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Chair

Mr. Rob Merrifield

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● (1105)

[*English*]

The Chair (Mr. Rob Merrifield (Yellowhead, CPC)): I'd like to welcome everybody to the third meeting of the Standing Committee on Health of the 39th Parliament. We want to encourage everybody to take their seats, and we'll proceed as quickly as we possibly can.

I want to thank the minister, the Honourable Tony Clement, for joining us this morning. I understand that time is tight and we only have 45 minutes with the minister, so we don't want to delay getting to him.

Dr. David Butler-Jones, and Jane Allain, general counsel, legal services, thank you for coming.

I welcome you all to the Standing Committee on Health. We want to get right to it. We are introducing Bill C-5, the Public Health Agency bill.

I want to remind the committee that the minister has a very tight timeline, so we'll restrict our comments specifically to the bill. The minister will soon be coming back to the committee to talk about other issues.

I'll remind the committee, before we get into the questioning, that it's a different process when the minister is here. There are 15 minutes for the official opposition, 10 minutes for the Bloc, 10 minutes for the NDP, and then 10 minutes for the government side. Then we'll proceed with five-minute rounds.

We'll start with the minister's comments.

Thank you for coming.

Hon. Tony Clement (Minister of Health): Thank you very much, Mr. Chairman.

[*Translation*]

I am pleased to appear before the Standing Committee on Health to discuss Bill C-5, An Act respecting the establishment of the Public Health Agency of Canada and amending certain Acts.

[*English*]

As we've heard in the House of Commons, there's strong support for public health in Canada and for providing a federal focal point to work with provinces, territories, and other public health stakeholders to address public health issues. I was pleased to see the strong support of my colleagues for this particular piece of legislation. I hope I can continue to count on their support, depending upon how well I do at committee today, I suppose.

Mr. Chair, we have an opportunity at this committee to discuss key elements of this bill and why we need legislation for the Public Health Agency of Canada.

With me, by the way, is Dr. David Butler-Jones, who serves as the Chief Public Health Officer, and he will be here beyond my testimony to answer any questions as well.

In the wake of the 2003 SARS outbreak, we had discussions and debates on the state of public health throughout the country. Two subsequent expert reports—one completed by Dr. David Naylor and the other by Senator Michael Kirby—pointed to the need to establish a federal focal point to address public health issues. Specific recommendations included the establishment of a Canadian public health agency and the appointment of a chief public health officer for Canada.

In response to these recommendations, the Public Health Agency of Canada was created in September 2004 through orders in counsel; however, this agency currently lacks parliamentary recognition in the form of its own enabling legislation. This legislation would give stability to the agency and to the Chief Public Health Officer of Canada that only an act of Parliament can provide.

[*Translation*]

This legislation is needed not just to provide the stability for the agency to continue its leadership, partnership, innovation and action; it is also needed to be able to respond to public health threats.

[*English*]

In the event that we are faced with a public health emergency, such as an influenza pandemic, the agency and the CPHO must have the authorities and tools to be able to effectively respond. For example, the Chief Public Health Officer must be formally recognized as Canada's lead public health professional, with the expertise and authority to communicate to the Canadian public. In providing a statutory footing for the Public Health Agency of Canada, this legislation gives the agency and the Chief Public Health Officer the parliamentary recognition and tools they need to promote and protect the health of Canadians.

Let me, Mr. Chair, briefly highlight the three key elements of this piece of legislation, which collectively will help to protect and promote the health of Canadians.

[*Translation*]

First, the legislation establishes the agency as a departmental entity separate from Health Canada, but part of the health portfolio.

[*English*]

So this will bring greater visibility and prominence to public health issues. As a key player in the federal system, the agency will be able to have a greater influence in informing and shaping public policy than it would have as an isolated arm's-length body. Further, the departmental model will give standing to the agency and to the CPHO to work with other federal departments to support a more coordinated and integrated approach to addressing public health issues and to prepare for public health emergencies.

● (1110)

[*Translation*]

For example, the agency developed, in collaboration with provinces and territories, Canada's Pandemic Influenza Plan, which is recognized by the World Health Organization as one of the most comprehensive in the world.

As the federal focal point, the agency will be better able to engage provinces and territories and link into worldwide efforts in order to provide the best public health advice to Canadians.

[*English*]

Bill C-5 does not expand existing federal activities relating to public health. I want to make that point absolutely clear. It simply creates a statutory foundation for the agency and establishes the position of the Chief Public Health Officer as Canada's lead public health professional.

The federal government has a well-established leadership role in public health. It's been around since 1919, working in collaboration with the provinces, territories, and other levels of government.

[*Translation*]

We intend to continue this approach. The preamble of Bill C-5 clearly states the federal government's desire to promote cooperation with provincial and territorial governments and to coordinate federal policies and programs.

For example, the agency is working with provincial and territorial authorities through the Pan-Canadian Public Health Network, which is a forum for multilateral, intergovernmental collaboration on public health issues that respect jurisdictional responsibilities in public health.

[*English*]

So in establishing a departmental model and in providing a statutory footing for the agency, this legislation continues the strong tradition of cooperation and collaboration that has been part of Canada's approach to public health for decades.

[*Translation*]

A second key element in the legislation is that it formally establishes the position of the Chief Public Health Officer and recognizes his unique dual role.

[*English*]

As deputy head of the agency, the Chief Public Health Officer will be accountable to the Minister of Health for the daily operations of the agency and will advise the minister on public health matters.

The Chief Public Health Officer will also have standing to engage other federal departments and be able to mobilize the resources of the agency to meet threats to the health of Canadians.

In addition to being deputy head, the legislation also recognizes that the Chief Public Health Officer will be Canada's lead public health professional with demonstrated expertise and leadership in the field. As such, the Chief Public Health Officer will have the legislated authority to communicate directly with Canadians and to prepare and publish reports on any public health issue. He will also be required to submit to the Minister of Health, for tabling in Parliament, an annual report on the state of public health in Canada.

Stakeholders have made it clear that they want the Chief Public Health Officer to be a credible and trusted voice. Providing the Chief Public Health Officer with authority to speak out on public health matters and ensuring that the Chief Public Health Officer has qualifications in the field of public health will confirm this credibility with stakeholders and with Canadians.

Finally, the legislation provides specific regulation-making authorities for the collection, management, and protection of health information. This authority will ensure that the agency can receive the health information it needs to fulfil its mandate. More precisely, the regulation-making authorities will allow parameters to be set around information-gathering and use in a way that ensures that information is collected and used in compliance with the Charter of Rights and Freedoms and the Privacy Act and is consistent with federal, provincial, and territorial privacy legislation.

The SARS outbreak clearly showed the importance for the federal government to have not only accurate information but also the ability and means to receive this information in a timely manner. With the potential threat of an influenza pandemic, the Public Health Agency of Canada must have clear legal authority to collect, use, disclose, and protect information received by third parties.

● (1115)

[*Translation*]

This will provide the needed assurance to provinces and territories that they can lawfully share information with the federal government.

Thus, the provisions in the agency's enabling legislation and the regulations enacted under them will clarify the agency's authority to gather information, while ensuring protection of confidential information.

[*English*]

In conclusion, by providing a statutory footing for the agency and supporting a dual role for the Chief Public Health Officer, we will be demonstrating to Canadians that we have listened to their calls to establish a permanent federal focal point to better address public health issues and that we are taking the necessary steps to strengthen the public health system as a whole.

As we all know, preventing and managing disease and promoting good health is key to having a healthier population and to reducing pressures and wait times on the acute health care system.

From my own experience as Minister of Health for the Province of Ontario, and dealing with the SARS outbreak, I can tell you how important it is to have such legislation, which will provide a statutory foundation to the Public Health Agency of Canada and support our collective efforts to strengthen public health in this country.

[*Translation*]

Clearly, we all have a shared interest to protect and promote the health of all Canadians. In providing a statutory footing for the agency, this legislation continues the strong tradition of cooperation and collaboration that has been a part of Canada's approach to public health for decades.

[*English*]

Ultimately, this legislation will give the Public Health Agency of Canada a sound legislative footing to assist me, as Minister of Health, to protect and promote the health of all Canadians.

[*Translation*]

Thank you, Mr. Chairman.

[*English*]

The Chair: Thank you very much, Mr. Minister, for coming to the committee to give us your insight on this important subject. You speak with quite a bit of knowledge on this. In a past life you were deemed to be “Mr. SARS”, not Mr. Clement—not that you have a disease, but that you did such a great job of leadership during a crisis situation in Canada. We thank you for that.

We will now move into the section of the meeting where we will be opening up questioning, first of all to the official opposition.

You have fifteen minutes, but please don't feel compelled to take all of it. That time is for questions and answers. Who on your side would like to start?

Madam Brown.

Ms. Bonnie Brown (Oakville, Lib.): I'll share my time, so tell me when it's five minutes.

I'd like to welcome the minister, both to his new job—to Parliament Hill—and to the health committee, where he'll have the most fun.

Hon. Tony Clement: Thank you very much.

Ms. Bonnie Brown: I complimented you in my speech in the House on this bill and the exciting prospects for Canada that the Public Health Agency of Canada represents and the opportunities it presents to do great things.

I had some questions here for you; one of them was about the money. When the population and public health branch was part of Health Canada, it had a budget of about $310 million, and then the allocation for the newly created Public Health Agency of Canada was $430 million in the 2005-06 budget. The main estimates for the current fiscal year list the budget at $506 million. I'm wondering if you can explain first the first jump of $120 million and then another 20% in this year's estimates. I'm wondering if you're changing the mandate at all, or just what is going on that's suggesting a need for these increases? I'm not saying I'm against them; I'd just like to know why.

● (1120)

Hon. Tony Clement: In terms of the history, I'll defer to Dr. Butler-Jones. But let me say certainly as we know, in Budget 2006 there were significant additional resources put into public health, including the $1 billion over five years, which is shared by other departments and by Health Canada and the Public Health Agency, to improve pandemic preparedness. There's also the $52 million a year allocated to the Canadian strategy for cancer control. So there are some specific items that were earmarked and noted in Budget 2006 in Minister Flaherty's remarks to Parliament.

At this point, maybe I'll just defer to Dr. Butler-Jones, who has a better sense of the history of the expenditures than I would have as the newcomer.

Dr. Butler-Jones, please go ahead.

Dr. David Butler-Jones (Chief Public Health Officer, Public Health Agency of Canada): The initial jump was really a reconciliation, because there are elements of the agency that were a branch there that had common functions with Health Canada. Some elements moved into the agency; some stayed in Health Canada; some continue to be shared. A large part of that change was a reconciliation because now the agency has its own budget accountabilities to reconcile what is actually agency budget versus what is Health Canada budget. So there's some overlap there.

In terms of the second year you're referring to, much of that relates to the augmentation, for example, in chronic disease prevention, health promotion, and some initial investments in increasing our capacity to prepare for pandemics, etc. The most recent budget, assuming it passes, will add to that capacity. The other thing is that much of the budget is not devoted to supporting the agency in terms of people, but is for resources that are used in the country to support public health activities at the community and provincial levels, as well as for our own responsibilities.

Ms. Bonnie Brown: Considering that, and considering the minister's experience with SARS, you and he will both know the tremendous importance of the medical officer of health in each—sometimes it's a county, sometimes it's a region; it depends on the type of government in which province. My understanding is there's a tremendous shortage of medical officers of health, and there are many areas where they simply don't have one. I'm wondering if, as part of the pandemic preparation, there is some money to encourage—maybe through scholarships—or some way to entice medical students to pursue their studies to become members of the public health field as medical officers of health. If not, and if we run into a pandemic, we could have a situation in which one medical officer of health who knows his own area very well is actually going to be in charge of a couple of others because there's nobody there in those other regions. It seems to me we need some leadership from the federal government here to try to help the provinces fill those spots. I'm wondering if there are any plans to use this extra money for that particular purpose.

Hon. Tony Clement: Thank you for the question.

Certainly I'm very well aware, having been a former provincial minister of health, of some of these challenges, although when always looking for silver linings where you can find them, one of the things we observed post-SARS was that there was an increased interest among medical students in public health, because it really underlined just how fragile public health is and how it can be, quite frankly, an exciting, very important, and very rewarding line of work to be involved in as a medical doctor, or a nurse, or any other kind of medical professional. So you find these silver linings where you can, sometimes. I'm not trying to diminish the suffering during SARS, but this is one thing we observed after SARS was over.

In terms of our role and responsibility, I'm going to let Dr. Butler-Jones say his piece on this, but we're very cognizant that, in terms of pandemic planning, it really cannot be the federal government acting as an island in its preparations. To be very effective, there has to be a seamless approach, involving local public health authorities all the way down to the municipal level, the provincial public health authorities, the national public health authorities, as well as the continental and the international.

There's an immense degree of collaboration now. So we have to be respectful of each other's duties and responsibilities, but also aware that in the end we're all in this together.

● (1125)

The Chair: Thank you.

Madam Fry.

Hon. Hedy Fry (Vancouver Centre, Lib.): Thank you very much, Minister, for coming here.

I also want to thank your government very much for continuing to support the initiative of our last government in setting up this particular public health agency.

The question Madam Brown had was one that I wanted to follow up on.

As you know, if we're going to be coordinating public health, there needs to be a rapid response. Dr. Butler-Jones might be able to answer this: what is the role of the federal government's Public Health Agency in coordinating that, especially in areas where certain provinces and certain municipalities may not have the resources for rapid response?

Secondly, is there going to be a linkage with researchers and with clinical places such as ERs and so on, and with community groups and hospitals? That's the kind of rapid response....

I know in British Columbia, when SARS came down, we had the ability to respond very rapidly because we had genomicists who tested to see if it was a man-made or mutated organism. It was mutated. We were able to move seamlessly throughout all the emergency rooms and we were able to contain it very rapidly in B.C.

So what is the role of the federal government if there isn't the ability for provinces and municipalities to do that? Do we have resources to help them?

The next part is, what will be the position of the agency with regard to setting measurable benchmarks for population health in Canada? Is this going to be a federal responsibility? We're going to work with provinces, obviously, but will there be one standard across the country for benchmarks on this issue?

Hon. Tony Clement: I think Dr. Butler-Jones is going to take a run at this one.

Dr. David Butler-Jones: Clearly, first of all, public health is a local function. That's where the action happens. But it needs to be connected regionally, provincially, nationally, and internationally.

The other thing is that no jurisdiction has the capacity alone to deal with these issues. So what the federal government brings, and through the agency and others—not just the agency—is, in that partnership, looking at what the capacities are and how we can contribute to that in a collaborative way.

We bring special expertise. We bring resources. For example, when there are outbreaks, in virtually every jurisdiction in the country we have sent field epidemiologists to help with the investigation. It's still managed locally and it's still in their authorities, but we can support technically and otherwise, as well as in an intelligence-related way elsewhere.

In terms of the research community and so on, there are intensive linkages not just to public health laboratories, but under the public health network that is now established there are expert committees and other federal-provincial-territorial and expert connections that could look at these issues across the country and internationally and identify who can do what best and who is in the best position to respond to those issues.

As the committee knows, the health goals for Canada were accepted by ministers of health previously. The intent is that each jurisdiction takes those to work up in terms of their strategies, targets, and so on, as appropriate to the jurisdiction, including federal jurisdiction. So we will be having conversations across departments as to how, as Canada, we deal with our accountabilities in this or what we hope to achieve in this, as well as, through the network, coordinating to the extent that people want to coordinate, sharing information, sharing ideas, and so on, and doing that collaboratively across the country.

The Chair: Thank you very much.

We're now going on to Madam Gagnon.

[*Translation*]

Ms. Christiane Gagnon (Québec, BQ): Thank you, Mr. Chairman.

We are pleased to have you here today for the first time before this committee.

Mr. Butler-Jones, congratulations on your new duties. We have many questions to put to you this morning.

The Bloc Québécois is concerned on several fronts about the establishment of this new agency. The bill provides the agency with a statutory footing. We know that you are currently in office. The responsibilities granted to this agency are far broader than you stated this morning, Minister. The goal is far broader than the intent to create a legislative framework and provide public health support in the event of pandemics or of an avian flu outbreak.

The various documents provided to us by the Public Health Agency of Canada regarding the division of powers state that the new agency will now be promoting health and chronic disease prevention, for cancer for instance, diabetes, and cardiovascular diseases. There are going to be integrated strategies for this.

We have some concerns about the encroachment into provincial areas of jurisdiction. Moreover, in your preamble, you speak of a vision which may be cause for concern with respect to provincial areas of jurisdiction.

You speak of disease and injury prevention and public health emergency preparedness and response. You then go on to say you intend to encourage collaboration and cooperation in this field.

Encouraging cooperation is not the same thing as respecting provincial areas of jurisdiction. In my opinion, this is rather weak. There is some cause for concern as to how this bill will be received by the various governments, specifically the Government of Quebec, which will see this as an independent authority, under your control, but giving the agency far more latitude. So, we are concerned about encroachment.

We are also concerned about the cost. I don't know to what extent you drew inspiration from the Naylor report, which is over 300 pages long. In fact, there were recommendations on the order of $200 million per year, plus a budgetary increase to deal with the findings of the Naylor report on SARS. You started out with SARS, a pandemic, but you have spread your tentacles out with respect to the Public Health Agency of Canada's responsibilities.

I think this could lead to a monster, a white elephant in terms of bureaucracy, in terms of paperwork. We've been given a great deal of documentation, and we believe that is cause for concern. This nation's bureaucracy is a concern for us on several fronts.

Could you respond to that, Minister and Mr. Butler-Jones?

● (1130)

[*English*]

The Chair: That's about a four-and-a-half minute question.

[*Translation*]

Hon. Tony Clement: Thank you, Mr. Chairman.

I would like to tell Madam Vice-Chair, that it is important to note that the preamble of this bill sets out the public health measures which will be taken regarding health protection and promotion, population health assessment, health surveillance, disease and injury prevention, and public health emergency preparedness and response.

Moreover, when this institution responds to emergencies and issues involving public health, it will have to collaborate and share information with the provinces and territories, because we all recognize that provinces all have a part to play in the matter.

So, Bill C-5 does not broaden the federal government's activities in the field of public health. It simply aims to ensure collaboration, and the creation of an agency that can respond in emergencies.

Doctor, go ahead.

● (1135)

Dr. David Butler-Jones: The Naylor report not only mentions infectious diseases, but also the other issues relating to public health. Moreover, it emphasizes the importance of having cooperation between jurisdictions. Our collaboration with the provinces and territories will have to include all public health issues , not only infectious diseases.

There is collaboration with Quebec and the other provinces. We collaborate with the Institut national de santé publique du Québec because joining our forces together is important for the benefit of all. It is an important collaboration, but the agency does not encroach on other areas of jurisdiction. The bill recognizes that public health is a shared area of responsibility between the federal, municipal and provincial governments.

[*English*]

The Chair: Thank you. Our time is gone.

Ms. Priddy.

Ms. Penny Priddy (Surrey North, NDP): Thank you, Mr. Chair.

It's very nice to see the minister and the Chief Public Health Officer, and Jane Allain as well, here to both share information and answer our questions.

I know that people across the country, who either observed SARS from perhaps some distance or lived in the middle of it and were quite terrified by what was happening, will I think feel some real reassurance about the fact that the act deals with this in this way. So I wanted to acknowledge that.

One of the questions I wanted to ask, because public health is about a variety of communicable diseases—and you could name your disease, I guess—is about the information that gets reported to you. Some of us who were around when the last TB hospital closed and thought we would never see it again are now seeing it in major cities. There is not, as I understand, a mandatory reporting to you, and you can correct me if I'm wrong. So I can have an outbreak in Vancouver of tuberculosis or another communicable disease that is quite significant, and I don't have a legal responsibility to inform you of that. Or do I? Or to pick another one: immunization. We're seeing some very different trends across the country in immunization and a drop-off in immunization rates. How does that information get to you, other than through people's good will and because morally people should report it to you? I understand all of that. But am I correct that there's no mandatory responsibility for me to call and tell you that?

Hon. Tony Clement: If I can take the first part, there is no mandatory reporting, you're quite correct. We do see this in the domain of the provincial level of government. At the same time, as you may be aware, I'm meeting with my provincial and territorial counterparts starting tomorrow night and we'll have an all-day session in Toronto on Saturday. One of the topics of conversation is a means by which we can come to federal-provincial agreements with each province and territory on reporting. So this is a topic that I'm addressing immediately, and I'm quite convinced that everyone knows what's at stake.

In SARS we ran into some problems because the type of reporting that we were getting in Ontario from our local health departments was different from the type of reporting that the World Health Organization was expecting. It was just a breakdown in communication. That breakdown in communication created the travel advisory against Toronto. These can have huge impacts.

So I'm very conscious of that. I would suggest to you that the way to go about it is to have those agreements, and I'm quite expecting that the provinces will understand the necessity of this as well.

Doctor?

● (1140)

Dr. David Butler-Jones: The legal basis for reporting generally, I guess, is because it's a local activity and it is reporting to the local medical officer who then reports to the province. There are a number of diseases that provinces then report to us—not nominally, not with names—so we can track things, etc.

Ms. Penny Priddy: I realize that.

Dr. David Butler-Jones: Also, the practical thing is that they're dealt with locally. But then we have systems in place to track, nationally and internationally, patterns of disease so that we can actually go back and see that there might be five cases in Vancouver and three in Saskatoon and four in Toronto, but they're all the same bug with the same genetic pattern. Then we can say what is in common. For example, perhaps there's a meat processor that distributes to only those three cities. So it really has to be a collaborative effort. And the same is true internationally in terms of how that's approached.

Ms. Penny Priddy: Right, I understand that. It's the tracking of trends that you're concerned about.

Thank you.

The Chair: Excuse me, Ms. Priddy, your time is gone.

Mr. Fletcher, five minutes.

Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC): Thank you, Mr. Chair, and thank you, Minister Clement, Dr. Jones, and Ms. Allain for coming today.

I guess I have a comment. First of all, I think it's quite appropriate that we have Minister Clement as the Minister of Health, as he was a leader during the SARS outbreak. In fact , many would argue that during his time as minister in the Ontario government, the current federal health minister essentially handled the Canadian response because we didn't have a coordinated effort on the federal front. I think that's why this has been such a priority for this government. As Ms. Fry has mentioned, we brought forward this legislation within the first 100 days of our government. Unfortunately, the previous government took much longer to take action.

My question to the minister is quite simple. Why do we have to pass this bill so quickly?

Hon. Tony Clement: Thank you for the question.

Indeed, the sense of urgency is not because of any specific threat. I want to tell Canadians through you, Mr. Chair, that we're monitoring the entire world, and in fact it's our monitoring of the world that the rest of the world relies on, because we're so involved in that kind of technology.

What I can tell you is that if we don't have statutory authority and a statutory basis, I think we could in a sense not be as prepared as we should be. I'm not trying to over-dramatize that, but it is unusual to exist for years through orders in council when clearly this is a matter that the Chief Public Health Officer and others would require, for accountability reasons if nothing else, to have some sort of statutory authority

Once those authorities and tools are in place, we know we have the ability to effectively respond to whatever public health emergency or threat—be it a pandemic or some other infectious disease—we face. We know we'll have the clear legal authorities to collect, use, and disclose information. We know that the CPHO will have the authority to communicate with the Canadian public.

I think it underlines our commitment to public health and to promoting the health and lives of Canadians. That's why we want this legislation passed as soon as possible.

Mr. Steven Fletcher: Okay. One more quick question.

You're in a unique position because you've been on the provincial side and now you're on the federal side. I wonder how having a Chief Public Health Officer would help the provinces and the federal government coordinate their efforts.

Hon. Tony Clement: I'll defer to Dr. Butler-Jones a little bit on this, but certainly during SARS this post didn't exist. It was very difficult at the time to get a coordinated national response. We learned from SARS that it just occurred, as it turned out, in Ontario, but there were lots of cases where there were individuals who were persons that we were afraid were infected with SARS who were travelling to family and friends in other provinces. I remember a distinct conversation I had with Monsieur Legault, who was in the middle of a provincial election as Quebec health minister. He had to stop his campaigning because we were afraid that a particular person who might have been infected with SARS visited family in Montreal. That's the worst phone call a provincial health minister can get from a federal health minister: “By the way, you might have a SARS case in your own province.”

I think we learned a lot from that experience, both on the provincial side and on the federal side. Having this statutory authority will allow us to do the jobs that these individuals can do for us with the right authority to do so.

● (1145)

The Chair: Thank you.

I want to thank the minister for coming in and spending the time to launch us into this very important piece of legislation. It's particularly timely as we do everything we possibly can in order to prepare for what hopefully will never happen, which is a pandemic.

Thank you for coming in and sharing your time with us.

Hon. Tony Clement: Thank you. And Dr. Butler-Jones is staying.

The Chair: Yes, I understand that Dr. Butler-Jones will stay. We do have some more questions.

Perhaps we'll excuse the minister at this time.

[*Translation*]

Ms. Nicole Demers (Laval, BQ): I'm sorry, Mr. Chairman. Will someone be replacing him to answer questions?

[*English*]

The Chair: Dr. David Butler-Jones will be here, and Ms. Allain will be here as well.

Madam Fry.

Hon. Hedy Fry: I have a question for the chair. Is the minister going to be returning? We didn't have sufficient time to question him on what is an extremely important act. I'm hoping he will be able to come back and be accountable to us on this issue.

I know that Dr. Butler-Jones and Jane Allain can answer, but we really need to know that there is clear accountability on behalf of the minister to answer some of our questions.

The Chair: You weren't able to make it to the last meeting, but we discussed this. We knew that we had 45 minutes and that was all.

We're hoping we can get all of the questions answered, or anything you might have, through Dr. David Butler-Jones and the department. I don't believe the minister has another opportunity to come back on this piece of legislation. He will come back in early June, not on this issue—hopefully this will be gone, moved on—but on the many other issues that the committee is keen to ask him about.

Mr. Fletcher.

Mr. Steven Fletcher: I was just going to make that very point.

The Chair: Okay.

We're back in the rotation....

Go ahead.

Mr. Sukh Dhaliwal (Newton—North Delta, Lib.): I have a quick comment on this as well, Mr. Chair.

I certainly welcome the minister's appearance before the committee, as it sends the right message on the accountability aspect. At the same time, it sends the wrong message when we have only 45 minutes of his time on a bill like this one, a bill that is very important to Canadians.

The Chair: We talked about this on Tuesday. Actually, we got the bill handed to us on Tuesday morning, because you only voted on it on Monday evening. It was really quite amazing to have the minister be able to come this soon. We're very thankful that he could come for at least 45 minutes, and that we can follow it up with Dr. David Butler-Jones, who will be here for the next hour.

So I'm hoping that all those questions will be answered. If there are any further questions that you may not be able to get answered, maybe we can get those questions answered for you in due process.

I think all of the committee was aware of that; we discussed this at the last meeting.

Mr. Batters.

Mr. Dave Batters (Palliser, CPC): I would defer to Ms. Davidson.

The Chair: Ms. Davidson.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): Thanks, Mr. Chairman. My question probably isn't going to take that long, so I'll be sharing my time.

The Chair: Sure, go ahead. We don't have anybody on the list.

If anybody else would like to be on the list....

Madam Demers? Okay, fair enough.

Mrs. Patricia Davidson: First of all, I'd like to say thanks to Dr. David Butler-Jones. It's a pleasure to meet you and to have you here at our committee. Certainly it was great that the minister was able to be here as well, even if it wasn't for as long as some would have liked.

I think this is an extremely important bill, and I'm certainly glad it was put forward in such a timely fashion. We do know that none of us can operate as an island. We all need help and we need coordination. This bill provides that, from the smallest municipality that can be concerned about issues right up to the largest municipality and province and so on. I think this is a wonderful move that is really going to help Canadians. We do have to work together. In today's world, pandemics are certainly a very probable possibility.

The one question I have for you, Dr. Butler-Jones, is that since this separates the agency from Health Canada, how will the agency and you, as Chief Public Health Officer, work with Health Canada and the other federal departments? What's the fit?

● (1150)

Dr. David Butler-Jones: Probably one way to speak to that is to say we'll work together the way we're working now. While we're a separate entity currently—separate authorities, my accountabilities, budget authorities, etc.—we work very closely. We're part of the same health portfolio. Both the deputy minister of health and I report to the same minister. We meet regularly. We have a number of files and issues that we share between Health Canada and the agency, and some also with CIHR, the Canadian Institutes of Health Research. At all levels of the organization there are regular discussions and meetings and examination of what our piece is versus Health Canada's. As well, for example, on the pandemic issue there is a deputy minister's committee of some 30 departments now that I co-chair with the deputy at public safety. There are a number of levels at which we interact, not only at the deputy level but also throughout the organization. Public health issues largely are not even simply whole-of-government issues, but often whole-of-society issues, so it's very important that even while we.... I mean, we certainly welcome the additional capacity that we're slowly developing in response to these issues. Clearly, the real work takes place outside of the agency. So to the extent that we can facilitate that, it is a good thing, but we have to engage in partnership in order to do it.

The Chair: Thank you.

We'll move on now to Madam Demers.

[*Translation*]

Ms. Nicole Demers: Thank you, Mr. Chairman.

Doctor Butler-Jones, Ms. Alain, welcome. I listened to the minister's remarks very carefully. The last time you met with us, Mr. Butler-Jones, you spoke to us about the avian flu pandemic preparedness plan. You said then that there were approximately 30 million doses of drugs available for Canadians over the entire country.

You know that we have a public health institute in Quebec. We already have 9 million doses of the drug stockpiled in the event of an avian flu pandemic.

Do you intend to compensate Quebec for these measures? You could keep the doses you have for other Canadians. If Quebec decides to have its own program, will the Public Health Agency of Canada's program take precedence nonetheless because of the agency's moral authority?

Dr. David Butler-Jones: Preparedness measures to fight a pandemic and other illnesses involve collaboration between the provinces, the territories and the federal government. Decisions are taken jointly, specifically regarding the various areas of jurisdiction of each level of government. Regarding pills and antivirals, decisions must be based on scientific advice and on joint decisions taken by the provinces.

Pursuant to the most recent budget, it may be possible to buy antivirals, as well as vaccines. Vaccines are the first tool to consider in the prevention and eradication of a pandemic. Joint decisions will be taken with Quebec, but we must also respect the decisions of the provinces in a country-wide context.

Ms. Nicole Demers: I have one last question.

You intend to have an office in each province and territory. However, because there is already a public health institute in Quebec, would it not be better to link up with the province, in order to save money and invest it where it really counts from a public health perspective?

● (1155)

Dr. David Butler-Jones: We already have offices in the regions. In Quebec, through our collaboration with the Institut national de santé du Québec, we have national resources within the institute. We work in partnership with and support the activities of the institute.

Ms. Nicole Demers: Thank you.

[*English*]

The Chair: Thank you very much.

Mr. Scarpaleggia.

Mr. Francis Scarpaleggia (Lac-Saint-Louis, Lib.): Dr. Butler-Jones, subclause 12(3) of the bill states that "The Chief Public Health Officer may prepare and publish a report on any issue relating to public health", if I'm not mistaken. Could you tell us here today whether you have any such reports currently under way, and if yes, in what subject areas?

Dr. David Butler-Jones: There are ongoing reports that come from the Public Health Agency, usually of a technical nature, that support best practices and advice on how we manage different issues in both infectious and chronic disease, etc. That's an ongoing thing. For example, the Public Health Agency supported the cancer strategy development with the provinces and territories and stakeholders initially, and that continues to evolve. And there are other reports as they develop.

In addition, the expectation is that once we have this legislation there would be a first report of the Chief Public Health Officer. We're currently looking at the elements of that report.

My personal desire is that it be a report that illustrates the various interactions of health and helps people make the connections between the different things we do to address the health of the public at different levels of government, as individuals, in terms of the linking between behaviours and communities, etc. It would really be to elucidate not only some of those issues for us—some of which we recognize—but also to identify ways in which people have demonstrated in the provinces and other places how we can move forward to improve the health of Canadians.

Mr. Francis Scarpaleggia: Do you intend to undertake a study, for example, into fetal alcohol spectrum disorder?

Dr. David Butler-Jones: We're coming back at some point to talk about the issues. There is a framework that has been developed for that, and I know people are working on how we move it forward. Whether a Chief Public Health Officer report would be the piece needed in addition or as part of...is still open. Certainly those kinds of issues potentially could form the basis of a report.

Part of the practicality, obviously, is capacity—what is known, what is not known, and what is CPHO at the federal level, or what's my role vis-à-vis my provincial colleagues, many of whom issue regular reports as well.

The Chair: Thank you.

Mr. Dykstra.

Mr. Rick Dykstra (St. Catharines, CPC): It's probably not a fitting question for committee, but when I saw your name I thought you might have been a former baseball player. It would look perfect on the back of a baseball uniform.

More seriously, in terms of the actual legislation that was brought forward and the work I've done researching it, the power actually—and it feeds on a point Ms. Gagnon made with respect to how far outreaching the work actually will be.... From my understanding of it, and maybe you can clarify, the power basically is in two branches, an emergency branch and a national dimensions branch, a disposition that allows you, as you pointed out, to work with your provincial counterparts. The legislation is pretty clear. It certainly defines the role as one maybe intended to be somewhat overarching, but not certainly to delve into the issues of provincial jurisdiction.

● (1200)

Dr. David Butler-Jones: I think that's a reasonable reflection. There are my federal accountabilities as a deputy within the federal system as well as a chief adviser on public health issues for the federal government, but also there are linkages through the public health network, which again is a collaboration—federal, provincial, territorial, and experts—regarding how we as a society and how multiple levels of government feel we can best approach these issues together.

I don't have authority over provincial chief medical officers—nor do the Centers for Disease Control and Prevention have authority over states in the United States—but we work together and try to figure out who's in the best position to do which pieces.

Our clear intent is that we do bring added value to what's already there. We bring expertise, we bring some resource, we bring some connections, we bring some capacity to pull the various kinds of expertise together. The intent is that wherever we are in the country, people have access to the best expertise, the needed resources, etc., to address the problems. We are an important contributor to that, but not the only one, obviously.

Mr. Rick Dykstra: Right. From your comments, I take it that it's a role of enhancement and a role of assistance more than anything else.

Dr. David Butler-Jones: It relates to the provincial authorities and accountabilities.

We also have federal accountabilities around the Quarantine Act, borders, and issues that we have in terms of our own populations that we deal with, which are different in that way.

Mr. Rick Dykstra: Thank you very much for confirming my thoughts.

The Chair: Thank you, Mr. Dykstra.

Mr. Batters.

Then we'll start with round two, and I think others have some follow-up questions.

Mr. Dave Batters: Thank you very much, Mr. Chair.

I'd like to welcome Dr. Butler-Jones and Ms. Allain for appearing before our committee. I also appreciated the chance to hear from the minister this morning.

First of all, I'd like to congratulate Dr. Butler-Jones on his appointment as the Chief Public Health Officer for our country. As a Saskatchewan member of Parliament, I know that when he was named, it was a great day for Saskatchewanians. Dr. Butler-Jones previously worked in Weyburn, in the Sun Country Health Region, and we were all very proud of him. The health care of Canadians is in good hands.

Dr. Butler-Jones, as the legislation is set up, my understanding is that you are a deputy. I have a couple of questions.

Have you been working in close contact with other deputies—I'm especially thinking of the public security and emergency preparedness deputy—to monitor and prepare for potential threats to the public health of Canadians? Obviously, I'm talking along the lines of pandemics.

Regarding avian flu, which everyone in the world is certainly concerned about, it seems to be spreading from east to west, from country to country. I'd like you to comment a little on whether we are ready to tackle that in this country. Can you reassure Canadians that they are safe?

Maybe you can speak a little about Tamiflu, giving us an update regarding that. I think Ms. Demers' question perhaps touched on how many doses we have stockpiled and what percentage of Canadians that would cover. I've seen statistics that a low percentage of Canadians would be covered by the available Tamiflu.

Could you also give us an update as to whether private citizens can purchase Tamiflu, or has that been stocked by the manufacturer to protect the general public should Tamiflu be needed to tackle avian flu?

Those are a few different questions, and I'd appreciate your thoughts, my fellow Saskatchewanian.

Dr. David Butler-Jones: I'm an adopted prairie boy, for sure.

Thank you very much for the questions. It's a good list.

First, in terms of relationships with other departments and deputies, there are the deputy-level relations I have on the committee that's specific to pandemics. But I also sit on other deputy committees that relate to public health, safety, and other public health aspects. We have regular discussions.

Also, when it comes to planning and thinking about pandemics, there are at least three departments that are really key: Agriculture and Agri-Food Canada, as well as the Canadian Food Inspection Agency, us in Health Canada, and Public Safety and Emergency Preparedness. And then there are other departments, too, depending on the issues. For example, there is Environment Canada, as it relates to wild birds, and others. So I think that's something that seems to be, from my perspective, working well and is very collaborative.

This isn't a plug, but I must say that I'm really impressed with the commitment of the people I deal with and their interest in engaging and addressing these issues. It's not just within government, but as I go across the country and internationally, there's a very different spirit about collaboration, the need to work together, and the recognition that none of us can do this alone. That's the positive.

In terms of preparation, it's important to make the distinction between the bird flu, the H5N1 Asian that we're seeing, and a pandemic of human flu. The bird flu is continuing to spread around the world. We don't know when we'll see it in wild birds in Canada; it may be as soon as this fall. That clearly is an agricultural issue. It's a biosecurity issue in terms of poultry flocks, contact with wild birds, and the risk to poultry flocks. It is a smaller issue, but a present issue, for humans, because we see a very small percentage of humans who get sick as a result of contact. It's from fairly extensive contact—and in a very small percentage of people—with this bird virus. It's not as if there's wild bird flu, and suddenly we're going to have all kinds of people sick.

So preparations continue from an agricultural perspective, but also with us working very closely with Agriculture and Agri-Food Canada and CFIA, including giving advice, in terms of the human implications. So if they do have to cull flocks, what's the best way to protect the workers who are having to deal with that?

Regarding the pandemic of influenza, no one knows, quite honestly. Nature is very inventive. The H5N1 may mutate, but that would require several steps. Or it could recombine with a human virus, which is a typical development of a pandemic of influenza, so that you have a new virus that none of our immune systems recognize that spreads quickly around the world. That's unpredictable, and that's why the work internationally, the work of the Global Public Health Intelligence Network and the work of the WHO with partner agencies around the world for surveillance, early identification, and control is critical.

Generally, as the minister said, Canada is looked at as probably one of the most comprehensively prepared in terms of planning, but we still have a lot of work to do. Even with all the preparation, emergencies and epidemics are full of surprises. To say that nobody will ever have a problem.... No one could ever say that. But what we can assure people is that each month we are better prepared than the month before. Our capacity in the last budget, in the budget processes, will help to ensure that Canadians are in a position to look at a very difficult, challenging situation and hopefully reduce it from a major problem to one we can manage and move forward from.

In terms of Tamiflu, we currently have in the country in government hands—not private hands, because there's a lot more in private hands and in hospitals, and so on—about 37 million doses, which is enough to treat 3.7 million people. As the minister was saying, there is a meeting of FPT ministers this weekend, and one of the things they will be considering is the next level we should consider for Canada.

The thing that's unique about Canada...well, there are two things. Often people say that WHO says 25%. The WHO never said that. What the WHO has said is that countries that can afford it as part of their comprehensive planning should include antivirals as part of that. We've done that.

● (1205)

The advantage we have is a vaccine program. We have a domestic manufacturer that can produce enough vaccine to protect all Canadians, so we need the antivirals—if they work, which we don't know if they will—to reduce the impact in the first wave, and then we have the vaccine. Maybe one other country in the world has that capacity, and that's what will really stop it. That's why it's a combined strategy that's important.

The Chair: Thank you for the information. His time was a little bit over, but because you were on a broader subject that we're all interested in I let it go.

Ms. Priddy, you have the next question.

Ms. Penny Priddy: Thank you, Mr. Chair.

I realize that you can't answer part of this, but I need to ask the question out loud.

You will be the CEO, if you will, of a board that is appointed by government. They're Governor in Council appointees. Is that correct?

● (1210)

Dr. David Butler-Jones: No, we will not have that structure; it'll be like a department.

Ms. Penny Priddy: You will not have that structure, okay. It will be like the department.

Second, let me ask you, if I might, about whether there is some plan on your part...and I think my colleague from the Bloc may have referred to it earlier. Because there is such a focus on SARS in this, and because this has been, if I understand it correctly, moved under security.... Am I correct?

Dr. David Butler-Jones: Public Safety coordinates overall government emergency preparedness.

Ms. Penny Priddy: Right. In that case, for those people who are concerned about health care promotion, chronic disease, etc., that might send a different message—the public safety part of it. So are there some plans to reassure constituent groups and provinces that those areas will remain as important to the agency as the safety/pandemic pieces, if you will? If I were to look at that, I would think it is public safety, so my other part doesn't fit into it.

Dr. David Butler-Jones: Certainly, what's visible does not necessarily reflect what's a priority or of importance. In public health, the prevention of disease, the control of both chronic and infectious disease, and preparation for pandemics are all important.

The public health capacity at the local level that can deal with pandemics and other things is the same capacity that, in between pandemics, is in a position to facilitate and reduce chronic disease, etc. It's not as if we're all "pandemic" all the time; in fact, much of the activity or work of the federal-provincial coordinating committees, etc., will continue and is absolutely essential. In the recent budget that has been proposed and in the previous budget, there are significant investments toward chronic disease activities.

The Chair: Thank you.

Ms. Fry.

Hon. Hedy Fry: Thank you very much, Dr. Butler-Jones.

I'm going to preface this, and I know this is not really for you to answer, but you well know that the Naylor report included a recommendation that the new Public Health Agency have a careful review of the public health provisions and health promotion provisions for Inuit and first nations people. I know this is not for you, but this government decided to cancel the Kelowna accord, which was one of the vehicles that was going to be used to do that, and $5 billion of that has gone somewhere else.

The point is, has this recommendation been addressed by the Public Health Agency, and do you have any comments with respect to this, because you know very well that if you're going to deliver health promotion and effective prevention, it must be done in a culturally sensitive manner. We know that we have been telling aboriginal people what to do for so long and that it has not resulted in any measurable outcomes. If we are going to get measurable change and outcomes, we have to work with aboriginal people; that was what the Kelowna accord was for.

Do you think you can address this with no resources whatsoever for this specific group of people?

I'm sorry to put you on the spot, Dr. Butler-Jones.

Dr. David Butler-Jones: I won't go there, in terms of the debate about the amount or other aspects that I can't go into, but what I can go into, quite clearly, is that Health Canada and the first nations and Inuit health branch, which has responsibility on reserves, work very closely with them. We bring some added value in terms of public health expertise. We also have relations with national first nations and aboriginal groups. We are now exploring with them what are the best means by which they can be represented in the public health network, in its expert and oversight activities, which will help to make sure that the issues of aboriginal communities are included as part of the planning and thinking that builds even further than we've been able to do at this point. It really is a partnership, and it's something we're continuing to pursue and will do.

Hon. Hedy Fry: But with no resources?

Dr. David Butler-Jones: Well, I would not say there are no resources, because we have people—

Hon. Hedy Fry: No really good resources?

Dr. David Butler-Jones: We do have people.

Let me just make a general comment. The more we can invest in public health generally, the better off as a population we will be, but it's up to society to decide the relative proportions.

● (1215)

The Chair: Thank you for the answer.

It's leadership season around here, so forgive some of the members for some of the comments.

Nonetheless, let's move on. We have Madame Gagnon.

[*Translation*]

Ms. Christiane Gagnon: Thank you.

I would like to be very clear on one point. We are not averse to there being projects under your strategy to fight pandemics and viruses, etc. What concerns the Bloc Québécois is the increase in responsibilities being given to Public Health Canada, because that will cause an increase in human resources.

It started out with the Naylor report on SARS and now, with this large structure being built, there is going to be some duplication. Money will be earmarked for the bureaucracy rather than being spent appropriately. Money needs to go to the provinces, because the idea of having Canada-wide standards and objectives is all well and good, but at the end of the day, the provinces need the means to implement their own structures.

I'd like you to explain some numbers in the field of human resources. We have noted that 1,200 Health Canada officials were sent to the Public Health Agency of Canada, but there are 1,825 of them. Mr. Naylor in his report said that there needed to be an increase in funding for the Public Health Agency of Canada in order to meet all the goals outlined in his report, and to respond to public health requirements. When you add in health promotion and chronic disease prevention, such as cancer, diabetes, cardiovascular illnesses... These are control measures. Given the resources in place, I wonder how you're going to deliver the goods. I think that costs will skyrocket over time. We know that the federal government is responsible for aboriginal people. Yet, with some 1,200 or 1,300 public servants, it is unable to deliver the goods in terms of public health or health in general for aboriginal people. This is one of the reasons why I was very critical of the new Public Health Agency of Canada and of all of the responsibilities you have given yourself under this bill. Moreover, in the preamble to the bill, you did not mention that you were going to respect provincial areas of jurisdiction, but rather that you intend to collaborate. Respecting provincial areas of jurisdiction and collaborating with the provinces are two different things.

Thank you.

Dr. David Butler-Jones: You have several questions there. I will deal with the last one first because aboriginal health is a Health Canada responsibility. We collaborate with them, but the services are offered by Health Canada.

Ms. Christiane Gagnon: I'm sorry to interrupt, but I simply wanted to make a point. I was alluding to the fact that there are 1,200 Health Canada officials working on aboriginal health and they're not delivering, and now you are saying that with 2,000 officials... I was drawing a parallel.

Dr. David Butler-Jones: I understand. We're working on moving things along and there may be an opportunity to collaborate with Health Canada on this, but according to me, this is a very important step. This debate is very important for the future and for the health of all.

With respect to your first question, we have to frame the issue in terms of Canada's ability to ensure public health overall, not only with regard to infectious diseases. All governments understand that a treatment approach focused on decreasing prevention is a problem. Our new public health investments will be good for the population, for the provincial and federal governments, as well as for others in this country. It is important to maintain balance. If the challenge we want to take up is to have better public health, we have to strike a balance between prevention, promotion, treatment and other things.

[*English*]

You readjust the balance.

● (1220)

[*Translation*]

Ms. Christiane Gagnon: I read in the documents that there was a transfer of 1,200 employees from Health Canada and that there are now between 1,825 and 1,850 employees in the agency. Where do the other employees come from? Are they also from Health Canada, or from somewhere else in the system? There is a gap of 400 to 500 employees, approximately. I don't know where you found them.

Dr. David Butler-Jones: There are some people from Health Canada, but there are also new positions under the budget to develop collaborative strategies with the provinces and territories, as well as to work on other public health activities.

Ms. Christiane Gagnon: Are these new public servants?

[*English*]

The Chair: That will be the end of the questioning.

One quick response.

[*Translation*]

Dr. David Butler-Jones: There aren't only public servants, there are experts as well.

[*English*]

The Chair: Thank you, Madame Gagnon.

Mr. Batters has a quick question.

Mr. Dave Batters: I have a quick question for Dr. Butler-Jones.

I want to pick up on Ms. Fry's comments on our new Conservative government's commitment to the health care of first nations and Métis people. In her comments she finished up with saying, “with no resources”. I did some quick fact-checking, and in the 2006-07 main estimates, if I'm reading this correctly, we are committing $1.19 billion to advance the health care of first nations and Métis people.

I'm wondering, sir, if you have any plans to produce a report and report to the country on the health crises that face our first nations and Métis people. It's certainly a very important priority for this government and for, I'm sure, all members of the House. Of course, diabetes has already reached epidemic proportions among our first nations people.

Thus, my first question is whether or not you're considering a report on the health care of first nations and Métis people. And second, are you perhaps considering a report on the need for primary prevention for Canadians as a whole in terms of health care? We know that heart disease is a major killer in this country, and there are things that can be prevented. Major changes can be effected by simple lifestyle changes, dietary changes. I wonder if you're considering a report directed at primary prevention, which is ultimately the way we are going to control the expenditures of health care and have healthier Canadians.

Dr. David Butler-Jones: In all the list of things that we've been doing over the last year and a half, I do not have a list of reports yet. Clearly, those are important issues. Some aspects of that will be dealt with in the first report.

I think on the issue of first nations aboriginal health, it's important that a report, a discussion of that, would take place with the aboriginal community, first nations leaders, etc., in terms of how can we collectively address these issues and what would be helpful in moving this thing that we share an interest in forward. And if a report would be helpful to that, then it's clearly something I would want to consider.

The Chair: I want to thank the committee for their questioning. I think it's very good. Dr. David Butler-Jones, thank you for coming in, and Ms. Allain.

You've been at this for a while under order in council. Hopefully, we'll be able to get you a piece of legislation that will give a little more solidity to the position and to what you're doing. We know you're doing good work, and we continue to encourage you to keep it up. But thank you for coming in. You have been a witness before our committee many times and have always been very well informed, and we want to thank you.

Dr. David Butler-Jones: Thank you. It's always a pleasure.

The Chair: Thank you.

We'll take a quick break of maybe five minutes to refresh our coffee, and then we'll get into the four motions before the committee.

● (Pause)

● (1230)

The Chair: Could we take our seats.

We'll get started on the last part of our meeting, if we can come to order.

Just to give the committee a little bit more information, before we start into the motions that are before the committee, if we were to move into clause-by-clause on Bill C-5 on Tuesday, we could do that if we had all of our amendments in—if there are any amendments; I don't know. And we don't want to necessarily limit witnesses. If there is an insistence upon having witnesses come on this bill, could we have that in very quickly? We asked for it on Tuesday, actually.

If there are no witnesses and no amendments, we can move to clause-by-clause on Tuesday very quickly.

So I'll just leave it at that. If you have either of those, get it to the clerk by the end of the day, and we can make the plans.

Let's move on to the motions before the committee. We have four motions. Madam Demers has introduced them. She gave us notice of motion on Tuesday. We'll start with the first one.

Madam Demers, would you introduce that motion, and we will debate, discuss, and vote on it.

[*Translation*]

Ms. Nicole Demers: Thank you, Mr. Chairman.

The motion reads as follows:

> That the Standing Committee on Health ask the Minister of Health to maintain the moratorium on the sale of silicone gel breast implants in Canada until the Committee has received convincing evidence of the safety of the implants for women.

This is particularly important since, in 2001, 300 applications from surgeons on the special access program for medical devices were accepted, while in 2005-2006, 8,000 applications were authorized. There is a huge difference there. Of those 8,000 breast implants, 64.7 per cent were used for breast augmentation. So they were not used for health reasons or to prevent death or physical suffering, but in fact for esthetic reasons. This is really a very worrisome situation.

● (1235)

[*English*]

The Chair: So we have the motion before the committee. We've had it for 48 hours. Is there debate on the motion?

Mr. Fletcher.

Mr. Steven Fletcher: Thank you, Mr. Chair.

The first point I'd like to make is that there is no moratorium on breast implants. That is actually not correct. Also, Health Canada acts as the regulator for medical devices, and it has not completed its review of the application of the licences for these products.

The other point I'd like to make is that it is ultimately the minister's responsibility under the Food and Drugs Act and its regulations, not the committee's. I think it would be a better use of the committee's time to focus on Bill C-5. Let's get that through, and then move on to issues such as this.

Thank you.

The Chair: Madam Brown.

Ms. Bonnie Brown: To respond to the parliamentary secretary, Mr. Chairman, we're quite aware that the responsibility lies with the minister. But you'll recall that last year, admittedly with a different group of parliamentarians, we were pretty unanimous in our concern about this issue. The idea at the time was that if we could reach a unanimous position on it, the minister, whether it was the minister last year or the new minister, would be grateful for our advice. And that is how we have to look at our committee, I think. Otherwise, why bother coming to the meetings unless we think the work we do is helpful to whoever has the responsibility.

Now, from what we've seen so far, we seem to have a very reasonable minister. He's new to the federal scene and federal responsibilities, and certainly he's doing very well, but we can't expect him to be up on every little file. So it seems to me that any work we can do to lift it off his shoulders would be helpful.

As far as Bill C-5 is concerned, I agree with you, that's the next order of business. But I understand that's true from the chair; that's what we're doing on Tuesday. We are going to get Bill C-5 through.

This is just another piece of that grouping of subjects that we mentioned at the earlier meeting, which is what I call cleanup of work we started. We really didn't draw any conclusions on this.

So I think Madam Demers is just suggesting.

The Chair: Madam Gagnon.

[*Translation*]

Ms. Christiane Gagnon: In my opinion, there is no contradiction between consideration of Bill C-5 on the Canada Public Health Agency and a call for a moratorium on the sale of breast implants. We are being told to wait until the product is approved, but in the meantime there is a vacuum that exists. If we are aware that we need to protect women... This is an issue that is of considerable concern to Quebeckers. There was a documentary that educated people about the danger of using these implants filled with silicone gel. I believe that we have a duty to stop the use of these silicone gel implants.

Thank you.

[*English*]

The Chair: Okay.

Mr. Fletcher.

Mr. Steven Fletcher: I don't disagree with what the vice-chair, Ms. Brown, or the Bloc's...with the intent. But the word “moratorium” is not actually accurate, so I wonder if we could make a friendly amendment to have the minister come to committee before any final decision is made. Perhaps he could come to committee after we've had some other witnesses who have a certain expertise in that, and also follow along with the other motion.

So we'd take out the word “moratorium”. We would have the witnesses, as per the other motions, and then have the minister in to hear what the committee has to say.

● (1240)

The Chair: We have Madam Demers, Mr. Dykstra, and Ms. Priddy on for debate.

I think we're getting hung up a little bit on the wording. If it's a moratorium.... I think it's under licence right now. Is it the intent to do it under licence, or is the intent of your motion to have a moratorium on it?

[*Translation*]

Ms. Nicole Demers: Mr. Chairman, the sale of breast implants containing silicone gel has not been permitted in Canada since 1992 because there were problems in the 1980s caused by silicone gel breast implants.

[*English*]

The Chair: Except for under special licence, though, right?

[*Translation*]

Ms. Nicole Demers: They could only be obtained through the medical devices special access program. In case the parliamentary secretary is not aware of it, that information comes from Health Canada. Moreover, the minister must absolutely... That motion was adopted earlier.

[*English*]

The Chair: No, I understand that.

Is your intent in your motion to continue it on this licensing until evidence comes forward?

[*Translation*]

Ms. Nicole Demers: Yes, definitely. Until we have met with the people and we are sure that these implants are safe.

I want a moratorium now.

[*English*]

The Chair: Fair enough. So that's the licensing one.

I don't want to hold anybody back.

Ms. Davidson.

Mrs. Patricia Davidson: Again, I just wanted some clarification, and perhaps the previous speaker has given that. I was a little confused on whether or not there is a moratorium.

The Chair: I think you can access silicone breast implants under a special licence at the present time, and I understand the mover to say let's leave it that way until evidence comes forward.

That's the direction you want to give the minister. Is that right?

Mrs. Patricia Davidson: She's not asking to change what's in place already.

The Chair: Yes, status quo.

Are we okay with that, then? Do we need to labour this any longer?

Mr. Dykstra.

Mr. Rick Dykstra: If we're just going to make an adjustment to the motion, which I'm perfectly happy with, I would understand that the sentence would then read, "That the Standing Committee on Health ask the Minister of Health to maintain the special licence on the sale of silicone".

Is that what...?

[*Translation*]

Ms. Nicole Demers: No.

[*English*]

Ms. Bonnie Brown: Right now we just don't want public sale of these things.

Mr. Rick Dykstra: I do need clarification as to how...it sounds like "maintain the moratorium" isn't the correct language. What is the correct language that needs to be put in there so we can move forward?

The Chair: Status quo?

[*Translation*]

Ms. Nicole Demers: We might be able to resolve the situation by moving an amendment to the motion calling on the minister to wait before making his decision, until we have all the information.

[*English*]

—that the minister delay his decision until we get all the information to make sure the implants are safe for a woman.

The Chair: Sonya has helped out with the wording here. Sonya, could you read it out? I think this might give consensus.

Ms. Sonya Norris (Committee Researcher): It reads as follows: "That the Standing Committee on Health ask the Minister of Health not to make a decision regarding the sale of silicone gel breast implants in Canada".

The Chair: Is that fair? Are we okay with that?

Mr. Fletcher.

Mr. Steven Fletcher: The motion needs to be in compliance with the Food and Drugs Act. The information provided to me on that wording is that it wouldn't be consistent, but I understand the intent here, so I wonder if we could adjust the wording to keep the status quo and then have the minister come to our committee to hear what the committee has to say.

The Chair: Is that not what we're doing with this?

Ms. Priddy.

● (1245)

Ms. Penny Priddy: If the status quo is the moratorium, then I don't know why we could not be all right with the word "moratorium", which is what I would be supporting. If that is currently where we are, that would make it the status quo; therefore, the word "moratorium" still fits.

The Chair: Mr. Fletcher.

Mr. Steven Fletcher: We do have departmental officials in the room. If it's the will of the committee, we could have them clarify the.... I think we're losing something in the translation in what the word "moratorium" is. If I understood the translation...what I read here and what I'm hearing are slightly different, and it's an important difference.

The Chair: I'm not sure anyone in the room wants to speak to this.

Mr. Dhaliwal.

Mr. Sukh Dhaliwal: Mr. Chair, the moratorium is that you set up a deadline, meaning that until such date, you cannot do something. That's what it is, so if we're all trying to say let's just continue with this until and unless, I think we should take a vote on it.

The Chair: Mr. Fletcher, just hang on.

All we're really trying to do.... I think the hang-up here is "maintain the moratorium". A moratorium isn't really what's there. It's actually a licensing—that's the way you get it—but it means the same thing. We're going in circles; it's just a recommendation to the minister, so it's not a big problem.

An hon. member: The question.

Mr. Steven Fletcher: The information—

The Chair: We have a point of order—is it a point of order?

Mr. Steven Fletcher: Yes, it is a point of order.

The information I have is that the word "moratorium" is not accurate. We have Dr. Sharma here in the room. As an expert in this area she can clarify what the special access program is and help us—

The Chair: Excuse me, Mr. Fletcher.

I'm going to put that to the committee first. Do we want to hear from the department on this, or do we want to make a vote on the agenda?

I'm hearing most people want to vote. I don't necessarily have a problem with that.

Mr. Batters, quickly.

Mr. Dave Batters: This is descending into a major confab, which I don't think it has to be. I think Mr. Fletcher's intention is quite clear.

The only thing we want to clarify here is the wording. The phrase "maintain the moratorium on the sale of silicone gel breast implants", to my understanding—as I read that and as a Canadian would read that—means you cannot buy a silicone gel breast implant in this country.

If that is indeed the case, then the wording is fine. But if you can buy a silicone gel breast implant right now, we need to change this wording.

The Chair: That's what I think we're getting to.

Mr. Dave Batters: So which is it? Can you buy one, or can you not buy one right now?

The Chair: You can buy it under special licensing at the present time, and that's the only hang-up that I think we're having with the wording—to clarify what is actually happening at the present time. I think we're splitting hairs to some degree, because I don't know if it's going to make an awful lot of difference on the intent of things. We had a friendly amendment, I thought.

Are we staying with that? Not make a decision until...would you be fine with that as a mover?

Ms. Nicole Demers: Do you mean with the licensing?

The Chair: I mean what Sonya had here.

Would you read it again, please?

Ms. Sonya Norris: It states: "That the Standing Committee on Health ask the Minister of Health not to make a decision regarding the sale and licensing of silicone gel breast implants...."

The Chair: Is that fine?

Ms. Nicole Demers: It's not only the sale; it's the licensing—those six demands for licences from INAMED and Mentor. That's what I don't want to happen before we have a chance to review the information and make sure it's safe for women. Right now we have no handle on it at all.

The Chair: We need an answer from the mover. Are you okay with making that a friendly amendment or not?

● (1250)

[*Translation*]

Ms. Nicole Demers: If she puts

[*English*]

for licensing.

The Chair: I think that would solve it. We're all saying the same thing; it's just how we're saying it. I think we're fine with that.

I am going to call the question, because I think we have consensus on a motion.

Could you read the motion again?

Ms. Sonya Norris: It states: "That the Standing Committee on Health ask the Minister of Health not to make a decision regarding the sale and licensing of silicone gel breast implants in Canada...."

It continues.

The Chair: All in favour?

Mr. Steven Fletcher: Mr. Chairman, the motion is against the Food and Drugs Act, and it's the role of parliamentarians to obey the law.

The Chair: All in favour?

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

The Chair: Now we have the second motion.

Madam Demers, would you introduce your second motion, please?

[*Translation*]

Ms. Nicole Demers: Yes. My second motion is as follows:

> The Standing Committee on Health learned from Vivian Ellis of the Canada Public Health Agency, at the meeting of October 27, 2005...

[*English*]

The Chair: Just a second. This is asking for the report. We have that report now.

Ms. Nicole Demers: Is it translated now?

[*Translation*]

That is why we are asking for it.

[*English*]

The Chair: Okay, we have the report. It's a matter of translation.

Mrs. Nancy Miller Chenier (Committee Researcher): We have an article in English only. We do not have a report by the public health official who worked on that data.

The Chair: Fair enough.

Go ahead.

[*Translation*]

Ms. Nicole Demers: My motion is as follows:

> The Standing Committee on Health learned from Vivian Ellis of the Canada Public Health Agency, at the meeting of October 27, 2005, that the epidemiological study begun in 1996 on silicone breast implants had been completed and that it was to be published in a medical journal in November.
>
> The Committee requested this study on November 21, 2005, and has not received anything in five months.
>
> It is proposed that the Standing Committee on Health once again request a copy of this study and of the medical journal in which the study was to be published, within 15 days.

[*English*]

The Chair: Let's have a quick discussion on this before we start debate, just to get the mover's intent right.

We have a report. You're not satisfied with that report. Do you want a fuller report?

[*Translation*]

Ms. Nicole Demers: We do not have any report, Mr. Chairman. When we asked Health Canada for the report, the officials from the department and from the Canada Public Health Agency each said that the other group was responsible. In the beginning, it was Health Canada that had the report, then it was the Public Health Agency that carried out the study, and then Ms. Ellis told us that the report was finally done and that they had to wait before giving it to us until it was published in a medical journal. Now, it has been published. So they should be able to give it to us.

[*English*]

The Chair: I'm going to ask Nancy for clarification on this.

Mrs. Nancy Miller Chenier: This is a difficult one to clarify. There is a report in the journal called the *International Journal of Cancer*. It is a report on the Ontario-Quebec study. It's in English only. One of the co-authors was formerly from Health Canada and is now with the Public Health Agency of Canada.

I think you can say that you have a "copy of the published medical journal article". What you haven't had from the Public Health Agency of Canada is a report on their role in putting this study together, a report on the findings of the study, and what they mean in terms of a future decision.

What I'm saying is that the last part of the motion, part 3, has probably been satisfied, but with parts 1 and 2, I thought you were asking for something different. I thought you were asking for a public report by the scientists who were involved and a public report on the process of getting to the findings—because it has been 10 years of process. I thought that's what you were asking for.

Mme Nicole Demers: That's what I want.

Thank you.

The Chair: What we have isn't what you're asking for. That's what you're saying.

It's the last part you could take off. Fair enough. Are we clear with the motion?

(Motion agreed to)

● (1255)

The Chair: The third one.

[*Translation*]

Ms. Nicole Demers: That is not bad, Mr. Chairman.

Since my two other motions, motions 3 and 4, call for witnesses to be invited, I could perhaps present them together, given a friendly amendment, in order to speed things up.

[*English*]

The Chair: Okay. We can do that.

Actually, what you're really asking for is that both of these individuals come and testify before the committee.

[*Translation*]

Ms. Nicole Demers: I will read you the motions.

> That the Standing Committee on Health call upon Health Canada and the chairman of the scientific advisory panel, Dr. George Wells, to appear before the Standing Committee on Health, to provide an update on silicone breast implants.

And the following would be added:

> That, following the publication of a new study entitled "Decisions in the Dark" by the National Research Center for Women and Families, and further to the criminal investigation of Mentor; the Standing Committee on Health call Diana Zuckerman, president of the National Research Center for Women and Families, to appear before the Committee to provide members with the latest information on the events in the United States involving Mentor and Inamed.

[*English*]

The Chair: Is there discussion on the motion?

Mr. Fletcher.

Mr. Steven Fletcher: I have no problem with the amendment. There are just a couple of things with the wording.

Dr. Wells is no longer the chairperson because his work is complete. He was the former chair. We would have to ask him to come on a voluntary basis because he doesn't work for Health Canada.

The study, or what was referred to as the study, by Diana Zuckerman is more of an opinion piece than a study. That may be just a translation issue.

The Chair: The chair of the former panel or the former panel chair—it's the same sort of thing. I think the intent is there.

Mr. Steven Fletcher: That was an opinion piece, not a scientific study.

The Chair: Okay.

[*Translation*]

Ms. Nicole Demers: Mr. Chairman, Ms. Zuckerman has a

[*English*]

PhD, post-doctoral training in epidemiology from Yale's medical school. She was a faculty member at Vassar and Yale, a researcher at Harvard, a congressional staffer in the U.S. House of Representatives and U.S. Senate, and a senior policy adviser at the White House Office of Science and Technology Policy. I think she's a witness we can believe.

Mr. Steven Fletcher: Oh yes, I didn't suggest that. I suggested it was not a scientific study.

The Chair: Excuse me, Mr. Fletcher, if you would address the chair, we can coordinate things. But if we have people starting to talk all over, we're going to have trouble here. That's got to be the way it's done at this committee.

We have the motion amended as 3 and 4 together. I think we have the full intent: it's Health Canada, Dr. George Wells, and Diana Zuckerman to testify before committee, which flows into what we are going to do as far as testimony before this committee.

I'm going to call the question. Are we all in favour?

(Motion as amended agreed to)

The Chair: Thank you very much.

The meeting is adjourned.

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