. We had agreed to a motion asking that Health Canada, together with the RCMP, initiate a campaign to ensure compliance in two areas. The media had informed us of the fact that packages of cigarettes were being sold without regulatory labelling. There was some question of smuggling, for which Health Canada is not responsible. We were given a document that describes the legislation. I don't need Health Canada to describe the legislation: I'm familiar with it, since I've been a member of the Standing Committee on Health since 1999.

This is utterly unsatisfactory. I want to know whether or not those responsible for the Tobacco Act have undertaken a compliance campaign, how many inspectors there are and what the situation is. I would have expected this subject to be developed.

We should ask those responsible for implementing the act, the representatives of Health Canada and the RCMP to meet with us, if you all agree to that. Perhaps we could convene another meeting for interested members. However, I suggest that it not be held during our regular meetings.

I'm not satisfied with this response, and, unless we agree to act without agreeing to any motions, I'm going to reintroduce a motion that Health Canada and the RCMP come and explain themselves.

[English]

**The Chair:** Mr. Ménard, do you realize you said we could have a meeting for those members who are interested and then you said, "I myself am not interested"? Don't you mean you weren't impressed?

[Translation]

**Mr. Réal Ménard:** I'm very interested, Madam Chair. I apologize for the misunderstanding. I believe we could invite the Health Canada and RCMP people to appear next Wednesday so that they could tell us what they've done about the compliance campaign. This document absolutely does not respond to the motion. It describes the legislation, as though I didn't know it. I've been here for as long as you have, since 1999. I find this ridiculous, and it doesn't meet our expectations of Health Canada.

[English]

**The Chair:** Mr. Ménard is not happy with the response to his motion, which we all endorsed, and is not satisfied with this document that has been handed to you from Health Canada. I think he's making a proposal that we schedule another meeting to call these people in to ask what they are doing and how they have done.

I have two speakers here, so we'll go to Mr. Thibault and then we'll go to Mr. Merrifield.

[Translation]

**Hon. Robert Thibault (West Nova, Lib.):** I have no objection to that type of meeting, provided we act jointly with the Standing Committee on Justice, Human Rights, Public Safety and Emergency Preparedness. Although, like Mr. Ménard, I don't think this responds to the motion. If we do a detailed study of the reports that have been presented, we'll have to recognize that the RCMP cannot be directed by Parliament or by a committee whose action is limited to visiting a few communities. The responsibilities of the Health Department with regard to the administration of this legislation are limited. This matter has been put before the Standing Committee on Justice, Human Rights, Public Safety and Emergency Preparedness. We've previously discussed this. This meeting could inform us all. I propose that it be a joint committee meeting, that the two chairs invite each other and that we do a briefing session for everyone.

**Mr. Réal Ménard:** I don't object to that.

[English]

**The Chair:** It is true that the justice committee has this motion before them, but they haven't done anything with it, so I think it's a little bit of an exaggeration to say they're seized with this matter.

**Hon. Robert Thibault:** The motion is before them. They have received this information. They have not chosen to take, as I understand it, any further action at this time. If we want to see further action and we want more information, perhaps they would also. When you review this material, you will see that the people who have the responsibility for taking action in these areas fall a lot more under the justice and public safety committee than under the health committee. As the Tobacco Act is under health and there is a public health issue, perhaps we would like to join with them in being informed on that matter.

**The Chair:** Mr. Merrifield would like to comment.

**Mr. Rob Merrifield (Yellowhead, CPC):** I would concur, and that's what I was thinking. Basically you're looking for information, so you're looking for a briefing from whatever departments would have this information. It's probably just as valuable for the finance committee as it is for the health committee, so just invite them. If they decide not to come, okay, so be it, but at least we offered the invitation. It's really more a briefing and a question and answer session that I believe Réal is asking for. I would not have a problem with that.

• (1550)

**The Chair:** I see a consensus emerging that if we did call a special meeting, we wouldn't call it at our regular Tuesday and Thursday times; we'd probably call it Wednesday afternoon again at 3:30, and at the same time we would invite these people, such as the RCMP, etc., to come. We would also issue invitations to members of the finance committee and the justice committee. I think this is what I'm hearing.

Mr. Fletcher, maybe you'd like to comment on what has come out so far.

**Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC):** I'd like to comment on the larger issue of motions. I think many of the motions are very important. I am concerned about the audacity of some of the comments that were made last night in the take-note debate on the online pharmacy issue where—

**The Chair:** I'm sorry, we're not on the online pharmacy issue; we're on tobacco and how to accomplish something.

**Mr. Steven Fletcher:** No, no, no. Madam Chair, the reason why I raised it is because I want to ensure that whatever we decide to do with motions, there is still time for us to deal with the previous motions we have passed at committee—for example, the online pharmacy motion that this committee passed and we were to study. I think we should get on with that. At some point I understand that legislation is going to be brought forward, and I hope the committee has time to study that issue before any action is taken by the minister.

**The Chair:** I don't want to slide into the whole issue of that legislation and that topic, but on your more general topic, I think the clerk does a pretty good job of monitoring what motions we've passed and indeed is ready to put them back on the agenda if any member asks. I don't know whether you're unhappy about that, but I think we adopted a motion, which was then adopted by the House, in the other case. This motion called for some papers by a certain date, so the clerk had it back on the agenda the first meeting after that date.

**Mr. Steven Fletcher:** Madam Chair, if I may, the larger issue is that the original motion was for the committee to study the issue, and I understand that we've been busy with other things. I'm concerned that the government members on one hand are saying, yes, we're busy with all these other motions, and on the other they're also criticizing the motions. They're then criticizing this committee for not studying the issue, when in fact even some of our committee meetings have been cancelled. I just want to be clear that the government can't have it both ways.

**Hon. Brenda Chamberlain (Guelph, Lib.):** On a point of order, Madam Chair, a couple of meetings ago you mentioned this, and you're right—I never sat on a committee that has so many motions. We continually have motions. Every week we have motions. Quite frankly, we don't do a lot because we're so busy debating a motion, where it's going to go, whether we're going to change something, whether we're not going to look at it for another two weeks because we have to do something else that's an emergency.

I really think we need to get a plan here and try to stick to it in some fashion. I just don't find we're doing anything.

**The Chair:** I couldn't agree more, Mrs. Chamberlain.

Back to the consensus I saw emerging with the first three speakers, if you agree with this plan, just say "agreed" at the end.

We call a meeting for the first Wednesday back, if we can get the RCMP to come that day, and if not, the next Wednesday back, November 16 or November 23, and have them report to us on what it is they're doing in enforcement. We can have a couple of Health Canada officials, maybe somebody from Finance—

**Hon. Robert Thibault:** CCRA.

**The Chair:** CCRA, okay. The clerk will try to arrange the witnesses for us, and we will invite members of the other two committees.

Is that agreeable?

**Some hon. members:** Agreed.

**Mr. Réal Ménard:** Next motion.

**The Chair:** Exactly.

This is agenda item number 2, update on breast implants. The clerk, at our request, has sought the opinion of legal counsel regarding what could be going wrong about the release of the report we asked for by the Public Health Agency.

Madam Clerk.

• (1555)

**The Clerk of the Committee:** The legal counsel for the House of Commons agreed with the opinion they were given by the Public Health Agency that they had to get consent from the co-authors and the journal to release the report to the committee or to come to speak to that report before the committee. They agree with that.

The only thing they suggested is that the committee could keep putting pressure on the Public Health Agency to get that consent as soon as possible.

**The Chair:** Mr. Fletcher, and then Mr. Thibault.

**Mr. Steven Fletcher:** I'd certainly be interested to see that legal opinion.

It's still not clear how an agency that is not in fact part of active legislation can deny us from seeing that. Often in legal situations you can have more than one opinion, depending on who is answering or who is asking the question. I do find it very disturbing that this committee cannot have access to this material. It just seems unreasonable.

**The Chair:** Thank you, Mr. Fletcher.

Mr. Thibault.

**Hon. Robert Thibault:** As a point of information for the committee, and I think it might inform this discussion, number one, the Public Health Agency has been established under Canadian law by order in council. It is a government entity, as is the chief public health officer.

There are from the same report, as I understand it, two articles that constitute the report. The first one is prepared and has been approved for publication. The second one is under preparation. Discussions are well under way with the publishers to prepare an abstract that could be presented to the committee in an in camera session. There is discussion on the second one to be able to do that type of thing, so the committee wouldn't have to wait for publication. Before it is published, an abstract could be presented to the committee in an in camera session.

**The Chair:** An abstract and a report written for a journal is not a study. A study has raw data and conclusions.

We never asked for a little summary or an abstract. We asked for the actual study, which would include, by implication, raw data and some conclusions drawn by the authors.

**Hon. Robert Thibault:** The data will not be available to us, as I understand it. Some of it can be used by the department, I believe. But the data contains information on people.

**The Chair:** There wouldn't be names on it.

**Hon. Robert Thibault:** Well, sometimes you don't have to have names. If you have a person, the hospital, the disease, the time, the background, it forms part of the data that is prepared on an individual and it readily points to the person. So there are privacy points, as I understand it. Those are the reasons I suggested last time that legal counsel discuss it, because they're much more knowledgeable about these facts than I am.

The government does not own that information or that report. The report is going to be in the form of a published article, and that abstract will be essentially that article. That's the reason it would be presented in camera.

As I said, discussions are under way to try to do that as quickly as possible.

**The Chair:** Thank you.

Mr. Lunney, and then Madam Demers.

**Mr. James Lunney (Nanaimo—Alberni, CPC):** Am I correct in understanding that this study was done on behalf of Health Canada, paid for by Health Canada? Is that correct?

**The Chair:** And the Province of Ontario and the Province of Quebec. It's a three-way split in the funds.

**Mr. James Lunney:** The question I am having trouble with here is what the heck difference does it make whether this stuff is published or not as far as the agenda goes? The information belongs to the person paying for it.

In essence, if the drug companies pay for research, they consider that proprietary information prior to publication. But in this case, if it's paid for by the taxpayers, that information should belong in this venue. Why would it have to be published information, which gives another sense of proprietary to it? There's something I'm not getting here.

**The Chair:** It's something to do with intellectual property in that these people created the terms of reference for the study, the methodology of the study, collected the data, drew their conclusions, and then wrote articles about it.

It could be that researchers who are very anxious to do research sometimes would say you can fund us for, say, a year at maybe not a very expensive price, but we retain ownership of the data and the intellectual property. They have a contract I think to that effect.

• (1600)

**Mr. James Lunney:** We know the drug companies do that. I'm thinking of Nancy Olivieri, who got into a heck of a pile of trouble in Toronto—remember her case—because she revealed the conclusions and there was a big tussle over who owned the information. That's different.

**The Chair:** That's a different thing.

**Mr. James Lunney:** The drug company had paid for those studies and they had a written agreement that it was proprietary information belonging to the drug company. She wasn't at liberty to share it.

**The Chair:** Well, this is somewhat the reverse.

**Mr. James Lunney:** We're saying that our government would sign such an agreement with people who are doing research for the taxpayer. Is that what we're implying by this?

**The Chair:** It's the opposite of what the drug companies do.

**Mr. James Lunney:** Sounds like the same fashion to me. How do I—

**The Chair:** No, it's more that the researchers themselves who are not trying to sell anything in the sense of a product are trying to collect information and it has two values to them. One is to have it published to enhance their own career and professional reputation, because, as you know, publication is important for scholars and scientists. The second thing is they might want to write a book about it or write an article about it, or whatever, and get paid for that. I'm saying they may have stipulated, yes, we will do the study for you and we will do it at this rate of pay, and, by the way, we'll lower the rate of pay and retain the right to hold onto things.

I'm only guessing. I don't know this.

**Hon. Robert Thibault:** Perhaps I could clarify one thing. While Health Canada at the current time does not own the data or the report, Health Canada can use that report internally, so that, for example, when a question on the use of devices such as breast implants arises, Health Canada can use the information that has been gathered by this report.

The question of publication is done in a scientific journal by peer review, so that the report in the form of the article meets the toughest of scientific scrutiny and is available to the public. What the government can't do, because it doesn't have ownership of it, is reproduce it or distribute it or disseminate it.

In the case of the data, as I understand it—and here again we could bring the lawyers in and have it—when the data is collected from the individuals, the individuals are under the contractual understanding that the information will not be distributed, will not be shared, other than for the purposes I mentioned—the similar purposes. It will not become public information. That data is very much protected because it's information on people living in disease.

**The Chair:** Mr. Thibault, you said the department is offering to have a meeting with us to go over what information they do have. Did they say when that would happen?

**Hon. Robert Thibault:** I understand the discussions with the publisher are well under way, that they're drafting or preparing the abstract that will first be presented, which is the one we're most interested in.

**The Chair:** But the abstract for an article in a scientific journal is sometimes one long paragraph or two paragraphs.

**Hon. Robert Thibault:** No, I don't understand it to be so in this case. The abstract is the basis of the article and will give information to the committee on what the report is, on the findings of that study. That's my understanding of it.

**The Chair:** Thank you.

Madam Demers is next, and then Mr. Merrifield.

[*Translation*]

**Ms. Nicole Demers (Laval, BQ):** Thank you, Madam Chair.

I'm having a bit of trouble understanding. We just learned two weeks ago that the study we've been discussing for a long time is no longer under way, that it has been conducted and that it was completed. However, people refused to talk to us about it for a number of months. It was as though it did not exist, as though it had never been conducted. The Minister of State for Public Health was even asked a question on that report in the House. The minister knew nothing of the matter and answered that a public forum was being organized on breast implants, that there was an expert panel. She didn't answer the question at all. I wonder what's so secret about this report, what's so important to hide and hush up.

We all know that the special expert panel included people who were in conflict of interest, people who testified in a breast implant case involving Health Canada. Is the report being kept secret because they don't want Health Canada to be held liable in that case? I don't know, Madam Chair, but what I've just heard troubles me greatly. I don't see why we can't obtain the findings of a report that has been paid for by the citizens of Quebec and Canada. I don't understand; I really don't understand.

I don't believe we can establish what really happened based on a report summary. This troubles me a great deal. I'm afraid a decision will be made before the entire report can be examined. I don't believe we're going to be shown it.

My good friend Robert Thibault, Parliamentary Secretary to the Minister of Health, tells us he wants to meet with us to discuss the report, but, once again, the dates are unknown. The expressions used are: "soon", "perhaps", "in a few weeks" or, "when possible".

For God's sake! Pardon me for using that expression, but how long have we been discussing this report, whereas they're still, consciously, knowingly, avoiding giving us its findings? I don't understand.

• (1605)

[*English*]

**The Chair:** I'm going to pick up where you left off in a minute, but Mr. Merrifield is next.

**Mr. Rob Merrifield:** Actually I'm going to pick up there a little bit myself.

These are the blues from the last meeting when we had the Public Health Agency here talking about this contract.

**The Chair:** Is it pretty amusing?

**Mr. Rob Merrifield:** What's interesting is I understood actually that it was the Ontario government, the Quebec government, and Health Canada that actually provided funds for this, but that's not really what she's saying. She saying it was the contractors in the province of Ontario and in the province of Quebec—"contractors", not the governments of Quebec or Ontario. So I need clarification as to whether what she said was clear and accurate, or whether it was different, and whether all of the money put into this study was just Health Canada's and federal money, because that does make a difference. If Health Canada is the only one—that's what she indicates here, and I'm just taking her at her word—then Health Canada put all the funds into it and made an agreement with these contractors from the other provinces that now hold what you called the patent, or the privilege, of that information, although they share it with the department but not with the public.

That's a clarification of how it would work, I believe. I'm wondering if there's any more information by our research.

**The Chair:** I feel like we're getting caught up in process—who owns what and all this kind of thing.

**Mr. Rob Merrifield:** We are.

**The Chair:** The second thing I'd just like to point out is that in our request to Diane Gorman, in addition to the study, we asked for her introductory remarks to be translated and tabled with us, because remember, she didn't, and we also asked for the advisory committee chairperson's notes, which were the only thing that could form the minutes from that meeting, to be translated and deposited here on Tuesday morning.

And just before the meeting, we got... Essentially, I think these are her initial comments. Anyway, we didn't get what we wanted.

Now listen to this. Get this. She says there are these notes: "As part of this review, the Department of Justice has been asked for a legal opinion on the disclosure of the records." She's referring to the notes, the advisory committee chair's notes. This is nothing but a delaying tactic. It's absolutely classic. It is a classic delaying tactic in the federal government to send something for a justice department opinion because they know the department won't get around to it for the next 10 months. Absolutely classic.

You'll recall that a while back one of our members put forward a motion that no decision be taken on these breast implants until the health committee was satisfied that they had all the information. We were hesitant about passing it. It didn't pass because we said we didn't know enough. So my question is now, do you know enough, and are you satisfied enough that you're being evaded?

Mr. Thibault will want to take issue with this, I'm sure.

• (1610)

**Hon. Robert Thibault:** I'm sorry, I don't want to take issue with what you're saying. I want to clarify what Mr. Merrifield was asking about, as to whom the contractors were. I seem to remember from the discussion that when she was talking about Ontario and Quebec, while I don't believe it was necessarily directly the province, I think in one case it was a cancer institute or a hospital that was seen as the arm of the province.

**Mr. Rob Merrifield:** The contract, not the province.

**Hon. Robert Thibault:** Yes, but when they talk about the contract writing, that was the contractor, so that's the person who was acting on behalf of the province at that time, and they were an arm of the province.

**Mr. Rob Merrifield:** Not necessarily the provincial governments of Ontario and Quebec, right?

**Hon. Robert Thibault:** But they were elements thereof, an agency of, and I think one of them was a cancer institute—

**Mr. Rob Merrifield:** Possibly.

**Hon. Robert Thibault:** —and it was in those directions. That's my memory of that.

**The Chair:** Ms. Dhalla would like to comment.

**Ms. Ruby Dhalla (Brampton—Springdale, Lib.):** I want to comment on three things. Number one, when Ms. Gorman appears before this committee, I think there has to be a mechanism for accountability. We're calling individuals like David Dingwall into other committees for them to give us answers. Ms. Gorman has been before the health committee I think numerous times. I found it absolutely appalling that she did not have her notes translated. She promised she would have them by the end of that particular day, and from what you're telling us now, you didn't receive anything. Even her notes in regard to getting the other remarks and it going to the justice committee—

**The Chair:** The justice department.

**Ms. Ruby Dhalla:** —the justice department, my apologies. She's sending you a note today, five minutes before this particular meeting.

**The Chair:** It was supposed to have been held yesterday.

**Ms. Ruby Dhalla:** Yes. There has to be some mechanism of accountability. This is not acceptable. She's before the health

committee. Everyone is busy around this table. We all have a lot of other things to do. When she is asked to deliver on something, I think it should be done.

The other issue I want to address quickly is with regard to this study. I cannot even recount the number of meetings I have sat at, along with all of you here, and we're still discussing who has the rights of ownership to this study. I'm speaking as a woman here. There are thousands of women who are going to be impacted and who continue to be impacted by these breast implants. As a health committee, we need to get some progress, because by the time we move forward on this file, it's going to be too late. There are individuals, from what I've seen, who are in a conflict of interest, and I think it is our responsibility as parliamentarians, regardless of partisan politics, to do what's in the best interest of the women in this country who are going to be impacted.

And last but not least, in the beginning of this health committee, we set out priorities. If I recollect correctly, all of us as MPs, knowing how important health care is to Canadians across this country, outlined two or three different initiatives that we wanted to move forward on. For myself personally, it's just really unfortunate to come meeting after meeting after meeting and discuss and debate the motions, and then the motions are not acceptable and they don't get passed or they get tabled, and then we revamp the motions, and then we come back the next committee and discuss them again.

Let's start discussing some tangible ideas and having discussion and debate about the future of health care in this country. There's a lot of positive impact that we as committee members can make. Just a few weeks ago the minister had a conference on pandemic influenza and planning. As the health committee, we really should be engaged in that whole process, trying to ensure that we take leadership of those particular issues.

**The Chair:** We didn't get invited.

**Ms. Ruby Dhalla:** We didn't even get invited, and that's another issue I would like to bring up. Thank you. As health committee members, we should have been invited to that conference. We should have known the details.

I have constituents coming to me and saying, "Oh, were you involved in that pandemic conference?", and I didn't know anything about it except what I saw on CTV. It's great and wonderful that the Prime Minister and the minister and everyone else has taken the initiative, but we also really need to ensure that we are integrated and involved in this whole process.

In closing, I think we as a committee need to move forward on the priorities that we outlined collectively as a team in the beginning when we started meeting as the health committee.

Thank you.

**The Chair:** That's at the latter part of today's meeting, Ruby. We're getting to that, but the date on that thing we did was December 2, 2004.

I think Mr. Carrie would like to comment.

**Mr. Colin Carrie (Oshawa, CPC):** Actually, my comment is going to be a lot shorter, because I share Dr. Dhalla's reasoning.

I've noticed this with my own bill too, that there seem to be all these delay tactics with Health Canada. They don't want to move ahead. They don't want to change anything. They don't want to make a wrong decision, so they make no decisions.

I want to know, do we have a mechanism for accountability? Can we call these people in and say, "Look, you promised us X, Y, and Z by this date. You haven't delivered." Perhaps—

•(1615)

**The Chair:** We can call the minister and we can tattle on them.

**Mr. Colin Carrie:** Yes, because I think everybody here is getting frustrated. We're not getting things done that are important for Canadians, and I think we would all like to move ahead.

**The Chair:** Mr. Merrifield.

**Mr. Rob Merrifield:** Actually, the chair took the words out of my mouth, and that's what I said earlier when we got into the breast implant study.

We've already established that the panel is tainted. It doesn't really matter now what happens. It's on public record that it's tainted. Whatever information comes from that panel—good, bad, or indifferent—is going to be tainted.

Really, the buck stops at the minister, and that's why, if we have questions, we should have the minister here, explain to him our discomfort with not getting that information, not having a panel that is actually open and transparent and has a potential conflict of interest. That's the person who really is accountable, and we need to send him that message in the strongest way, and we do it by having him here and asking him those questions, because he's the person who is actually going to be making the decision. He's going to get all of the information, as Ms. Gorman said, not only information from this panel but also other information, to make a decision. He's got to get our perspective on this, and there's only one way to do that and that's to have him here and ask him those questions.

That's what I actually had wanted the NDP to do when they had made their motion, to not necessarily go around the bush on this, but to actually have the minister here. I think that's what we should do if we want to get to the bottom, as Ms. Dhalla says.

**The Chair:** On that—

**Hon. Brenda Chamberlain:** But we can still deal with the motion on that, and we should, as a health committee.

**The Chair:** What motion?

**Hon. Brenda Chamberlain:** On the breast implants and the committee.

**The Chair:** Well, we have one motion we passed, and it said:

...urge the Minister of Health to temporarily stay this panel and its proceedings, to not make a decision or proceed, until such time as the Minister has appeared before the Committee to address this issue.

That was adopted on October 6. So perhaps I should just write a letter to him saying that this motion passed on October 6. It says it was considered on October 4 and October 6, and it was adopted on October 6. It actually passed. I should inform him of that decision and say that the committee expects that no decision will be made until we get to speak to him about it.

On that issue, apparently the clerk has talked to the minister's staff and he says he will be available either Tuesday, November 29, or Thursday, December 1. Maybe it seems like a long way away, but on the other hand, as long as he understands he can't make a decision on breast implants until that time....

**Hon. Brenda Chamberlain:** Will he hold off, though?

**Mr. James Lunney:** May I speak to that, Madam Chair?

**The Chair:** Speak to what? Prescient about the minister and what he will do or not?

**Mr. James Lunney:** I think what you are suggesting is a good thing to do. However, we had a stronger motion than that the minister not make a decision until he had appeared before us. We had a stronger motion that no action go forward. Is that the same motion?

**The Chair:** This is it.

**Mr. James Lunney:** That no action go forward until this committee was satisfied, and I think we need to send him—

**The Chair:** That "...the Minister of Health stay the panel and its proceedings...".

**Mr. James Lunney:** Okay, so—

**The Chair:** That they not meet again, that they not issue their report or anything.

**Mr. James Lunney:** I think we should perhaps communicate. Did I understand that the motion failed?

**The Chair:** That one passed.

**Mr. James Lunney:** Which motion were you referring to that this committee failed?

**The Chair:** I think I was mistaken. I thought this one failed. Another one failed.

**Mr. Rob Merrifield:** Yes, that was the one I made.

**The Chair:** Oh, that's right.

**Mr. James Lunney:** Madam Chair, I'd suggest that in communicating to the minister, we should draw the motion to his attention and suggest that we are feeling obstructed by the department on this issue, and we underscore for the minister's attention that this committee has passed a motion that this process not proceed until the committee has had these questions answered. We would like to underscore that and make sure it takes place.

I'm concerned that what will happen is if they stall...we're only a few weeks away from a Christmas break, and then they know we're going to be coming back—

**The Chair:** It'll be passed in January. The thing will be legalized in January. We'll come back in February and it will be too late.

**Mr. James Lunney:** It will be a *fait accompli*.

**The Chair:** Yes.

Mr. Thibault, then Madam Demers.

**Hon. Robert Thibault:** I would like to make a couple of points.

I agree with the chair and a couple of members who had pointed out that those speaking notes that were presented should have been bilingual. The commitment was made to the committee, and it's not understandable why they weren't done the same day or the next day. But there is one point I think it is important to note here. We ask for things. We make requests. We ask the minister to do certain things. Some of that is reasonable. Sometimes it is not. It's not because it's a motion of this committee and that we put it through that it is all of a sudden right and exists and all that. There's a role for government. There's a role for Parliament. Sometimes there can be a little bit of contrast and a little bit of opposition.

The minister certainly will be happy to come here. He's indicated that. We thought it was better to first hear from the experts, and if we weren't happy on the question of the panel, the minister would come, because transparency is important. He has agreed to come, but when we say that the department—

• (1620)

**Mr. Rob Merrifield:** Let's move on.

**Hon. Robert Thibault:** No, I want to make this point. I think it is important that you hear this.

It's not that everything is perfect with the department, but when we say the department is blocking us because they're refusing to turn over a report, their legal counsel and our legal counsel tell us that there are first legal reasons why it can't be done, and second, that the report does not exist. It's a work in progress and has not been published. It's been accepted now for publication and is being prepared for publication. It's like a car halfway down the line, or a concept. I can't buy a 2007 car yet because they're not there. The report had to go through its process. It had to get its peer review to become a valid scientific item.

**The Chair:** Oh, my Lord. We're onto this now.

Can we not just send the letter to the minister saying don't make a decision, and come here on one of those two dates? Is that okay?

**Hon. Brenda Chamberlain:** Yes, but on that, what guarantee do you have that he's not going to do anything?

**The Chair:** Well, here's another thought I had. Why don't I take this motion, report it to the House, and then we ask for concurrence?

**Hon. Brenda Chamberlain:** In the House?

**The Chair:** Yes, the opposition does it all the time, but in this case it's the Liberals that are worried about it.

**Mr. Rob Merrifield:** Sure, you can do that. That's a great way. I love it. That sounds like a take-note debate.

**The Chair:** Please. We don't want to stay up until midnight.

**Hon. Brenda Chamberlain:** Then does he have to comply? Is that what you're saying?

**The Chair:** If the House concurs, government would be risking to move ahead.

**Hon. Brenda Chamberlain:** Well, let's go for it. I just don't think the motion you have there is enough, because of what we've seen here. We've been here a long time, some of us, and the reality is if they just stall for four or five more weeks, then we're into January. And you know what they're thinking—don't kid yourself—we'll all be gone and they will still be here.

**The Chair:** That's what they're hoping for.

**Hon. Brenda Chamberlain:** They're praying that every one of us will be wiped out. Don't kid yourselves. They're not praying for you and they're not praying for me. Trust me.

**The Chair:** Anybody with a memory—

**Hon. Brenda Chamberlain:** They want you gone.

**The Chair:** Here's another thing the clerk has just told me. There are about 45 concurrence motions in a row waiting for a turn, but we might turn to our opposition colleagues and ask if there might be somebody who's up there at number one or two who might trade the spot. You can do that, I think.

**Mr. Rob Merrifield:** Why can't we introduce the motion with unanimous...? Well, you won't get unanimous consent because the minister won't....

**The Chair:** It just takes one person to say no.

He might not care.

**Mr. Rob Merrifield:** Yes, he might say he's going to do it, but it puts pressure on him. Let's ask for unanimous consent and dare him to say no. You should make it—

**An hon. member:** We know Mr. Thibault wouldn't say no.

**The Chair:** No, because you'll have him hog-tied back behind the curtains.

Let us proceed with that plan, if that's agreeable with everybody. There is no guarantee that this thing won't happen anyway, but what we're agreed upon is we're going to do everything in our power to make a sufficient fuss that it doesn't proceed until we're satisfied that we have the information we need. Is that agreed?

**Hon. Brenda Chamberlain:** Do we need to do another, and I hate to even say this, but do we—

**Mr. Réal Ménard:** I'm so sorry, but I am the last one to speak—

**The Chair:** Okay, and Mr. Fletcher too.

Madam Demers.

[*Translation*]

**Ms. Nicole Demers:** If I understand correctly, Madam Chair, this is a somewhat informal meeting. So I pardon my colleagues who are so impassioned by this subject. I'm very pleased this has kindled so much interest.

Madam Chair, it's very important to ensure that the minister doesn't make a decision before we have all the information, particularly since I received information yesterday from Reuters Health to the effect that the Mentor corporation has reported \$50 million in profits this year and that it hopes, and I quote:

• (1625)

[*English*]

**The Chair:** This is important. She told me about this.

**Ms. Nicole Demers:** Mentor executives repeated their conviction that implant sales will rebound after the winter, and the company reiterated its full-year outlook.

[*Translation*]

They made \$50 million in profits this year and they expect to make \$483.4 million in profits in 2006. Madam Chair, that's no doubt because they know something we don't.

Yesterday, I also received this document. Mentor sent a letter to American surgeons telling them to inform their patients that they could now get breast implants filled with silicone gel because they had been approved by the FDA. That wasn't true, Madam Chair, because that wasn't yet the case.

These companies are only out to make profits; they have no social conscience, no awareness of what this can do to women, of what this can cause. If these implants are approved in the United States, it will be even worse, because, once they're on the market, under the new legislation, they can't subsequently be withdrawn.

[*English*]

**The Chair:** Mr. Savage wanted to say something, and Mr. Fletcher.

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

I understand the importance of this topic, and I thought we were heading towards what I thought was a consensus about 10 or 15 minutes ago. We could have had our national wellness plan in place if we took that 15 minutes and dedicated it to that.

The one thing I want to say is I absolutely have concerns about some of the people in Health Canada who appeared before us, but I'm concerned when I hear testimony indicating that Health Canada is looking around every corner trying to find a way to obstruct the health of Canadians and the work of this committee. That's not the case.

We have a lot of people in Health Canada and in the new Public Health Agency who do an awful lot of good work for Canadians, and I don't think we serve anybody by sitting here and making light of our public servants who are doing the best for us.

**The Chair:** You're absolutely right.

Mr. Fletcher, and then hopefully we can close this topic. Don't be provocative, Mr. Fletcher.

**Mr. Steven Fletcher:** After that last comment, I think I agree with Mr. Savage that 99.9% of the public service is very good, but as we have learned as recently as yesterday, not everyone is good, and we

need to be cognizant of that. The fact that we got this letter five minutes before this meeting is of concern.

I'd also like to take exception to what the parliamentary secretary said, in that I would expect that as parliamentary secretary, who is a member of this committee, he would crack the whip a little bit to ensure that the public service does provide this committee with the material that is required.

On Ms. Dhalla's points, I think she made some excellent points on everything, but I'd like to point out that some of those motions that have been brought forward were quite valid, and that's why we're discussing the breast implant issue.

When we bring the minister forward, I hope the logic we have for breast implants will carry through on other issues where the committee has asked the minister to not make any decisions until this committee has had time to study it. The price and supply and safety of the Canadian drug supply is hugely important, and I think this committee should have the right to review the facts on that issue. I'm willing—or my alternate—to come every day, every week, between now and whenever there's an election to ensure that this committee will do what it's supposed to do.

**The Chair:** Thank you very much.

I think we have an agreed upon plan. I'll work with Mr. Merrifield and Mr. Ménard to try to figure out when we might try for that motion in the House.

We need a motion that we report it to the House.

● (1630)

**Mr. Rob Merrifield:** I so move.

(Motion agreed to)

**The Chair:** Thank you.

**An hon. member:** How many were opposed?

**The Chair:** Two. I didn't call for opposed. It isn't unanimous anyway. It is moved by Mr. Merrifield that we go in camera. All in favour?

**Some hon. members:** Agreed.

**The Chair:** Thank you.

We'll take a one-minute break.

[*Proceedings continue in camera*]







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