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Chair

Mr. Rob Merrifield

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● (1110)

[*English*]

The Chair (Mr. Rob Merrifield (Yellowhead, CPC)): We'll call the meeting to order.

I see that your hand is up, Madam Gagnon. Is it a procedural issue?

Ms. Christiane Gagnon (Québec, BQ): It is a procedural issue.

The Chair: Okay. We'll entertain a question if it's very quick. The minister is here, and we don't want to steal his time.

[*Translation*]

Ms. Christiane Gagnon: Mr. Chairman, as you know, we wanted to meet the minister to discuss the tainted blood and hepatitis C issue. I'd like to know how much time you will allot us to address that question alone, because I introduced a motion, which was accepted by the committee, provided the minister could also speak on other topics. So priority is given to the tainted blood issue, but we'll also be talking about the Health Department's estimates and budget. How are you going to proceed so that there's a question period devoted to tainted blood without the other subjects being addressed at that time?

[*English*]

The Chair: The minister is here to speak on the estimates of 2006-07. In the estimates, as you are aware, there's a broad range of issues, so I won't call very much out of order when it comes to speaking on the estimates.

I think we talked about the fact that the minister was going to come and speak on the estimates as well as any concerns that you would bring up in your questioning. Feel free to question the minister on anything you would have specific to that. I'm sure the minister will be very open and frank with that kind of a dialogue.

I hope that deals with the issue. The minister will be here for the full two hours. We're already ten minutes into it. He'll be here until 1 o'clock. I believe that will give us enough time for a fulsome debate and for him to deal with the issues you had wanted to place to him.

[*Translation*]

Ms. Christiane Gagnon: As you remember, Mr. Chairman, I wanted the minister to appear before the committee to talk about the tainted blood issue. I tabled a motion and we said that the minister could come on June 7. The Liberal Party moved an amendment stating that it also wanted to address other matters, but we nevertheless stated that there would be a question period on tainted blood and that we wouldn't mix up the issues. You know there's a follow-up and that we have to address the tainted blood issue in the first part of his remarks. That's what I understood when we passed the motion.

● (1115)

[*English*]

The Chair: Yes, I understand what your motion was, and I understand what the Liberals had suggested, that there are other issues as well. I had suggested that the minister was going to be here to speak on the estimates, which would include all of those things. I think we're going to carry on at this point, but if, by the end of the meeting, you feel that you have questions that are not answered, we can deal with it at that time.

I want to thank the minister for coming. I appreciate him being here, and his department. I would ask him to go ahead with his presentation. I appreciate the time he has given the committee to be able to deal with the issues of the estimates and anything flowing out of that.

I would ask you to introduce your group, Minister, and then the floor is yours.

Hon. Tony Clement (Minister of Health): Thank you very much, Mr. Chair. Through you to the committee, thank you for your kind invitation to be here.

I'm here today to support your examination, which is so critical to our parliamentary democracy, of the estimates for the departments and agencies in the health portfolio.

I'd like to commence by introducing the officials with me today. I may call upon these people from time to time to add additional information as needed: from Health Canada, my Deputy Minister Morris Rosenberg, my Associate Deputy Minister Hélène Gosselin, and my Chief Financial Officer Chantale Cousineau-Mahoney. From the Public Health Agency of Canada side, I would introduce the Chief Public Health Officer, Dr. David Butler-Jones, and the Director General of Finance and Administration, Luc Ladouceur.

Mr. Chair, as you know, the health portfolio comprises one department, Health Canada, and a number of other bodies, including the Public Health Agency of Canada, the Canadian Institutes of Health Research, the Pest Management Regulatory Agency, the Hazardous Materials Information Review Commission, and the Patented Medicine Prices Review Board.

You, sir, are considering estimates that capture more than $4.3 billion during this fiscal year, and that does not take into account the new commitments we made in our budget last month. Those commitments will appear in our supplementary estimates later on this year.

The money in these estimates goes to responsibilities such as drug and medical device safety, the safety of consumer products, and information and guidance on many other health matters. It supports research, through the Canadian Institutes of Health Research, to improve the health of Canadians and to build a stronger, sustainable health system. It supports innovation in our health system and activities that enable us to implement legislated requirements in such fields as regulating pest control products and handling potentially hazardous materials.

[*Translation*]

These activities have an everyday impact on the lives of all Canadians.

Although the health portfolio is very broad, I'll briefly address three areas that are particularly important commitments for the Prime Minister and myself.

The first is our government's commitment to seek the cooperation of the provinces and territories in establishing a guarantee on waiting times for medically necessary services.

[*English*]

I expect that every one of us has heard specific concerns about wait times from people waiting for treatment or from people who have family members waiting for treatment. I've heard concerns from physicians in my own riding. Their patients will often encounter delays when referred to specialists located only in larger cities outside of Parry Sound—Muskoka, such as Sudbury, Toronto, or Barry. This is mimicked in many other areas in rural Canada, where they have to look to Edmonton, Toronto, Quebec City, Regina, Winnipeg, Vancouver, or Montreal for services.

I can tell you that I've already been in contact with most of my provincial and territorial colleagues on ways to get real results on wait times reductions. At a financial level, our government is making a substantial contribution through the $5.5 billion over 10 years that has been set aside for this issue specifically, as part of the $41 billion amount in the 10-year plan to strengthen health care.

That money will help the provinces and territories introduce and expand the innovations that will generate the results that Canadians want. They will enable more provinces to follow the lead of Ontario, for instance, with its Cardiac Care Network, or Alberta with its hip and knee pilot project, or Saskatchewan with its Surgical Care Network, and many other initiatives besides, and to do so in a manner that reflects their opportunities and specific situations.

Mr. Chair, the 2006 budget outlined that there will be a 6% increase in the Canada health transfer through to 2013-14. These estimates include specific funding for the national wait times initiative to cover specific activities within the health portfolio to get us to our goal. That money will be used to support wait times research and education related to wait times. It will fund demonstration projects on innovative wait times management approaches. It will enable the communication of best practices from Canada and other countries in wait times management and measurement.

Permit me to give you an example. These estimates include $10.4 million this year and $75 million over five years for the internationally educated health care professionals initiative. This initiative is supporting the provinces and individual professionals as we all work to get more of these wonderful women and men accredited to practise their professions in this country and help us to reduce the wait times and indeed improve timely access.

● (1120)

[*Translation*]

Mr. Chairman, the second point that I want to address is the work we're doing to prepare for an influenza pandemic that could occur at any time. I want you to know that Canada's preparations are progressing well, but that much remains to be done.

[*English*]

The estimates for Health Canada and the Public Health Agency of Canada that you have before you include $18.6 million for pandemic preparation. The supplementary estimates will include $100 million to be allocated to departments and agencies, and the potential for an additional $70 million, which will be set aside as a contingency to be accessed on an as-needed basis. As announced through the 2006 budget, these funds are the first-year allocation of our five-year $1 billion commitment to further improve our readiness to deal with a potential pandemic.

Mr. Chair, our commitments are clear. We are funding additional antiviral medicines for the national stockpile. This is not an issue exclusive to the health portfolio, either. Indeed, it goes far beyond the health portfolio. I have spoken with my cabinet colleagues on this very point, to emphasize that the whole of government must be engaged in preparation.

Of course, the need to be ready to deal with a pandemic is not only a federal government issue. As you may know, I met with my provincial and territorial colleagues on May 13 in Toronto to discuss our preparations and to identify our common actions. We're working to formalize our roles and responsibilities. We're putting the agreements in place so that we will all share health human resources and supplies across jurisdictions. We're supporting these efforts with an effective pan-Canadian public health information system.

[*Translation*]

Our job does not stop there, but allow me simply to say that we are on the right track: we have the capacity to produce vaccines and anti-viral drugs. We have one of the best action plans for dealing with the influenza pandemic in the world.

In late April, I went to Geneva to attend the annual general meeting of the World Health Organization, and met with other G8 Health ministers. I observed that there is now broad cooperation among countries and that Canada is making a significant contribution.

● (1125)

[*English*]

For example, we are a leader in tracking disease outbreaks around the world. We have moved effectively on planning and communicating with our citizens so that they can be prepared. We're working with other countries so that they can draw on our best practices.

The new money in budget 2006 means that there are still things coming down the pipeline. More improvements will be made in our readiness as a country and in our capacity to respond to outbreaks both at home and indeed abroad.

The final point I wish to make, Mr. Chair, is about our actions on cancer control. We all know that cancer is a major health issue for Canadians. An estimated 153,100 new cases of cancer and 70,400 deaths from cancer will occur in Canada in 2006. Each of those cases will have impacts, not just on the person who has been diagnosed with cancer but on their loved ones, their friends, their workplaces, their communities.

Beginning about 1999, the cancer community in Canada—led by the National Cancer Institute of Canada, the Canadian Association of Provincial Cancer Agencies, and Health Canada—came together to develop a pan-Canadian and strategic response to rising cancer numbers and the unnecessary suffering and death from this disease. The final product of seven years of work is called the Canadian strategy for cancer control.

In simple terms, this strategy consists of a series of expert-led round tables that will support the creation of new cancer knowledge already available to us. The Canadian Cancer Society estimates that the application of current knowledge more evenly across Canada will, over the next 30 years, save 1.2 million Canadians from getting cancer and save 423,000 of them from dying of this disease.

In the supplementary estimates, we will include the budget 2006 decision to invest $260 million over the next five years for the Canadian strategy for cancer control. This funding will support the pan-Canadian round tables developed by the CSCC, including but not limited to prevention, screening, clinical practice guidelines, surveillance, and research.

Our government recognizes that this type of investment in Canada —that includes the patient voice, and enhanced coordination among the federal government, cancer organizations, and the provinces and territories—is critical to developing a modern, flexible, and fast-learning health care system. It is essential in reducing patient wait times.

Mr. Chair, these are just three examples of the work taking place in the health portfolio. I have focused on these today, but there are many services that we deliver directly to Canadians all across the country. For instance, as you know, the single biggest component of Health Canada spending is on the federal responsibility for first nations and Inuit health, with approximately $2 billion for program activity.

Like you, Mr. Chair, my riding of Parry Sound—Muskoka has many first nations communities, seven in total in my case. Five Health Canada-funded nurses, employed by six local bands, travel between those communities to provide front line health services. The same is true in the seventh community that has taken on direct responsibility for these services through an agreement with my department. As in many other communities across this country, those nurses do more than just provide immediate health services; they help to link the communities to the broader health care system, such as physicians and hospitals.

[*Translation*]

In closing, Mr. Chairman, allow me to emphasize the importance I attach to this process. These estimates cover a broad range of interventions that have a direct impact on the health and lives of Canadians. The fact that ministers, departments and parliamentary communities can work together on these kinds of issues in the context of an accountability exercise constitutes the cornerstone of our democracy.

● (1130)

[*English*]

I also want to make it clear that as the new federal Minister of Health, inheriting this portfolio, I do value your counsel as to what the federal government can do to make Canada's health system more effective and responsive to the needs of Canadians.

Mr. Chair, I thank you for the opportunity to provide my comments. I'd be pleased to take any questions from the members of this committee.

Merci beaucoup.

The Chair: Thank you very much, Mr. Minister, and thanks to your resource people who are here as well.

I'll now turn the meeting over to members for questions.

As you heard earlier, Minister, committee members have been looking forward to your visit. Thank you for coming so early in your mandate.

With that, we'll give the first seven minutes to Ms. Dhalla, followed by seven minutes to Ms. Brown.

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): Thank you very much for taking the time to come to the committee today to inform us of some of the issues taking place under Health Canada.

When we take a look at the area of health care, we realize that it's one of the top priorities for Canadians across this country, especially in the first nations community. You mentioned that you have seven first nation communities within your constituency, so I'm sure this question is going to be of great concern to those individuals along with those from other first nations communities across the country.

The Assembly of First Nations has identified a gap of $2.85 billion in health spending over a period of five years. They have noticed that the $700 million commitment that was achieved at the first ministers meeting in September 2004, along with an $870 million commitment from the Kelowna accord, would help to reduce that gap.

Could you please provide this committee with information on the status of that $700 million? And in light of the fact that the new government has not honoured the Kelowna accord, how will the funding be received by the first nations people?

Hon. Tony Clement: Thank you. I'll defer to my experts to go over the sometimes complex issues of the funding.

Let me just say for the record to the honourable member that this is a key interest of mine as health minister. It's an area where Health Canada does directly interact with citizens in Canada, with patients. Certainly, based on my consultations to date with many native chiefs and leaders in the first nations and Inuit communities, there is more work to be done. Indeed, I think there is a general consensus that the health outcomes in native communities, and amongst natives wherever they live in our country, are of concern. When you have, generally speaking, five to six times the suicide rates and two to three times the type 2 diabetes in those communities as compared with Canada as a whole, that signifies that what has existed in the past has not been successful on the health outcomes front.

I have engaged with first nations communities to ask them for their assistance, their advice, their guidance on how best to obtain better health outcomes for first nations, for aboriginal communities throughout the country. I really see that as one of the first orders of responsibility of my department. Of course, I will be working with Jim Prentice, the Indian Affairs minister, and many other players.

Before I get to the cold hard numbers, I can tell you that are some successes. I don't want this to be completely a story of failure. A number of individual programs are working quite well in various first nations communities. I'm reminded of a telehealth service in Ontario that connects about a dozen first nation communities with doctors, nurses, and hospitals. That has reduced wait times and given front line advice to sick aboriginal Canadians who need that advice quicker. A project in Nova Scotia that has focused on primary care and the access to primary care has reduced the wait time for primary care by, I think, 40%.

So there are some successes out there. What we have to do, obviously, is build on those successes and apply them sensitively to local traditions and surroundings, but I think there is something there that we can build on.

With that, just on the numbers, maybe I can turn it over to Madam Gosselin.

● (1135)

Mrs. Hélène Gosselin (Associate Deputy Minister, Department of Health): Mr. Chairman, on the issue of the $700 million that was announced in budget 2005, it was to be in the supplementary estimates of 2005-06, but those were not tabled because of the election. Some funding was made available to Health Canada through Governor General's warrants so that we could start moving on some of these important initiatives. About $23 million was made available in 2005-06 through that process. It was spent on priority initiatives—for example, the diabetes initiative, the aboriginal health human resource initiative, and maternal and child health programs.

The remainder of the $700 million is part of these main estimates, tabled on April 25. We will be able to proceed with the full rollout of the initiatives once we receive approval by Parliament.

Ms. Ruby Dhalla: I am going to go on to my next question, because of the shortage of time we have, but perhaps the minister then would agree that not honouring the Kelowna accord is going to have a detrimental impact on the number of stakeholders and aboriginal communities that worked so diligently across the country to ensure that they would receive the health care services they required.

My next question is in regard to a concern that many Canadians have about our country becoming America's drugstore. In June of last year, it was this standing committee actually that passed a motion and unanimously agreed that the government ban the exports of prescription drugs that were intended really for the use of Canadians. This was endorsed by Parliament and all members in October of last year. However, since our new minister has come into effect, I don't think there has been any action on this file.

Could the minister please comment on that, and tell this committee and Canadians what he is doing to protect Canadians, to ensure that our country has a proper supply of drugs and does not become the drugstore for the States?

Hon. Tony Clement: Thank you very much for the question. Indeed, I wish to assure the committee that we do have some levers available to us without any new legislation, for instance, to protect the supply of medications and the safety of Canadians. Upon recognizing a potential threat, certainly I would be coming to you and to Parliament with a plan to protect supply. But that doesn't exist at present. Indeed, since that resolution was adopted by this committee, there has been a noticeable downturn of this transborder activity. Whether it's because of the Canadian dollar or whether it's because of the new pharmaceutical plan the Americans are rolling out across their country, there has been at the very least a 20% decline in this kind of activity.

So we're monitoring it very closely. From time to time I do get questions from the American authorities, and my answer is the same to them, that we're monitoring the situation. Certainly when it comes to the access to drugs and the health and safety of Canadians, that will be my rule of thumb when dealing with this issue.

The Chair: Thank you.

Ms. Brown.

Ms. Bonnie Brown (Oakville, Lib.): Thanks very much.

I notice you were quite proud of the telehealth system in Ontario. I can understand that, because I think it was one of your babies when you were a minister there. This committee had a few babies too that we were very interested in. One of them was the Assisted Human Reproduction Act, and the agency that we anticipate with bated breath—although we may expire before that agency actually gets up and running.

You might be interested to know that we held two sets of consultations with Canadians on this very thorny matter. The stakeholders were vehemently opposed to one another's perspectives. There were two groups. Much to our dismay, after the act passed, officials from your department decided that before developing the regulations, *they* needed to go out and have consultations, even though they had sat through, in this very room, many of the consultations we had held. That was most annoying to us—as if we did not hear the truth and they had to go out and find out again, and actually reignite the opposition, one to another, of these two groups.

The agency was supposed to be established in January. Of course we didn't really expect it because of the intervening election, but it really is getting ridiculous how long we're waiting for this agency while, in the view of some of the committee members, appalling things are going on out there in the marketplace—commercialization of the very roots of human life, etc.

I'm wondering, is there any way that you can put a firecracker under the department? Or maybe Mr. Rosenberg would like to explain to us why it is the officials assigned to this file cannot seem to deliver this baby.

● (1140)

Hon. Tony Clement: I'm sure Mr. Rosenberg can speak for himself.

What I have directed in the meantime is that...and certainly I think this committee is going to have a specific opportunity to discuss these issues in more fulsome detail later on in June. I will welcome your feedback and your input at that time.

We apparently are at the stage of actually focusing in on the regulations that will animate this process, and we are trying to get to the point at which the agency can actually be kick-started. I think you'll start to see some activity later on in the fall, or that's my understanding.

Mr. Rosenberg, if you want to take the baton....

Mr. Morris Rosenberg (Deputy Minister, Department of Health): Thank you.

Mr. Chair, we are looking at accelerating work on the regulations, and we have prioritized some of the key regulations to move forward on. We understand that it's taken a while. We hope to have progress and initial publication in the *Canada Gazette* by 2007, with coming into force, in part II of the *Canada Gazette*, as early as possible after the consultations take place.

I should also say that with respect to establishing the agency, we do need to put in place, of course, a board of directors, that's provided for in the legislation. We expect to be in a position to enable the minister and the government to make decisions on appointing a board of directors by the fall.

Ms. Bonnie Brown: Good. We look forward to reviewing those regulations, because you'll recall that the act includes us in the process. Thank you for that.

I'm also looking at the dollars, at the increases and decreases. I have one particular concern about the Patented Medicine Prices Review Board and the 48.9% increase. I really didn't think there was that much activity over there that they'd have to have half again as much as they've had all along. I just can't imagine why they need almost a 50% increase in their budget.

Perhaps somebody can explain that.

Hon. Tony Clement: It looks bigger when you put it in percentage terms as opposed to absolute terms. I may be corrected on this, but I believe part of the issue is the increased litigiousness of the brand name drug companies on the pricing mechanism. I think that's part of it.

Morris, do you have anything to add on that?

Mr. Morris Rosenberg: Maybe I can elaborate just a little bit more.

To deal with just two specific increases, the increase is mainly due to a transfer from Health Canada to provide for analysis of price utilization and cost trends under the national prescription drug utilization information system. That's $1.35 million. There was another transfer from Health Canada to monitor and report on the prices of non-patented prescription drugs in Canada, for $0.6 million.

On the latter item, you will know that the national pharmaceuticals strategy, with the concern about the cost of pharmaceuticals, has started to focus in on the cost of generic pharmaceuticals, where we seem to have comparatively higher generic pricing than some other countries. The idea was to have the board do some initial monitoring in advance of looking at policy options on how best to deal with that issue.

Ms. Bonnie Brown: I can't remember if this committee actually recommended it, but we did suggest leaving the same letters in the acronym, with “Patented” Medicine Prices Review Board becoming “Prescription” Medicine Prices Review Board. I think that's what kick-started this idea about generics.

I have one more question. There is a 35.6% decrease in the planned spending of the policy, planning, and information branch. I would like to know what that's about. What were the criteria, and what will be the impact, etc., on that particular branch?

● (1145)

Mrs. Hélène Gosselin: I can answer that, Mr. Chair.

The major decrease in that comes from the sunsetting of one program. I'm just looking through my list to make sure I get the right name of the program. I believe it's the Primary Health Care Transition Fund that has sunsetted. That accounts for the major decrease in that branch. There are other small changes, but that's the main one.

Ms. Bonnie Brown: Thank you very much.

Thank you, Mr. Chair.

The Chair: Thank you. Your time is up.

Madam Gagnon.

[*Translation*]

Ms. Christiane Gagnon: Mr. Minister, I would like to welcome you and the various representatives of the institutions that report to you.

Today I wanted to ask you questions of an administrative nature, but also of a political nature, with regard to the tainted blood file. A number of people are looking to you and hoping to hear answers that are encouraging for them. They've been waiting for those answers for a number of years now. The Liberal Party said this would ruin the government, but, in fact, that won't happen, since agreements were reached in favour of the contaminated blood victims between 1986 and 1990.

We're currently in negotiations, and a memorandum of understanding is being analyzed. You attended a meeting not very long ago. I believe that was on May 13.

Can you tell us when the tainted blood victims will be compensated? Would it be possible for there to be an interim agreement, since, in any case, the compensation amounts will be between $10,000 and $240,000, depending on the severity of the case? Are you going to take quick action? When are you going to act? I'd also like to hear what you have to say about the interim agreement.

Hon. Tony Clement: First, finding a solution for the hepatitis C victims as soon as possible is a priority for us and for me. In fact, we expressed our intention in that regard during the last election campaign. This is also one of the Prime Minister's priorities.

Negotiations are currently under way. It's hard for me to answer your question, since negotiations are taking place right now. However, I would like to emphasize that the government's intention is to find a solution for the victims as soon as possible. On the other hand, it's impossible for me to say more about that at this time.

Ms. Christiane Gagnon: How many individuals do you think would be entitled to compensation? I don't know where the negotiations stand, but there is talk of 6,000 individuals. Can you give us a few clues? Since you've identified 6,000 individuals, could you compensate them quickly since, in any case, they're going to be compensated and receive between zero and $10,000? Perhaps you could agree on an amount that would be paid to them soon.

A number of people have been affected not only physically, but financially as well. Time is of the essence for some of them. Some have probably died. I believe we should proceed quickly. You said it was a priority, and I believe you're being honest in saying that, but, at the same time, we must take financial action to comfort these people.

Hon. Tony Clement: I agree with what you're saying. Negotiations are currently under way. In fact, it's impossible to know at this time how many victims there are in this category, since that's part of the negotiations. However, we're trying to find a solution as quickly as possible. I would like us to find a final solution very soon for all those people affected.

● (1150)

Ms. Christiane Gagnon: You can't tell us when the negotiations and process will be complete? You know, it could go on until Christmas.

Hon. Tony Clement: I hope that...

Ms. Christiane Gagnon: Will they be finished in a few months, in a few weeks? This is an urgent matter because this case has been going on for 10 years now. Moreover, work has been done. You've inherited a file that you're not familiar with; you know the scope of the problem. It's time to take action. The fees collected by the negotiating and legal team mean less money available. Can you tell us how much is left in the fund right now? Reference was made to $800 million. An amount of $1.1 billion was originally allocated, and $360 million has been used to compensate the victims. Can you give us an overview of what remains in the fund? You referred to 6,000 individuals. You say the decision had been made to pay people between $10,000 and $240,000. Before a final agreement is reached, isn't there some way to make interim payments?

Hon. Tony Clement: First I'll answer your last question. I believe it's important that there be a final agreement. I hope that's possible.

To answer your other questions, I would like to say, once again, that there are lawyers for each party and an agreement has to be negotiated. I'd like there to be an agreement this week, but negotiations are taking place because there are a number of viewpoints. It's important to resolve all the issues. We have to take the necessary time to do so.

Ms. Christiane Gagnon: Are you or your department in regular contact with the people who are negotiating?

[*English*]

Hon. Tony Clement: Oh, yes.

[*Translation*]

Ms. Christiane Gagnon: So they must have given you a report on the progress made in the negotiations under way. They must have told you whether it would all be finished in three weeks or a month. It can drag on forever. I previously used lawyers, and I had to say that I was paying up and that I would stop paying lawyers because ultimately there was virtually nothing left.

Hon. Tony Clement: You know it's important to really negotiate with the victims' representatives. We're negotiating in good faith, and I hope everything will go well.

Ms. Christiane Gagnon: Could you report to us in the next few weeks on the status of the situation? Parliament will have completed its business within two weeks. The tainted blood victims are disappointed that we're not giving them a clear answer today. We're in politics, and it's up to you to give an answer. A limit has to be set on the negotiations because they can go on forever. A political decision should be made and it should be determined that the negotiations will have to be completed on a specific date. We agree on the fact that we're going to compensate the victims. How much money remains in the fund? We have to answer that today. How much money is left? How many victims are there? Regardless of whether there are 5,000 or 6,000, we have to establish a limit and state that we have to agree and proceed as soon as possible before the House of Commons rises.

Hon. Tony Clement: There's no limit. Negotiations are under way and they will finish when there is an agreement, not before. We're serious, and the other side is serious as well. We'll make an announcement when there is an agreement.

● (1155)

[*English*]

The Chair: Thank you very much. Your time is up.

Madam Priddy.

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

Thank you, Mr. Minister, and the staff who are here with you, for spending this much time answering questions. It's important for all of us. I realize it's a fair chunk out of your day, so we appreciate that.

I'd like to continue on with the question asked by my colleague just previous, with regard to people with hepatitis C outside the window. It's not as if we have not done this before. We know what negotiations look like, because we did that for people who were inside the window. It's not a brand new process for the lawyers to know how to do this.

I understand in some ways your saying the lawyers are working on it, but when you are someone with hepatitis C who has, I don't know, a week or a month to live, and you're losing your home, and you've lost your job....

If you were to look over your left shoulder, Mr. Minister, you would see, in the whole front row, people who have come—because they knew you would be here—from across this province, spending what is for them very precious energy that they may not get back, to hear from you an answer on when they will be able to have compensation.

I know you said it's a top priority, and I don't doubt the sincerity of that, but you said it during the election, and that was five months ago. On May 2 I think you said to me, in the House, the words "with alacrity". I assume that means—the last time I checked—as quickly as possible, or speedily. I don't know if it's alacrity that we're seeing here.

The other thing is that we have people here who truly, as I say, are not taking their medicine. They cannot afford it. They are losing their homes, and they're losing family members and friends. They need to know, if you're saying you can't tell us a date, that there will be a commitment. I would ask you today if you could provide a date for an agreement to an interim payment, for people to at least be able to afford to feed their children, to be able to have their medication, to be able to at least have a certain amount in their lives, based on an interim payment.

This is my question to you today: are you able to give those people, sitting in the front row, watching you with hope—and they came here with hope—a date for when they would receive an interim payment?

I would also ask about survivor benefits. I don't know if survivor benefits have been spoken of. I have not heard them spoken of in this particular negotiation. Many of these people here have husbands, wives, children that they are responsible for. If an agreement is not reached with survivor benefits included, then not only will they have lost what they have, but their families also will be left in destitute positions.

So I would ask if you could answer those questions: Will survivor benefits be included, and can you provide today a date for when people would be receiving an interim payment, if you cannot announce today a date for when an agreement will be reached?

As I said, I think people have done this before, the lawyers have experience, and I would think it's like inventing it again. It seems to me they could move faster, and I would be expecting, if I were minister, that they would.

If you could answer those questions, I'd appreciate it.

Hon. Tony Clement: Thank you very much. I appreciate your concerns. I know we're all trying to do the right thing around this table. I don't think any of us want to exploit this and the victims themselves for cheap political advantage. I think we're all here for the right reasons, and I will take your comments and your questions in that context.

A voice: [*Inaudible—Editor*]

Hon. Tony Clement: That's why I said it.

What can I say? This is a very frustrating time for the individuals in question. For them it's not a question of waiting five months, it's a question of waiting years and years for a government that would listen to them and that would take their plight seriously. When we try to measure the timeframe of frustration for the people....

Many of these people I dealt with as the Ontario Minister of Health and Long-Term Care. They were as frustrated then...or in some ways more so. We all have constituents who are impacted by this; I do too. I cannot imagine the stress and the health issues they have to go through. I'm not pretending to be in their stead, but certainly as a human being I can empathize with them. I want to do what I can do on some form of restitution. That's what we're committed to as a government. We were committed to it in opposition, along with members of your party. I took that very seriously upon being sworn in as Minister of Health.

I don't think it's wise for me, in the middle of negotiations, to be too specific about what I think the appropriate deal should be. That would be bargaining in bad faith, quite frankly. So I choose to be more general than I usually am in answering questions on the issues you raised. We have a very serious process that the government side takes seriously and the plaintiff side takes seriously, and, just as they are, I am wedded to that process.

My friends behind me have legal representation, as a class. That legal representation is responsible to them. If they have questions about the negotiating stance of the legal representation, I can't answer on behalf of that legal representation, but they can get answers.

I think it would be wise for me to stop there. Believe me, this is frustrating for me, although not half as frustrating as what they have to go through, and I know that. I want to do the right thing, just as you do.

● (1200)

The Chair: You have time for one last short one, if you want to exercise it.

Ms. Penny Priddy: I will, then, thank you very much.

So the answer is, no, we don't have a date for a final settlement; no, we cannot commit to an interim payment; no, we cannot speak of survivor benefits.

I have the same experience you have, Mr. Minister. I was the Minister of Health when this happened in British Columbia. It's the reason I'm taking it so seriously, as you have from your experience.

I am incredibly disappointed that people here today will go away with that answer—"No, no, and no."

Hon. Tony Clement: I think that's unfair. That's you putting in my mouth your interpretation of my answers.

My answers were that we're at the table and we're taking this seriously. We've taken this further than any other government has done. In the short months that we've been in power, this has gone further down the road of solution than anybody else has taken it.

So to say that it's "No, no, and no" is a misapprehension of the facts.

The Chair: Thank you.

Mr. Fletcher, you have 10 minutes.

Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC): Thank you, Mr. Minister, for taking the time to come out today.

I have to say, Minister, that your colleagues, and I believe all Canadians, are quite impressed with the way you're handling the health file and the fact that your approach seems to be one of consultation and action.

I'd like to touch on the hepatitis C issue. Ever since the people outside the window were denied compensation by the previous government, the Conservative Party has led the charge, first with Dr. Grant Hill, when he was senior health critic, and then Rob Merrifield. I was fortunate enough to have the opportunity to pursue the issue of hepatitis C compensation. Of course, you're very involved in that, as someone who will follow through on that commitment.

I wonder if you could comment on the process...our government compared with the previous government. I realize that when we were in opposition we talked about immediate compensation, and I know that term can be interpreted as a relative term. I think we're proceeding equivalent to an "Ottawa nanosecond" compared to the way the previous government dealt with the issue.

So I wonder if you could contrast the way our government is handling an issue such as hepatitis C, and comment on really the tragedy of this dark chapter in Canadian history, and how our government will deal with this specific issue and any other future issues that arise that may be similar.

● (1205)

Hon. Tony Clement: Thank you for the question.

I think the key take-home message that I can share with the committee is that upon our election and swearing in, I was able to immediately launch a policy review of the position of the Government of Canada when it came to hepatitis C compensation. That has led to the current state of the situation, which is a very serious negotiation.

So the policy review, the approval of a stance, of a position, the commencement of serious negotiations—all of that took place within the space of about four months. I think that is testament to our seriousness in dealing with this issue that, quite frankly, has been left out there for too long a period of time.

I'd be remiss if I didn't mention that the parliamentary secretary has been outspoken on this in the past, and has been very helpful in the present in keeping us on track.

I don't want us to be mired in negativity on this front. I think the message to hepatitis C victims and to Canadians who care about this file, and there are very many who do, is one of optimism and one of progress. That's the take-home message I want to give to people. I'm an optimistic person by nature—one has to be if one wants to be in politics, perhaps—and I do feel that we are making headway.

Mr. Steven Fletcher: Thank you, Mr. Minister. Speaking as someone who's been involved in the file, I am 100% confident that you will fulfill our commitments. I think we're very fortunate that you're in charge of that file.

Another item that came up last year, Mr. Minister, was the Canadian strategy for cancer control. We had a motion that was brought forward by the Conservatives and adopted. My understanding is that the strategy was on the table for about five or six years, and the previous government refused to implement or fund this strategy. But you were able to get full funding for this strategy in your first opportunity to get it in the budget, which is actually quite remarkable.

I wonder if you could comment a little bit more on cancer and on what your goals are to deal with cancer and other deadly or chronic diseases.

Hon. Tony Clement: Thank you. I think we were assisted in achieving that goal by the campaign platform commitment in which I know you had a very important part to play.

I can tell members of the committee that I do think there can be a pan-Canadian role, a federal role if you will, that does not, as I say, trample on the flower patch of the provinces. We all have our areas of competency and jurisdiction. We all know that provinces have the primary role and responsibility when it comes to delivering at least non-native health services. It's not my place to disagree with that.

What I can say is that we can advance some of our goals by greater coordination and collaboration. That's exactly what the Canadian strategy on cancer control is all about. There are things, as the provinces will tell you, that can benefit from a national collaboration, a pan-Canadian collaboration if you will, whether it's screening and prevention or research activities. A number of cancer advocacy groups are nationwide in their representation and scope. It does make a certain amount of sense to deal with them from a national perspective.

All of those things, I believe, can be accomplished and can mean that the federal role is one that is complementary to the provinces and territories rather than being at cross purposes with them.

Of course, we're doing it with the funding that was agreed to, that is in the budget, the $260 million. My hope and expectation is that we can, in a collaborative way, come to an understanding that involves a number of the advocacy groups and agencies, and the provinces and territories, so that we can do as much good as possible.

● (1210)

Mr. Steven Fletcher: I have one last quick question, Mr. Minister. There was a significant investment in pandemic preparedness. You are considered to be one of the world experts because of your firsthand knowledge when you were Ontario health minister. I wonder if you could just flesh out a bit more what you've done for pandemic preparedness and why such a significant investment has been made.

Hon. Tony Clement: Certainly the investment in budget 2006 will be very helpful as we move forward with some of our pandemic preparedness. With the creation a couple of years ago of the Public Health Agency of Canada...and Dr. David Butler-Jones' appointment to that position. We hope to have that sanctified by Parliament very soon. A lot of work has been done since the Public Health Agency of Canada was created, including a very important document, the first national pandemic planning document. Its first iteration was released in 2004. We expect to continue to improve that document and to continue to improve our surveillance, our containment strategies, our healing strategies, and our recovery strategies.

On the healing aspect, as you know, we came to a federal-provincial-territorial agreement to up the stockpile of antivirals to 55 million doses. The commitment of Canada, working with the provinces and territories, is that for anyone who is sick—based on our projections on a pandemic, which are all futuristic—we expect an antiviral to be available to that person.

I'm very proud of Canada's preparation for vaccine development; we are very far ahead. As you know, you cannot produce the vaccine until the exact mutation and strain of pandemic influenza is isolated, and we don't know that until it's amongst us. But there's a lot of preparatory work we can do, and we are doing that work. That work is funded. It is done in collaboration with the provinces.

Information-sharing with the provinces has come a long way. Information-sharing with international agencies has come a long way. One of the things I found to be quite frustrating with SARS was that the information-sharing wasn't there. The second thing was health human resources. In British Columbia, when nurses and doctors from B.C. wanted to help out in Ontario during SARS, there were so many impediments to that happening from a professional point of view that it just didn't happen. Now we're starting to have a protocol where we can eliminate those barriers and deploy HHR.

I'm getting the signal from the boss that my answer is a bit too long-winded. I'll wrap it up.

You can see that a lot has to be done but also is being done.

● (1215)

The Chair: Actually, the answers are very good, it's just that we want to honour the time allotted for individuals.

Thank you, Mr. Fletcher.

Ms. Chamberlain, you have five minutes.

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

I have a whole lot of questions, Minister, but unfortunately there's not enough time.

I want to talk a little about mental health. I'm from Guelph, and we have the Homewood Health Centre there. It's a fantastic centre, but there aren't enough beds for everyone. We have a lot of adult health care mental problems, but we also have a tremendous amount of kids who are having huge problems, including suicide. The beds just are not available for them. In a place like Homewood, for instance, they have an age stipulation, so they look at more adult clientele. But I do have people come to me from time to time with particularly youth.

I'm wondering if you can tell me what you're going to do as a government for these adults but also for the youth that seem to have no place at all. Could you give me some information on that, on whether there's going to be more money for mental health, and on how we're going to approach that as a government?

Hon. Tony Clement: Thank you very much for the question.

Indeed, I want to commend you for Homewood. It's a place I visited as Ontario Minister of Health and Long-Term Care. It really is a beacon of hope in a sometimes rocky sea of despair, which is what we find in mental health issues frequently.

I believe passionately that mental health has to have its day, and it has to be the focus of a Canada-wide debate. It has to be something we take seriously as a society. I think those barriers are being broken down. Would we like it to be quicker and more complete? The answer is obviously yes. There are still some stigma issues, some coordination issues, and indeed some funding issues, as you referenced, in the way of that.

We have a number of strategies that are already in place. We do have a national youth suicide prevention strategy, which has $65 million over five years. It's focusing on aboriginal youth, which is where we can directly focus some of our programming. That's something I'd like to signal to you.

More generally, we have the work of senators Kirby and Keon, who released their report back on May 9, looking at national approaches, pan-Canadian approaches, to these issues. Again, not trying to take over the competency of the provincial governments, are there ways that we could collaborate and do some things together? Obviously the government is seized with that report as a society, and I'm hoping to respond once we have thoroughly reviewed it.

Hon. Brenda Chamberlain: But, Minister, the problem really is that there aren't beds for these kids particularly—adults too, but for the kids. That's the strategy that I'm asking about—namely, how are you going to increase these beds? How are we actually going to get on the ground and get some help?

I have talked to parents, as I'm sure you have in both capacities—in Ontario, and now as a federal minister—who really don't know where they're going to go for help. There is so little of it around sometimes.

I know what you're saying, that we need a pan-Canadian approach and so on, but what actually are you going to do to increase beds?

Hon. Tony Clement: I think it's fair to mention, though, that an extra $41 billion, as part of the federal tax base, is going to provinces and territories as a result of the 10-year accord that was signed in 2004. Much of that is destined to fill some gaps.

Much of it—as I said, $5.5 billion—is specifically dedicated to reduce wait times to increase access. I would expect provinces to do the right thing when it comes to mental health issues and make sure that mental health gets its fair share of the pie.

● (1220)

Hon. Brenda Chamberlain: The Conservatives, with due respect, had talked about a Canadian mental health commission. Will you move on that?

Hon. Tony Clement: Again, that's one of the report recommendations of senators Kirby and Keon, and I want to recognize that. I do recognize that—

Hon. Brenda Chamberlain: Is that a yes? I don't want to be difficult, but is that a yes? Will you move on that? It was said in November that you would, as you went into an election. Will you move on it?

Hon. Tony Clement: Listen, with the greatest of respect, these are all issues that could have been dealt with by the previous government but weren't. So—

Hon. Brenda Chamberlain: And that's fine; that's a good answer, and we've been listening to it for six months. But this is something you promised in November, and I'm asking, will you move on it? It's an easy question: will you move on it?

Hon. Tony Clement: I don't think this is a place to grandstand. These are significant issues.

Hon. Brenda Chamberlain: With due respect, Minister, this is not grandstanding.

The Chair: Excuse me, but your time has gone. I actually stretched it out a little bit beyond gone. You might have a chance to get in on another round.

Mr. Dykstra—or Mr. Batters, okay.

Mr. Dave Batters (Palliser, CPC): Thank you very much, Mr. Chair.

Mr. Minister, officials, we do appreciate very much your time today in appearing before this committee.

Minister, access to new, innovative medicines and medical devices is one of the key elements that underlies a strong health care system. For years Health Canada has been the subject of intense criticism for the length of time required for drug and device product reviews. The chief complaint is that there's a huge backlog in terms of the number of drugs and devices put forward for approval and the amount of time it takes to get those approvals.

I'm wondering what the government is doing to ensure that access to medicines improves. Does Health Canada currently have a more timely regulatory process for drug approvals, and has the level of Canadian research in pharmaceuticals increased in the last few years?

I know this is of significant concern to the pharmaceutical industry, but it's also of significant concern to physicians, and to patients who are looking to get, in a timely fashion, treatments that are going to help them live happier, healthier lives.

Hon. Tony Clement: I appreciate the question.

This is another area of frustration that patients have with the system, perhaps. I do have some statistics that indicate some hope for the future and indeed for the present. In terms of new pharmaceutical submissions, the statistic is that the submissions reached a 90% target performance level. That is to say, I guess 90% are approved within....

Mr. Morris Rosenberg: Within six months.

Hon. Tony Clement: So 90% of them were dealt with, I guess—approved or not—within a six-month period. That was achieved in September of 2005. That's compared with 2003, when just 16% were dealt with in that time.

On the medical device side, that has improved dramatically as well, going from 73% to 90% meeting the target in the first quarter of 2006. When you look at biological drugs, there's a 67% reduction in the backlog compared with March 2004.

Are we where we want to be perfectly? No. I think there are still some improvements. But I would say that overall there have been some dramatic increases in performance.

Sorry, Mr. Chair, but Morris is letting me know that I've misread the statistic....

So what does the 90% target mean, then, Morris, when we say we've reached 90%?

● (1225)

Mr. Morris Rosenberg: I think what we're trying to do is approve 90% of our drugs within a standard time comparable to other jurisdictions. We're somewhat ahead of schedule, six months ahead of schedule, in having done that for new drug submissions.

Hon. Tony Clement: So I guess there are benchmarks, international and national benchmarks, and we're 90% of the way there.

Mr. Dave Batters: Thank you for your clarification, Minister. I did think that the 90% within six months sounded a little bit optimistic, because that's not what I've been hearing from some people who have concerns about that.

Just as a follow-up to that, has the level of Canadian research in pharmaceuticals increased in the last few years? Are we on the upswing? Perhaps you could comment on that. I recognize that you may not have those figures readily at your disposal, but in your experience in this portfolio, are we increasing research in pharmaceuticals?

Hon. Tony Clement: Industry Canada might have a little bit more of a handle on that, but based on my knowledge of the industry a little bit, I can say that we're always fighting for mandates from pharmaceutical companies that usually operate in many different countries. We sometimes hold our own, but I think there's more work to be done.

The general statistic on research and development as a percentage of sales in Canada is 8.5% investments, as a percentage of sales, for Rx and D members, and for all patentees it's 8.3%. That's pretty competitive. I think there are probably a few countries that might be a bit higher than that, but that sort of keeps us in the ballpark in terms of new patents and the research that goes along with that.

The Chair: Thank you, Mr. Batters.

Madam Demers.

[*Translation*]

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

Thank you for being with us today, Minister. My question will be much more political than financial in nature.

However, it is a question that has a very significant effect on the finances of the provinces in the area of health. The provinces have to deal with problems arising from policies that have been adopted. In only the past five years, Health Canada's Special Access Program, which is intended to provide access to special instruments and drugs, has provided surgeons who so request on behalf of their patients with silicone gel breast implants.

However, as many as 67% of the requests submitted to that program concern silicone gel implants. But those implants were prohibited in 1992, and Health Canada has not approved them to return to the market. The problem is that the same program also has a mandate to provide certain drugs to people who need them.

As a result, six persons with HIV/AIDS who had requested drugs in April were denied access to those drugs, which could have saved their lives. And yet this program is supposed to enable Canadians to obtain drugs where they are not on the market, where they have not yet been approved or where other therapies have not worked.

Minister, I don't understand how priority can be given to the fitting of breast implants for women who have small breasts or a few ripples caused by implants filled with saline solution. When I think of people whose lives could end because they're denied access to drugs that could save their lives, I don't see how we can give priority to the replacement or fitting of silicone gel implants. Can you explain that to me?

I'd also like you to tell us whether you intend to repeal this program, at least as regards silicone gel breast implants. The person responsible for the program told us that he was unable to intervene when the physician decided that a given solution was best for a patient. That's what he recently said on television on a CBC program. He said that his role was not to intervene and that he relied on the physician's competence in determining the best solution for his patient. If he relied on the physician's competence in the case of silicone gel implants, why didn't he do the same thing for people suffering from AIDS who need drugs in order to live?

● (1230)

Hon. Tony Clement: There's a lot to say on the subject, but I'm going to address two specific points to begin with. Then the deputy minister may perhaps add his own comments.

On the subject of breast implants, it's of course important that the system be able to protect women's health. It must include a physician authorization process. It's also important to emphasize that, for the moment, the special access system is probably a short-term solution. In future, it will be possible to opt for something else. Regardless of the decision that is made in that regard, the protection of women's health will be an essential condition.

As regards special access to drugs, I would say that this is done on a case-by-case basis. It's important that the system make it possible for a decision to be made with respect to each drug and each situation. For each problem, you have to find a solution and create a system that works for patients. That's my opinion.

[*English*]

The Chair: We'll allow a very short answer; time has actually elapsed.

[*Translation*]

Mr. Morris Rosenberg: I simply want to say that each situation is different. In fact, there are two programs, one of which concerns drugs, and the other medical instruments. The criteria vary somewhat depending on the program.

With regard to breast implants, this file isn't a new one; that's why you're more familiar with the situation than I am. Decisions have been changed depending on what was known about the health risks. Once new studies were published, the department determined that we knew enough about the risks incurred for it to be legitimate to support breast implants under the Special Access Program.

As for drugs intended to treat HIV/AIDS, the situation is somewhat different. In the case you referred to, we were in negotiations with the physicians. We offered access to the clinical trials program so that these drugs were accessible. That is ultimately what was done. The clinical trials made it possible to obtain more information on the subject. Consequently, it may be that it will now be appropriate to use the Special Access Program in the case of those drugs.

In short, we can't draw a direct comparison between these two entities. The point in both cases is to protect public health.

[*English*]

The Chair: Thank you, Madam Demers.

Mr. Dykstra.

Mr. Rick Dykstra (St. Catharines, CPC): Thank you. I would like to share a little bit of my time with Mr. Lunney.

My question focuses around the educated health professionals from an international perspective. One of the challenges that certainly we face and that the country faces is our ability to get health professionals, doctors specifically, licensed to working in the profession so that we can actually fulfill a requirement or a demand that spreads across the country.

I just wondered, Minister, if you could give us your thoughts on what the government is presently doing to support these professionals, and obviously to maximize their underutilized potential.

Hon. Tony Clement: Thank you for the question.

Let me concentrate specifically on doctors and nurses, although the question is broader than that; I recognize that, and will state that for the record.

When you look at the money that is flowing from the 2004 health accord, there are specific amounts designed to increase the number of health professionals who become licensed and integrated into our Canadian health workforce. So certainly in terms of the financing of the 10-year plan, that's one of the modules.

We do have to work with our provincial and territorial counterparts. In their relationships with their colleges, for instance, they have to be part of the solution. In our government, with my colleague Minister Solberg in particular, we're all working on a plan to smooth out some of the bottlenecks that exist internationally right now in terms of people who have already chosen to come to Canada or who in fact are already landed in Canada but have had difficulty getting their credentials sorted out.

This has been an endemic problem, and the reason it's been endemic is that if there were a simple solution to it, it would have been done by now. The fact of the matter is that you need the professional organizations, the colleges, you need Immigration Canada, you need Health Canada, and you need every single health ministry all rowing in the same direction if you're going to make some headway on this. But we all know that we have to do it, and it should be done.

● (1235)

Mr. Rick Dykstra: Thank you.

I'll turn the rest of my time over to Mr. Lunney.

The Chair: Mr. Lunney.

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

Mr. Minister, I appreciate you being here to answer questions today, with all of your officials.

I have just a quick question. I didn't see this mentioned specifically here in terms of funding, but there is an issue related to the natural health products directorate. I don't see how much money is applied to that directorate. I know they've been working diligently, trying to approve products prior to a deadline of June 30, when all natural products were supposed to be compliant with regulations, meaning they should have been through an approval process, but the last time we inquired, they had approved some 1,200 products of the roughly 50,000 to 60,000.

We've heard rumours that perhaps there is a plan to extend that compliance period by a year at least, to allow the department to catch up or make some significant progress in that list. Is that something you could advise us on?

Hon. Tony Clement: I never like to comment on rumours, but I guess what I can say for the record is that we're aware of the fact that we have a rather large gap between the number of products out there and ones that have gone through the licensing procedure. We have been involved in consultations with the stakeholders over the regulations, to see how we can improve in maintaining health and safety issues and targets and being a little bit more realistic in terms of how we manage things.

I don't know whether anyone else wishes to comment on that.

Mr. Morris Rosenberg: I would just say that this has been a challenge. We have introduced some improvements to try to move this more quickly. We're streamlining some of our practices. We're fast-tracking review of some of the natural health products. We creating priorities and we're creating an electronic review, all with a view to bringing this in as quickly as possible.

Mr. James Lunney: Great. Well, I'm sure that would encourage some people.

The Chair: Thank you very much. Your time has gone.

Ms. Dhalla.

Ms. Ruby Dhalla: Thank you very much.

I wanted to come back to the question that one of the members opposite had raised in regard to the recognition of foreign credentials. It's been an issue that I personally have had a great interest in, and it's been a great interest of many of my constituents in Brampton—Springdale.

Last year at about this time I had put forward a private member's motion for the government to create a secretariat that would allow the opportunity to work in collaboration with the various federal government departments, the provinces, and the regulatory bodies to ensure that when we did have new Canadians coming into Canada, they would have their qualifications, their licences, and they would be able to get recognized and accredited so that we wouldn't have various surgeons and professionals driving cabs or working as security guards.

This was passed by the House. It was subsequently implemented by the former minister of HRSDC, the Honourable Belinda Stronach, and then also given its stamp of approval by our former Prime Minister.

Mr. Minister, you mentioned that you're working very closely with Monte Solberg. This secretariat was put within the jurisdiction of HRSDC. Have you worked with Minister Finley in regard to this?

● (1240)

Hon. Tony Clement: I can say that there have been some discussions about this. I mentioned Minister Solberg because he is the lead on it, and I do want to signify that. But we do know it is going to have to be cross-jurisdictional within the government, so Health Canada and Minister Finley's department are going to have to be actively involved as well.

Please let me know what your thoughts are as we roll this out. We are looking for responses and ways to make it better, and I hope you will continue to be engaged in this matter.

Ms. Ruby Dhalla: I want to go back to a question that was brought up by my colleague Madam Chamberlain in regard to the mental health commission.

In November of last year, the former minister had promised the establishment and the funding of a Canadian mental health commission. During the campaign, your parliamentary secretary, Mr. Fletcher, had written to the Mental Health Association basically reinforcing the fact that the Conservative Party had long called for a commission. It was also stated in that particular letter that the Conservative government would definitely ensure that such a commission would be established.

When Madam Chamberlain was asking you whether or not you would be committed to ensuring the establishment of the commission and ensuring the creation specifically of an action plan that would provide for beds, you said that you couldn't comment on this commission; meanwhile, your parliamentary secretary has said that you would be creating it.

Where do you stand on that?

Hon. Tony Clement: I guess what I'm trying to do is.... There's a Senate report that they've spent a lot of time on. They've heard from many different individuals, advocates and mental health professionals. I take that report very seriously. I want to give the report the respect it deserves and have a comprehensive review of it as well as give a comprehensive response by our government.

I mean no disrespect to the question—it's a serious question—but I think my responsibility is not to respond piecemeal. I'm charged with the responsibility of having a comprehensive response or coherent response on the issues. That's what I'm working on. The issue of the commission is part of that response, and I guess I could signal that to you; we will be responding.

As you know, this report is somewhat voluminous, but that makes it a serious report. And we are taking it seriously, I want to assure you of that.

Ms. Ruby Dhalla: But even the senator has commented...you know, who's in charge, for the deputy chair for their particular committee, has also stated to the particular mental health associations, especially the Schizophrenia Society of Ontario, that he had received reassurances from both Prime Minister Harper and you that as the new government you would keep the Liberal commitment to the establishment of this commission.

So I find it a little bit surprising today that there has been no commitment from you in regard to the creation—

Hon. Tony Clement: I guess the cat's out of the bag. What else can I say? Everybody knows we're going to appoint a commission, apparently.

Ms. Ruby Dhalla: So you are committing to....

Hon. Tony Clement: I'm committing to responding to the report. Everybody is talking about what we're saying, so I guess it's part of the record.

Ms. Ruby Dhalla: You'll have to ask your parliamentary secretary on that one.

The Chair: Thank you.

Your time has gone. You got as fulsome an answer as I believe you're going to get on that.

Madam Davidson.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): Thanks, Mr. Chairman.

Thanks, Mr. Minister, for taking the time today to answer our questions, and thanks to the other members from your department as well.

I have a couple of questions. The first one is in regard to chemicals in our environment. We've seen a lot of reports over the past while on contaminants and the effects of those on our residents.

Is there anything Health Canada is doing to protect people from particularly chemicals in air and water?

Hon. Tony Clement: The short answer is yes. Certainly that's a program activity of our department. I'm sure Dr. Butler-Jones can elaborate a little bit on that.

Let me say that there is going to be a comprehensive review of the Environmental Protection Act. It is going to be jointly launched by Health Canada and Environment Canada. That will be a real opportunity for us to review the science on this.

There's a lot of evidence that we do have individual traces of chemicals in our bodies, but I'd like to know what the cumulative impact of that is. It's one thing to have 0.01% of chemical A, 0.05% of chemical B, and a trace of chemical C. We might know what A, B, and C do individually, but I think it's incumbent upon us to also worry about what they do collectively in our bodies. That's something that I worry about, and I would like to get some answers on that front.

Dr. Butler-Jones, is there anything else you'd like to add?

● (1245)

Dr. David Butler-Jones (Chief Public Health Officer, Public Health Agency of Canada): Just quickly, it is a multi-department, multi-disciplinary approach to healthy environments. In Health Canada, we from the epidemiological or research side, as well as CIHR, support that work. I think the kind of questions that the minister alluded to—what do the numbers actually translate to in terms of health—is really key in some of our big research and understanding challenges into the future.

Mrs. Patricia Davidson: Thank you very much.

I certainly will be watching as this unfolds. It's of great interest. Three members of my riding were tested in this last round, in the report that was just released, from the Aamjiwnaang First Nation. Certainly it will be of great interest to see how this unfolds, with the contaminants and the chemicals and so on.

Do I still have some time?

The Chair: You have a little, yes.

Mrs. Patricia Davidson: Okay.

The other question I had was regarding the tobacco control strategy of the federal government. It seems to me that we have come a long way with our tobacco strategy and that our smoking prevalence rates are among the lowest in the world. Because of all the successes we've had so far, is this something that we're going to be able to decrease our activity in, and maybe focus on something else? What is the future of this federal program?

Hon. Tony Clement: Thank you for the question.

I don't think we should contemplate decreasing our activity at present. I think we're dealing with international corporations that spend their time thinking about ways to get more people hooked on tobacco, especially young people. I think it's criminal. It's an assault on individuals throughout the world.

My own personal view is that if we let up for a nanosecond, we will face a renewed marketing attempt by international tobacco. As long as big tobacco exists, I think we've got to be there working with Canadians to protect against big tobacco and some of the insidious activities that they're involved with.

I don't think this is in any briefing note that I've seen, but that's what *I* think.

This is the number one preventable illness affecting Canadians; 37,000 Canadians will die prematurely from smoking, with a $17 billion cost to society, let alone human cost. No, I'm not going to give an inch. I think there's more that we can do, as individuals and also collectively, through out governments.

I'm no friend of big tobacco. You're not going to find me defending big tobacco for one nanosecond.

Mrs. Patricia Davidson: Thank you.

The Chair: Thank you very much, Mr. Minister. Just as a little point of interest, you're much better when you leave your talking points.

Voices: Oh, oh!

The Chair: Madam Gagnon.

[*Translation*]

Ms. Christiane Gagnon: Thank you, Mr. Chairman.

I'd like to go back to the hepatitis C and tainted blood problem.

I've heard that the government wanted to reach a lower settlement in negotiations on the subject. Is that one of the reasons why the file has been dragging on? Does the government want to try to cut its costs and are the lawyers trying to make additional gains for the victims?

Why are the negotiations taking so long? I hope you'll be able to reassure me and to reassure the victims by saying that's not the road you want to go.

Hon. Tony Clement: When it was announced that I was the new Minister of Health, I said that it was important to review the policy on hepatitis C. I then asked that we restart the negotiations. They're currently under way, and I hope there will be an agreement soon.

● (1250)

Ms. Christiane Gagnon: I'd like to address another topic.

An article appeared in the *Journal de Québec* on June 2. I don't know whether you read it. It concerned stricter rules imposed on scientific laboratories in Europe. Here they're talking about the effects of certain products on children. Apparently they're giving the same drugs to children as to adults, and that seems to have an effect on the survival of certain children. It states here:

> [...] more than 50% of drugs currently used to treat children in Europe have not been tested or authorized for that specific use.

I don't think Health Canada conducts those kinds of tests. In many cases, lower doses are administered to children. Whatever the case may be, they talk about potentially serious consequences for the health, or improvement of the health, of children. Some die for lack of adequate medication or because the medication administered to them is not necessarily made for children.

In Europe, new regulations have been implemented. Do you think those kinds of measures could prove necessary here? What's your reaction to this observation? Have specific tests been conducted on certain drugs administered to children?

Hon. Tony Clement: We're right to be afraid when hearing the description of that study. I have announced the establishment of a new scientific advisory committee. It will focus on these issues and look at pediatrics as a whole. It will study the use of drugs for pediatric purposes. I'm not an expert in the field, but I hope that this committee will conclude with us that the essential thing is to protect children. Like you, that's what I hope.

Ms. Christiane Gagnon: You said in your speech that you wanted to draw on what's being done...

[*English*]

The Chair: Excuse me, Madam Gagnon, your time has gone.

Mr. Batters for five minutes.

Mr. Dave Batters: Thanks very much, Mr. Chair.

Minister, I'll try to be brief in order to give you ample opportunity to respond. I have two quick questions. The first may require a lengthier answer.

What is being done, Minister, to retain nurses in Canada? We've talked about recognition of credentials of foreign-trained physicians, but a key component of the government's commitment to shorten wait lists and provide a health care guarantee for patients will be the retention of nurses. I'm just wondering what the government is doing to retain nurses in Canada.

Hopefully you'll have time to answer this question as well. I'm just curious as to what the government is doing to fund research in the area of juvenile diabetes. An awful lot of research is done on type 2 diabetes. Probably greater than 90% of the patients have type 2 diabetes, and for that reason far more than 90% of the research dollars go into type 2. Type 1, or juvenile diabetes, is often neglected.

So two quick questions: what is the government doing to retain nurses, and what is the government doing to fund juvenile diabetes research?

Thank you.

Hon. Tony Clement: Thank you for those questions.

On the nursing front, I guess the good news is that, from about 2003 to the present, there has been a 1.8% increase in individuals who are in the nursing profession in this country. At least it's going in the right direction. We know that we have a challenge,. As the average age of our population increases, the average age of our nursing population increases. We're getting closer to retirement age for a huge cohort of nurses.

We are working with Human Resources and Social Development Canada to really drill down on some of these strategic issues a little bit. I believe I'm going to get some recommendations later on this month that will provide a strategy. We've been working with the provinces and territories on a fulsome health human resource strategy as well. I believe that report should be out fairly soon, if it isn't out already.

I would just remind you as well about the $75 million in the 10-year accord, part of our working with the provinces and territories for new strategies.

On juvenile diabetes, I believe in the main estimates there is funding for $18 million to the Canadian diabetes strategy. That will partially address juvenile diabetes. We have to do a little bit more surveillance and get our knowledge base up in that area. The CIHR also has also invested close to $6 million since 2000.... Since 2000, rather, $25 million has been invested specifically for juvenile diabetes.

So it looks like a lot of research has been done and is being done. We're obviously not there yet in better solutions, but I'm confident that we have the best scientists in Canada working on this.

● (1255)

The Chair: Thank you, Mr. Batters.

Ms. Dhalla has asked for one short question, no preamble. I've never seen that before, so I'm going to ask if that would take place.

Ms. Ruby Dhalla: I have to live up to my commitment to the chair.

The easy question, probably, for the end: what do you see as your role, as the Minister of Health, in terms of enforcing the Canada Health Act?

Hon. Tony Clement: Our campaign commitment was to support the Canada Health Act. I believe—and I will state this again, for the record—that there is much, much, much that can be reformed and innovated in the Canadian health care system that is utterly consistent with the Canada Health Act.

In our government's view, we support innovation. We support the wait times guarantees that will allow for the patients to come first in our innovations. We look forward to working with the provinces within the context of the Canada Health Act to get that done.

The Chair: Thank you very much.

Thank you, Mr. Minister and your team, for coming in and sharing these two hours with us. They've been very informative. I appreciate that, on behalf of the committee.

We'll adjourn this part of the meeting. We'll break for five minutes, grab a bite to eat, clear the room, and go in camera for the fetal alcohol spectrum disorder report.

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