House of Commons
CANADA

# Standing Committee on Health

HESA • NUMBER 004 • 1st SESSION • 39th PARLIAMENT

**EVIDENCE**

## Tuesday, May 16, 2006

## Chair

**Mr. Rob Merrifield**

# Standing Committee on Health

**Tuesday, May 16, 2006**

● (1105)

[*English*]

**The Chair (Mr. Rob Merrifield (Yellowhead, CPC)):** I'll call the meeting to order. We have a few members who are probably a little late, but we will proceed.

I want to start because we're going into clause-by-clause. We have some new members around the table, so initially I'll describe the process. I think it's important for us to understand that there is no intention, necessarily, to rush this piece of legislation. We were actually expecting witnesses today, if we could get them. The clerk has informed me that there are no witnesses, so there is no reason not to go clause by clause. We're hoping to get that looked after today.

To describe how clause-by-clause works, we want to examine every line of the bill, actually word by word, if we need to. The committee will vote on each clause in the bill, each amendment, the schedule, the preamble—if the bill has any of those—the title, and then finally on the bill as a whole. So we'll go through that process, hopefully, today.

I also want to apologize to Christiane Gagnon for the speed at which I've been speaking. I've committed to her to slow it down a bit and to make sure—and committee members can check me on this—that before we complete an action of any kind at the committee the interpretation is clear and we're clear on what the committee is actually doing. I apologize if it wasn't clear in the past, and we'll try to correct that.

Before we proceed, are there any questions about the process we're going through?

Christiane.

[*Translation*]

**Ms. Christiane Gagnon (Québec, BQ):** I'd just like to...

[*English*]

I'm going to talk slowly so you can understand me.

[*Translation*]

**The Chair:** Thank you.

**Ms. Christiane Gagnon:** You claim to be in no hurry to adopt the bill, but the process takes very little time. The bill was referred to the committee last week. If we do not hear from any witnesses...The witnesses needed to analyze the bill's context. Some were not able to travel on such short notice, since they are often busy wrapping up other matters. The process is fairly quick and we'll go ahead and adopt the bill anyway. That doesn't mean that we'll vote in favour of the proposed legislation, but we will go ahead with the clause by clause study.

First, however, there's something I'd like to say. We're opposed to the bill's underlying principle, for several reasons. It clearly infringes on areas under provincial jurisdiction. Quebec has its own Health and Social Services Act and the preamble to the bill is virtually identical to the preamble of the Quebec legislation.

Mr. Charbonneau, the provincial opposition critic, queried the Minister of Health and Social Services about the bill. The Minister wasn't familiar with all of the particulars, but one things is clear: Mr. Couillard would oppose any strategy that would infringe upon fields of provincial jurisdiction and result in duplication, just as he did when regulations respecting assisted reproduction were enacted. This matter is currently before the Court of Appeal. In addition, the Minister has distanced himself from all national strategies respecting cancer, mental health and health promotion.

The concerns of the Bloc Québécois are similar to those of Quebec politicians. The bill sets out a number of federal initiatives. It opens the door to federal interference in the health field. It does not contain a special clause targeting Quebec. Nor are the federal government's intentions in terms of collaborating with other levels of government clearly defined.

For all of these reasons, we will be voting against this underlying principle, and hence, against the bill in general. The committee can now proceed with its clause by clause analysis.

[*English*]

**The Chair:** Mr. Fletcher.

**Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC):** Mr. Chair, I have a question on process. The Bloc member raised a lot of points that they raised in debate. I wonder if it's appropriate; I'd like to respond if this is the venue. Obviously, this bill doesn't infringe on provincial jurisdiction. The preamble clearly says that. Is this the appropriate time, Mr. Chair, to rebut to what the Bloc said?

**The Chair:** I would suggest that we'll go through it clause by clause. We will vote on the bill as a whole. The Bloc can certainly voice their concerns with the bill in each of the processes. I think that's fair. It really comes down to the will of the committee collectively as to whether the bill carries and the clauses carry. So I don't think, on the global perspective—and I think that's what the rebuttal would be—it would be productive. I think we all understand their concerns. I actually believe their concerns are perhaps more with some of the regulations that might come out of the bill than actually what we're dealing with this morning. I think that can be dealt with in another way.

Madame Demers.

[*Translation*]

**Ms. Nicole Demers (Laval, BQ):** Last year, Mr. Chairman, we debated and voted on Bill C-12 which dealt with quarantine provisions. The bill was also passed in the Senate and received Royal Assent. However, it has yet to be enacted. Why is that? At stake is a public health policy.

● (1110)

[*English*]

**The Chair:** If it went into royal assent, it would be law.

**A voice:** It's not in force.

**The Chair:** It's not in force yet?

I couldn't answer that. I don't know if there's anyone here.... Can the witnesses speak to that at all?

**Ms. Jane Allain (General Counsel, Legal Services, Public Health Agency of Canada):** It's not in force yet, you're correct.

[*Translation*]

It's a fact that the policy has not yet been implemented. An analysis was carried out, since certain regulatory powers could be enacted. Our plans are to finalize this study and then recommend that the act be enforced in the very near future. But first, officials also needed to be trained to enforce the new Quarantine Act. The training is currently being given and the act will be proclaimed shortly.

**Ms. Nicole Demers:** Thank you.

[*English*]

**The Chair:** Thank you. That was a very good question. Thank you for the information.

We're ready to proceed, then. We can do this in different ways, I understand. We can go clause by clause, if you prefer. We can group the clauses if we're comfortable with that. Seeing that we have no further witnesses and we have no amendments, we could do it collectively and group the clauses together. That's what I would suggest we do to save a lot of time and formality.

Do I have consent of the committee to proceed with doing it as a collective bill? Seeing no opposition, let's proceed in that way.

Shall clauses 2 to 24, inclusive, carry? All in favour? Opposed?

[*Translation*]

**Ms. Christiane Gagnon:** We're opposed to these clauses.

[*English*]

**The Chair:** On division.

(Clauses 2 to 24 inclusive agreed to on division)

**The Chair:** Shall the short title carry?

**Some hon. members:** Agreed.

**Ms. Christiane Gagnon:** Opposed.

**The Chair:** Carried on division.

Shall the preamble carry?

**Some hon. members:** Agreed.

**An hon. member:** Opposed.

**The Chair:** Carried on division.

Shall the title carry?

**Some hon. members:** Agreed.

**An hon. member:** Opposed.

**The Chair:** Carried on division.

Thank you very much. This is one of the fastest bills I've seen move through. We can do things collectively. Really, this is enabling legislation as much as anything.

Shall the bill carry?

**Some hon. members:** Agreed.

**An hon. member:** Opposed.

**The Chair:** Carried on division.

Shall the chair report the bill to the House?

**Some hon. members:** Agreed.

**An hon. member:** Opposed.

**The Chair:** It's carried on division.

Thank you for your cooperation.

[*Translation*]

**Ms. Christiane Gagnon:** You're the ones who said you were in no hurry. So then, it's a success story.

[*English*]

**The Chair:** It's a success story, it's true.

In reality, this is enabling legislation. It was in the order in council; the agency was up and running. I think that's why there was cooperation in committee, and I appreciate it. I think it is very appropriate.

[*Translation*]

**Ms. Christiane Gagnon:** Mr. Chairman, will we be able to ask questions of the Public Health Agency of Canada officials? I have a question for them.

[*English*]

**The Chair:** We can, certainly, if you have some questions. We have some witnesses from the department. The bill is carried, but if you have some specific questions, I would entertain them.

[*Translation*]

**Ms. Christiane Gagnon:** Thank you. Their appearance is not without some purpose.

[*English*]

**The Chair:** How many questions do you have?

**Ms. Christiane Gagnon:** Two little ones.

**The Chair:** Two little questions? Let's do that.

[*Translation*]

**Ms. Christiane Gagnon:** With respect to tobacco, will responsibility be shared between Health Canada and the Public Health Agency of Canada? Yesterday, we heard from groups defending the rights of non-smokers and they are somewhat concerned because they are wondering who will be responsible for tobacco issues. In the past, regulations and programs were reviewed internally. They want to know if responsibility will now be shared.

● (1115)

**Mr. Jim Harlick (Assistant Deputy Minister, Strategic Policy, Communications and Corporate Services, Public Health Agency of Canada):** Thank you Madam.

Health Canada retains primary responsibility for this program. The Department is responsible for tobacco control initiatives and for promoting smoking cessation programs.

**Ms. Christiane Gagnon:** So then, Health Canada is not entirely responsible. There is a difference.

**Mr. Jim Harlick:** We at the Agency are of course mindful of the harmful affects of tobacco and this ties in with our responsibilities in terms of preventing chronic illnesses. However, Health Canada continues to be responsible for the federal government anti-smoking initiatives.

**Ms. Christiane Gagnon:** You're referring to all of the regulations and advertising campaigns to reduce tobacco consumption.

**Mr. Jim Harlick:** Precisely.

**Ms. Christiane Gagnon:** I had some questions for you about this very matter. I think we'll have to invite Health Canada officials here to answer our questions.

**Mr. Jim Harlick:** That's right.

**Ms. Christiane Gagnon:** Can you tell me how many people will work for the new Public Health Agency of Canada? We were told that 1,202 public servants had been transferred to the Agency from Health Canada. Currently the Agency has 1,825 employees. There's quite a difference between these two figures. Where did the additional employees come from? How many more people do you plan on hiring? You've lived up quite well to the expectations noted in some of the consultation papers. Mr. Naylor has established a few guidelines for the new agency. On reading these recommendations, we get the sense that the Public Health Agency of Canada will grow too big in a few years' time. Plans call for the Agency's budget to increase and for substantial growth on the human resources side as well.

**Mr. Jim Harlick:** That's correct, Madam. The Agency's budget for the current fiscal year provides for 2,119 FTEs and $505.4 million in appropriations.

Some Health Canada resources were transferred over to the Public Health Agency of Canada when it was created in 2004. The government subsequently allocated additional resources to the Agency for various programs, in particular, programs to prepare for pandemics, to promote health initiatives and to prevent chronic illnesses. Most of the new funding received by the Agency since its creation has been allocated to these particular programs.

**Ms. Christiane Gagnon:** What kind of new funding are we talking about here?

**Mr. Jim Harlick:** I don't have the figures with me.

**Ms. Christiane Gagnon:** Could we possibly be talking about $404 million or $685 million? Somehow these two figures come to mind. As I understand it, these sums were initially earmarked for Health Canada, but were later transferred to the Agency. Regardless, the additional funding totals either $404 million or $685 million.

**Mr. Jim Harlick:** I can provide committee members with an analysis of the budget and staff increases at the Agency since its inception. This analysis was prepared to assist the committee in its review of the Agency's budget. Details are provided of the largest increases.

**Ms. Christiane Gagnon:** The Naylor report referred to additional funding in the order of $200 million per year. It was also mentioned that funding levels would continue to increase along with the Agency's overall responsibilities so that it could continue to meet expectations and fulfill its mandate. What kind of inspiration will you draw from these recommendations?

● (1120)

**Mr. Jim Harlick:** That's correct.

[*English*]

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

Thank you to the department for coming in and for helping us through this piece of legislation. Although it passed quite quickly, with lots of consent, we certainly appreciate your being here and answering some of the questions that followed.

We want to move into the next stage of our meeting. It's up to the committee as to whether we would like to go in camera or not on this. We want to talk about future agendas. I don't really see the need to go in camera.

I've asked the clerk to pass out some of the issues and items that you have put forward to the clerk with regard to future business. Remember, we talked about that, that we would come to some determination prior to rising in June so that the team could prepare for the fall for whatever study it is that we feel passionate about.

We also have a calendar, and maybe we should look at that first. There's one decision we might want to make on June 1, because I understand....

**Mr. Steven Fletcher:** The minister's coming on June 6.

**The Chair:** Okay. Then there would be a change in the calendar. The minister will be here on June 6—if you have your calendar in front of you—so then we would move the breast implant day to June 8.

What's that?

**Ms. Bonnie Brown (Oakville, Lib.):** What about doing the breast implants on June 1?

**The Chair:** The clerk is not sure she can get the people that quickly. That's the consideration there. We certainly could....

First of all, on May 18 we have the Australian Prime Minister here, so we don't have a committee. That's Thursday. Then we have the break week. When we come back we have May 30, which is fetal alcohol spectrum disorder, we have the officials coming...well, you see them there, Health Canada, the Public Health Agency, and the Institute of Health Research.

On June 1 we have a decision. This is coming off some of the long-term agenda items. We're looking at a one-day topic or issue. A number of individuals had talked about wait times. We could look at the Alberta experience, which is reducing wait times from 47 weeks to 4.7 weeks. I don't know if many of you were able to attend the nurses' breakfast, but they had a similar presentation. We could have Dr. Cy Frank here presenting that—hopefully we could—and we could ask him, drill down to some more detailed questioning...that might be of value.

Also, as part of the presentation at that meeting there was a video, a small clip, as I understand it. It was in English, and I don't know if that's going to cause some problems. I know the committee has seen a small clip before in English. I refer to members from the Bloc if that's going to be a problem.

[*Translation*]

**Ms. Christiane Gagnon:** [*Inaudible*]

[*English*]

**The Chair:** I think it was just a small part. Most of it is bilingual, but I think there was one small clip. I'm not even sure of that. If it's a problem, let us know, if it's not....

[*Translation*]

**Ms. Christiane Gagnon:** The clip on waiting times?

**Ms. Nicole Demers:** I believe the film is about the strategies that have been developed.

**Ms. Christiane Gagnon:** The strategies?

[*English*]

**The Chair:** Yes, some.

That's one option for the first. The second is the tobacco control study. I mean, we're open to other options on that day. It's not that I'm trying to direct the committee; it's that I'm trying to make that day a productive one for the committee.

Mr. Fletcher.

**Mr. Steven Fletcher:** Christiane mentioned that she had met with the tobacco people yesterday. I bumped into one this morning. They seem to be keen to come to the health committee. Wait times is a pretty broad issue. It seems that it might be a good day to bring in the tobacco people. I don't know; I'm easy.

● (1125)

**The Chair:** It's really the will of the committee. It's what we want to come out of the tobacco meeting that would be my concern, where we want to go with it. All I was thinking, with wait times, was that we could get a snapshot of what actually is happening out there on wait times. Perhaps there are some other witnesses we could look at as well to fill out that day, to determine whether there is a productive study for us to go further with. Perhaps the same could be said about tobacco. So I'm not against the tobacco either.

Really, we need some direction. You have to give us the direction of the committee. That's not a problem.

**Ms. Bonnie Brown:** There's also the update we require on the reproductive technology agency. We don't know where that is.

In fact, we're just getting briefings as potential hooks. Do we want to do a further study on something? It seems to me you could do two or three things in that meeting.

**The Chair:** That is possible, depending on how extensive the briefings are. We could try to fill it up, and we could have the clerk determine that. Maybe we can do the tobacco and the wait times. I don't know.

**Ms. Bonnie Brown:** Yes, that's what I'm thinking. Have an hour on each.

**The Chair:** That's possible.

**Ms. Bonnie Brown:** You mentioned a doctor's name for the wait times. Who was that?

**Ms. Sonya Norris (Committee Researcher):** I believe it's Dr. Brian Postl.

**Ms. Bonnie Brown:** And what would he be telling us?

**Ms. Sonya Norris:** He may be able to tell you exactly what negotiations are going on among provinces in terms of meeting the accord.

**Ms. Bonnie Brown:** I see.

I was kind of interested in the example from Alberta about orthopedic surgery.

**The Chair:** Yes, that's the one I was talking about.

**Ms. Bonnie Brown:** I'd like to hear how they did that and whether they think it can apply to other areas where wait times are going to be guaranteed.

**The Chair:** I think it would be a great example for the committee to take a look at, and that's what I was suggesting.

**Ms. Bonnie Brown:** Yes, I'd like to hear about that.

**The Chair:** Okay.

Mr. Batters.

**Mr. Dave Batters (Palliser, CPC):** Mr. Chair, I just think this is such an important topic. I know that Ms. Chamberlain, in the last meeting, echoed this as well. It's also one of the five priorities identified by the government.

I think devoting the entire meeting to that would be more than reasonable. In fact, I'd personally like to see this committee.... Maybe we can have a discussion following that as to how many meetings we'd like to devote to that. It's probably more than one meeting for certain, as this is the major issue facing Canadians. But I'd certainly support Ms. Brown's idea that we go ahead with wait times for the entire meeting.

**The Chair:** Okay.

Ms. Fry.

**Hon. Hedy Fry (Vancouver Centre, Lib.):** Please excuse my voice.

I think there are other groups that have been doing—

**The Chair:** A lot.

**Hon. Hedy Fry:** Physician heal thyself.

I think there are lots of groups that have done good, solid work on wait times. There's a western wait times initiative that has done some good work. I think there is the cardiac wait times that's been done in Ontario, and there is, of course, the hips wait times that has been done in Nova Scotia.

If we're going to talk about wait times, I think we should bring in a panel of about four people from all those areas and listen. I don't believe there is a one-size-fits-all solution here. While Alberta may have found that they were successful in a particular piece, we may need to see how other jurisdictions and other groups—the hospital administrators, nurses, doctors, and others—have come up with strategies that are going to bring down wait times. Wait times is really a management issue.

**The Chair:** So what you're suggesting is that if we can fit in some other witnesses on that day to complete it, I should try to do that.

**Hon. Hedy Fry:** A meeting would do it, yes.

**The Chair:** We'll try that. I certainly don't have a problem with that.

Madam Gagnon.

[*Translation*]

**Ms. Christiane Gagnon:** As far as I'm concerned, our first order of business should be to examine the Tobacco Reduction Strategy. We should explore the whole question of mild cigarettes, which are not regulated in any way, to disclose their real impact on people's heath.

The Non-Smokers' Rights Association released a statement criticizing the government for not moving quickly enough to pass regulations. Other countries have been much quicker to act on this matter. Some adopted anti-smoking legislation much later than Canada, but were much quicker to bring in regulations.

The Association is also concerned about the fact that initially, $480 million were allocated over five years to combat tobacco use and smuggling, but year after year, the funding of such initiatives has been slashed. Another concern is the whole question of smoking cessation advertising campaigns. Ever since the sponsorship debacle, the Prime Minister's Office has been handling all advertising strategies. That means that delays are encountered. The Association has been quite vocal about these delays and Health Canada officials could be called before the committee to explain why it has taken them so long to produce anti-smoking regulations. Efforts thus far have been rather meak.

This is a timely subject. As my colleague Hedy Fry was saying, if this is a provincial matter, then each province has likely already come up with its very own scenario. Quebec has developed a plan. Therefore, negotiations with the provinces are in order. Perhaps we could focus on this matter a little later.

● (1130)

[*English*]

**The Chair:** That's what I was going to suggest. We haven't really set any schedule past the 8th. Perhaps if we go into the next week, which I assume we will, that's where we could pick up on the tobacco.

Would it be appropriate, generally, if we set that as an agenda?

That gives us some pretty good direction. I think we can leave it at that. That tells the committee where we're going to go. So on June 1 it will be on wait times, and the next week after June 8 we'll be talking about cigarettes.

[*Translation*]

**Ms. Nicole Demers:** Mr. Chairman, could we possibly add a name to the witness list? Another problem concerning breast implants has been brought to my attention. I've been told that women who want to have their implants removed because they are experiencing some problems have had to wait for the procedure. In Ontario, the procedure is performed free of charge, because it is covered under OHIP, but surgeons are so busy performing implant surgery that they don't have time to operate on other women who want the procedure reversed. One woman contacted Dr. Brown, who sits on a panel of experts. She has an appointment scheduled with him in December 2006, but he will not be able to remove her implants until December 2007. She is in pain, but cannot have her implants removed because the surgeon is too busy performing implant surgery on other women. I'd like us to have more information about this matter.

Another concern in the whole question of MRI machines...

[*English*]

**The Chair:** Do you have a witness to request—this Dr. Brown?

[*Translation*]

**Ms. Nicole Demers:** Dr. Mitchell Brown.

[*English*]

**The Chair:** Does that give us a balanced enough panel, with pros and cons on every issue?

[*Translation*]

**Ms. Nicole Demers:** That's what I'm wondering. That's what I'm asking you, Mr. Chairman. It would be good to have some idea of the current situation. We could look into the dilemma these women face when they cannot get their problems properly resolved.

[*English*]

**The Chair:** Okay. We can certainly ask, and we'll try to make sure we have balance on the committee. I think that's what we're trying for here, so I don't see a problem with that if we can make that arrangement here on the sixth.

[*Translation*]

**Ms. Nicole Demers:** I'm asking what you think, Mr. Chairman.

[*English*]

**The Chair:** I'm sorry. It will be on June 8, because the minister is coming on the 6th. That's a change.

**Mr. Rick Dykstra (St. Catharines, CPC):** So we've basically moved the 8th and the 6th around. That's what you're saying.

**The Chair:** That's right. The minister will be here on the 6th, and on the 8th will be the breast implants.

**Mr. Rick Dykstra:** So we're dedicating an entire meeting to the breast implant issue?

**The Chair:** That's right, yes.

**Mr. Dave Batters:** And when are we doing the tobacco control, Mr. Chair?

**The Chair:** Tobacco will be the following week.

**The Clerk of the Committee:** We'll try for the 13th.

[*Translation*]

**Ms. Christiane Gagnon:** On the 13th?

[*English*]

**The Chair:** It will be on the 13th, yes.

**Ms. Bonnie Brown:** What about the reproductive technology agency?

**The Chair:** We possibly can build that in to the 15th.

**Ms. Bonnie Brown:** Yes, that's what I'm thinking.

**The Chair:** That gives us.... We're a little tentative because we don't know our calendar at that stage. But we want to move this committee on to the next stage, which is looking at some of the other long-term agendas. I don't think we need to draw to a conclusion, but we have a list, which is before you, put together by the clerk—or the analysts? Okay, Sonya and Nancy put it together.

If there's some direction you want to give us with regard to that list, we can open the floor to debate a little bit—if they've missed the mark or if there's something you want to add to that list. I don't think we're restrictive in it; we're just trying to get an idea about where everybody's head is and how we can use our time most productively.

Madame Gagnon.

● (1135)

[*Translation*]

**Ms. Christiane Gagnon:** If we decide to meet with the members of some smokers' rights associations on the 13th, then I'd like some Health Canada officials to be present as well, because we have some questions for them.

[*English*]

**The Chair:** As part of that panel, yes, it's not a problem.

[*Translation*]

**Ms. Christiane Gagnon:** Secondly, in her report, Auditor General Fraser made some suggestions or recommendations about two health issues, notably the health of aboriginals. This issue was a priority of mine. Since this is a wide-ranging issue, it will be probably be on our agenda when we return from our summer break. However, since it is also one of the concerns identified by the Auditor General, I think it's important for the committee to explore aboriginal health.

[*English*]

**The Chair:** Yes. These are listed in alphabetical order—

**Ms. Sonya Norris:** In English.

**Mrs. Nancy Miller Chenier (Committee Researcher):** They're basically numbered.

**The Chair:** I'm sorry, it's alphabetical in English, yes. They're numbered from one to.... It's not a list of priorities at all. It's for us to discern what would be the best way to use our time.

Perhaps we don't need any more discussion, other than what's here. It's the first time you've looked at it. Look it over as a committee; if there's anything further you want to add....

I actually would give this recommendation, Committee, that we not look at what we can add but that we look at how we can pare it down, to make our time as productive as we possibly can. Some of these—you can look at any number of them—could vault us into a year's study. We don't necessarily want to do that; we want to pare it down to where we actually can accomplish something that's productive for Canadians and for this committee's time.

Let's leave it at that, unless there's something anyone would like to add. Our instructions would be to talk to the clerk with regard to anything further, as far as directions are concerned.

Ms. Brown.

**Ms. Bonnie Brown:** Thank you. On the long-term possibilities, the second one is health care wait lists and wait times, and there's obviously a certain amount of interest in that. It seems to me we've accommodated a bit of a preview of it by having one meeting on it to see just how much meat there is—whether it would be the basis of, say, a four-month study in the fall, or something like that. It would at least let us get our feet wet on that subject.

In the same way, the third suggestion for long-term studies is prescription drugs. Back in the short-term studies, there are two or three things that fit in under there. So I'm wondering, if we have time, Mr. Chairman, before the House rises, whether we might have one meeting on that to get some little updates to see whether this is something we might want to study in the fall.

**The Chair:** Yes, that's may be a very good idea.

**Ms. Bonnie Brown:** You see in the short-term list, on page 3, there's an item 7, clinical trial data protection. That has to do with prescription drugs. Then we have item 13 on the next page, national pharmaceutical strategy and patient access to prescription drugs. Then in item 15 we have the chairman's favourite, which is patient safety and adverse events. Those are three issues we might have one meeting around to see whether that whets our appetites, so that when we want to do a long-term study, we have some information to compare prescription drugs and wait lists.

Unfortunately, we don't have any way of having a sneak preview at childhood obesity, but that might be something we could look at if we get an extra meeting we don't know about, so that we're actually measuring those three topics from some knowledge base.

**The Chair:** I think those suggestions are valid, and that's really the idea, to discern what is the most appropriate use of our time so that we can go into the fall....

Mr. Dykstra.

**Mr. Rick Dykstra:** I'm in agreement that both the prescription drug issue...and if we incorporate a couple of the shorter-term into that longer-term overall strategy. I'm not sure how that relates to the wait times.

How are you tying those two together?

● (1140)

**Ms. Bonnie Brown:** What I am saying is we've already agreed to have one meeting on wait times. But one meeting will really just give you a snapshot and a little bit of information, which might entice us to want to do a study in the fall that lasts, say, September to December or something.

**The Chair:** Yes, they're separate days, I think is what she's saying.

**Ms. Bonnie Brown:** Yes, they're two separate days.

**Mr. Rick Dykstra:** The same strategy but different case.

**Ms. Bonnie Brown:** What I'm saying is why not have one meeting on prescription drugs to see if that entices us more as an issue we'd want to investigate. But I'm pointing out to the chair that there's a third subject for a possible long-term study that we're not having a meeting on. Maybe if there's a meeting left, if we don't rise too early, we could get a few people in to talk to us about why that's such an important subject.

**Mr. Rick Dykstra:** I see what you're saying. That's a lot clearer. Thank you.

You're talking about drugs, not child obesity.

**The Chair:** Yes.

Ms. Priddy.

**Ms. Penny Priddy (Surrey North, NDP):** Thank you, and thank you for allowing me to join you late.

You can just say to me "somebody already said that", and I will cease immediately—well, occasionally I will cease immediately.

**The Chair:** Now you're challenging the chair.

**Some hon. members:** Oh, oh!

**Ms. Penny Priddy:** Well, today I will.

In regard to the briefing on wait times, I'm wondering if there's an overlap or.... It's not quite cognitive dissonance, but because it's one of the "key five" platform, what is this a briefing on? I assume there's some other broader plan yet to be unveiled on wait times, so what would this part actually do?

**The Chair:** I think what we're looking at are some examples of success on reducing wait times, particularly the Alberta model on hips and knees, I believe it was. Further to that, there are some other examples in other provinces—

**Ms. Penny Priddy:** Oh, there are lots.

**The Chair:** —so we're starting to look at combing some examples, raising awareness of some of these successes.

**Ms. Penny Priddy:** So you mean looking at models of excellence. There probably should be a database of models of excellence that people can access.

**The Chair:** I think that's what we're trying to do in a one-meeting snapshot, and then see if further study might be needed or not.

**Ms. Penny Priddy:** Thank you.

**Mr. Dave Batters:** And then, Ms. Priddy, the idea was to see where we'd want to go with future study. We're certainly not going to encapsulate the entire health care wait times issue in one meeting. My understanding is we're going to see where to take that issue, and I think that's the intention of members opposite.

**The Chair:** Ms. Fry.

**Hon. Hedy Fry:** I think wait times are very important, and I would put that on the table as a number one issue.

I would like to make a plea for rolling childhood obesity and juvenile diabetes being into one and getting a taste of that. There is evidence to tell us that this next generation of children will not live as long as we did. Now, for a parent, that is the most devastating thing to hear, because we thought we were on our way as a nation that was going to come up with outcomes, and longevity was one that we were terribly pleased with.

Now, if we're finding that there's such a high incidence of child obesity and juvenile diabetes, which are actually linked in some cases—even in the thirties, there's a high incidence of type 2 diabetes—I think we need to roll that into one and look at it as a crisis. If we wait too long we won't be able to roll back some of this harm that is being done.

**The Chair:** Yes. I think I'd actually see childhood obesity.... Those are some very good things, as long as we pare it down so that.... I would encourage the committee to look at it this way: What is it that we can accomplish as a committee coming through a study like this? All of them are very valid; none of them is more valid than the other. How can we best use our time to move an agenda along? I think our challenge is to consider that when we determine what our best one would be, because I think you're absolutely right on that.

Mr. Batters.

**Mr. Dave Batters:** I agree with some of the things that Ms. Fry has just said. I do see these as important topics, both of them. I would like to see them studied separately, though. As she is very much aware, you can certainly have juvenile type 1 diabetes and not be obese. I think both issues are very important. I think the issue of childhood obesity should be studied, and I think the comment that it can lead to type 2 diabetes and that this is reaching epidemic proportions, particularly among our first nations people, is a good study in itself.

The juvenile diabetes topic is one that I have put forward. I'm sure other members have mentioned that as well. We could perhaps have one meeting on that and discuss how we could get some more research dollars into type 1 diabetes, as it's often overlooked. The focus is generally on type 2 diabetes, because it's 90% of the patients. It seems to be where the bulk of the research dollars go. I think type 1 is sometimes lost in the shuffle.

Without disagreeing with Dr. Fry, I just wanted to make the point that I see those as two distinct topics.

● (1145)

**The Chair:** Okay. I encourage us not to get too wound up on lobbying for our issues, because I think it's premature. When we try to get the witnesses in, I think we'll have a better understanding of what we can accomplish and what we need to do.

Mr. Fletcher.

**Mr. Steven Fletcher:** I wanted to support Ms. Brown's suggestion of making sure that we do have an opportunity to look into childhood obesity, along with our window into wait times. Childhood obesity goes into prevention, which has a long-term impact on wait times. Diabetes is really connected. Trans fats was something we dealt with last time at committee, and we saw some interesting cross-party support to try to deal with that issue. We still need to get a report on that. Also, part of the government's campaign promise was 1% of health funding going toward active living and sport strategies. That may be—

**Hon. Hedy Fry:** And obesity.

**Mr. Steven Fletcher:** Yes, it ties into obesity, so I would be interested in seeing how that all works out.

**The Chair:** Another one that I see there that might be coming up—and who knows what will happen in the next month—is the pandemic preparedness. We may want a briefing on that as well.

Madame Gagnon.

[*Translation*]

**Ms. Christiane Gagnon:** There are many interesting subjects, but in my estimation, the committee should give priority consideration to those areas that come under federal jurisdiction.

Earlier, I mentioned the health of aboriginal peoples. This is an area under federal responsibility. I don't believe the Standing Committee on Health has previously examined this subject. We could make it a priority of ours, along with Internet drug sales. The subject-matter is interesting because we'd also be looking at safeguarding our drug stocks. How widespread is the phenomenon? We're protected in Quebec, but to what extent exactly?

The committee should give priority consideration to matters under federal jurisdiction, and should refrain from infringing upon provincial areas of jurisdiction. Otherwise, we'll never make any headway.

Consider the range of illnesses. Earlier, mention was made of Type 1 juvenile diabetes. I know that this illness is cause for serious concern, but the committee could also discuss degenerative diseases, research in general and the funding of various research institutes.

We need to identify our priorities. It would be difficult to focus on each and every disease. Many people are battling debilitating, incurable diseases.

That's my general opinion. However, I don't think we should overlook the health of aboriginal peoples.

[*English*]

**The Chair:** I think you're absolutely right in one respect, and this is what I was trying to challenge the committee to think through. Each of these topics could be so broad they would take us forever to do; they'd be exhaustive. We may not have the time or will to be able to follow them to completion, and that's my fear. I think whatever we do in a long-term project, we want to pare it down. We need to decide or determine some parameters around those issues as we go into it, or we will get lost. I would challenge us to consider that.

Ms. Priddy, did you have something further?

**Ms. Penny Priddy:** Yes, I did.

However we approach it is fine, but I suggest that if we are going to talk about a particular disease—let's use childhood obesity as an example—then it seems to me if you were doing something like a mind map, although you wouldn't have to go and study them, some will have a broader public health impact across the country than other individual ones might. For instance, if you look at diabetes, the number of people on dialysis, the number of people waiting for kidney transplants as a result of diabetes, etc., it has a very broad impact. Even if we didn't go to those other places, it would give us some sense about whether we were looking at something that's very niche or that has broader effects on the general population. I would think organ transplants is a federal...well, it's not a federal responsibility, but it's certainly getting to be a federal concern.

● (1150)

**The Chair:** Yes.

Ms. Keeper.

**Ms. Tina Keeper (Churchill, Lib.):** As a follow-up to your last comment about setting parameters on some of these issues, I would like to add that as a first nations person—and I also represent a riding that has a very high percentage of aboriginal people, including first nations and Métis—I appreciate the consideration on aboriginal health. Of course, you know the expanse of that file.

Because of an issue we're dealing with in my riding that has been ongoing.... I know Health Canada has been involved in putting out a report. But on the issue of tuberculosis, which is on this list, what I suggest is that.... Because the proposed Public Health Agency of Canada Act doesn't include a first nations jurisdiction—so it doesn't apply on reserve—public health, as an issue under the aboriginal health file, may be one way of paring down that file.

In terms of the pandemic strategy you're talking about for the avian influenza that the Public Health Agency has been working on—again, it doesn't apply in first nations jurisdictions—I think if we look at public health under the aboriginal health file, that's what I suggest would be critical. If we're looking at a nationwide strategy on this pandemic, and we're dealing with epidemics that are public health concerns in first nations as well, then public health may be one area.

**The Chair:** That's why I brought up the pandemic preparedness. And this may come at us—hopefully, it doesn't—because of forces and the urgency.

**Ms. Tina Keeper:** But that strategy doesn't apply in first nations jurisdictions. That's why I'm saying this.

**The Chair:** I realize that.

When we're dealing with this, perhaps.... Those are very valid points and appropriate questioning as to how it applies to first nations.

**Ms. Tina Keeper:** I'm suggesting that you could take a number of these issues and create one on public health, if you want to set parameters. Then you could look at one issue under aboriginal health.

**The Chair:** Okay. The point is well taken.

We don't want to get exhaustive here, but Ms. Fry.

**Hon. Hedy Fry:** I want to support Tina. I think what we want to focus on is if you look at public health in the broadest sense, it's not simply dealing with infectious diseases, the avian flu, or SARS. Public health is about factors that are going to shorten longevity and increase the ability for people to become ill, even chronically so.

Generally speaking, if as a parliamentary committee we can focus on what we can prevent, that is a huge piece. A lot of what concerns transplants and so on can arguably be seen as falling under provincial jurisdictions, because that's how care is delivered.

But when it comes to looking at the overarching health of Canadians, which at the end of the day impacts the health care system—and I think Mr. Batters mentioned the word “epidemic”—some of what we're talking about under aboriginal health in terms of public health, such as childhood obesity, is an epidemic. It is shortening the lives of our children. People are not going to live as long as you and I are living, and this is something that can be prevented

Here is an opportunity for a committee to have an impact on results. I think that's where we should be focusing. What is it we can do to have an impact on people's health? I can see rolling in active living, sports, childhood obesity, and type 2 diabetes. I can see looking at infectious diseases, such as tuberculosis in aboriginal people. These are important and preventable. As a committee, we should focus on what we can actually make decisions on—act, do, implement—to improve the health of Canadians as soon as possible.

● (1155)

**The Chair:** Those are very worthwhile comments with regard to how to pare it down. If we can do something to push prevention, it doesn't matter whether it's aboriginal illness, childhood obesity, wait times, or prescription drugs. I think those comments apply to all of these.

We don't want to make it exhaustive here.

Madam Brown, and then we'll....

**Ms. Bonnie Brown:** I don't want to suggest another topic at all, Mr. Chairman. You have a set of meetings that are updates, and then you have three possible meetings to give us a snapshot of these broader topics. I suggest that when we get through those three meetings you might want to let us vote—in other words, put our priorities in—and then you'll have to do the mathematics and select one.

If we could pick one before we rise for the summer, the research staff could draw up terms of reference for such a study that would make it manageable. In other words, we could pick a topic and then decide how many months we want to put into it. If you put a whole year into it, the terms of reference can be broader, but if you want to finish something and report by Christmas, the terms of reference have to be tighter.

In any case, just from this meeting this morning it seems to me we've got a plan. The second part of planning could be after that last meeting in June, when we actually decide what we want to study in the fall. I think that would be very good.

**The Chair:** Yes. This is a kind of game plan. That's why we spent some time discussing it here this morning. We have a little bit of extra time. I think it's valuable just to put our heads around some of this stuff. I think I see consensus forming around the committee. All of these could be very valuable. It's good advice. It's a great opportunity for our support staff to be able to come up with those terms of reference over the summer, and have witness lists and so on as we move into the fall.

I think we should just leave it at that for now, because anything further means we're going to actually start pushing our own agendas. I'm not afraid of doing that, necessarily—we're going to do that—but I think we should be doing it after we have this series of meetings. That will give us some more direction.

Is that okay?

**Ms. Penny Priddy:** That's not my agenda. Sorry; none of those are my agenda.

What I was going to say was that if the committee ever got to the stage of voting—

**The Chair:** You don't think we'll do that?

**Ms. Penny Priddy:** I have no idea; we may very well. I would suggest at that stage, if it happens, that there be some parameters put around it from the chair, or however it can come about, so that we don't simply have everybody voting for their favourite cause.

**The Chair:** That's what we're trying to do through the discussion this morning.

**Ms. Penny Priddy:** There would need to be some parameters around how people place their votes.

**The Chair:** I agree.

Mr. Batters.

**Mr. Dave Batters:** Just for clarification, Ms. Brown pointed out three areas of conversation. To clarify, then, one is health care wait lists, on which we've already agreed we're going to have an exploratory meeting. Two is prescription drugs, if I'm hearing Ms. Brown correctly. She had tied in numbers 7 and 13; I guess number 5, bulk drug exports, could also be tied into that.

**The Chair:** Yes, items 5 and 15—we might be able to do that.

**Ms. Bonnie Brown:** It's a trade issue, really.

**Mr. Dave Batters:** Then...what was the third area, first nations or childhood obesity?

**The Chair:** I believe childhood obesity was the one we were talking about.

**Ms. Bonnie Brown:** If we have time, we might look into this first nations thing. If there's time to have another meeting, we might end up with four.

**The Chair:** Okay.

**Mr. Dave Batters:** Could I add one thing, Mr. Chair? I certainly would be in favour of allocating a specific number of meetings to try to complete a study, or whatever—a review—within a certain number of meetings. It would be quite an exhaustive study to go from, say, September until Christmas, and given the possible life of this Parliament, perhaps we wouldn't get through too many topics. I throw that out for members of the committee to consider.

**The Chair:** We'll find in the fall that we may even want to consider further meetings to accomplish what we want to accomplish. Nonetheless, let's leave it there today. We have some pretty good direction and consensus.

We'll adjourn the meeting until after the break.

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

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

**Also available on the Parliament of Canada Web Site at the following address:**
**Aussi disponible sur le site Web du Parlement du Canada à l'adresse suivante :**
**http://www.parl.gc.ca**

---