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Chair

Mr. Rob Merrifield

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● (1530)

[*English*]

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

We want to thank everyone for coming out to the meeting. We want to thank the minister particularly for his openness in coming to committee whenever requested.

We have before us the supplementary estimates. I want to note for the committee that the minister is going to be with us until 5:15, which is a significant time, or until the questions run out. They may run out before that time; I'm sure that's a possibility. Nonetheless, he has committed that much time to us if we so desire it.

We have Dr. David Butler-Jones, who has been before the committee many times. We want to thank you for being here as well.

I'll let the minister introduce the staff he has with him.

With that, as a bit of housekeeping, we want to let the committee know that when the minister is here we have a little different arrangement with regard to our questioning. We will take note of that and proceed from there.

We will now give the floor to the minister for his presentation, and then we'll proceed to questioning after that time.

Mr. Minister, the floor is yours.

Hon. Tony Clement (Minister of Health): Thank you very much. *Merci, monsieur le président.*

Mr. Chair and colleagues, it is my pleasure to join you once again in the standing committee.

I will introduce a few of our officials who are here today. First is Dr. David Butler-Jones, who is of course the Chief Public Health Officer of Canada and head of the Public Health Agency of Canada. Next is Susan Cartwright, who is the associate deputy minister of Health Canada, and next is Frank Fedyk, the acting assistant deputy minister of the health policy branch in Health Canada. Then comes Chantale Cousineau-Mahoney, who is the chief financial officer of Health Canada; and Luc Ladouceur is the chief financial officer of the Public Health Agency of Canada.

● (1535)

With your consent, of course, Chair, I will ask them to address any of the more technical detailed questions that come up today when I am unable to answer.

But before we take those questions, I want to make a few points, including this one. These supplementary estimates are substantially about one fact: when it comes to our government, the new government of Canada, we are keeping our health promises to Canadians. Since Canadians elected the government, we have followed through on our campaign commitments.

Our main priority is one I will of course elaborate on further, but we have been working with the provinces and territories to introduce patient wait time guarantees. l'm proud to remind members that on Monday, I announced this country's first ever pilot project on wait time guarantees.

We've also shown our commitment through our announcement in July of nearly $1 billion that has been set aside in a special settlement fund for Canadians who contracted hepatitis C through the blood system before 1986 and after 1990. This is a promise our party made during the election campaign and of course has kept.

In fact, we've demonstrated our commitment to the health of Canadians through several recent announcements as well.

For example, two days ago we announced a series of measures to help the thousands of individual Canadians with autism spectrum disorder, or ASD, and of course their families. These measures include beginning to explore the creation of a research chair to focus on effective treatments and interventions; a consultation process to develop an autism surveillance program; a stakeholder symposium; a new web page on Health Canada's website; and the designation of my department's health policy branch as the policy lead on ASD.

Only a few weeks ago I announced that work will begin on the development of a new heart health strategy to fight heart disease in Canada. It is backed by an initial investment of $3.2 million this fiscal year and it increases to $5.2 million annually for future years.

We're taking concrete action on protecting human health and the environment. Canada has completed its systematic review of 23,000 chemical substances used in general commerce prior to 1994, and we are the first country in the world to do so.

In fact, the World Health Organization, among many others, has called our scientific and innovative approach “precedent setting internationally”. The completion of the process will form the basis for our chemicals management plan moving forward.

Mr. Chair, we're following up on our commitments through the budget as well. We are doing it through policy choices. We are doing it through program decisions. That's the real story of these estimates. We are backing up our commitments, with real money, right now.

Let me take a few minutes to comment on some specifics that prove that point, right across the health portfolio.

[*Translation*]

I will insert a few paragraphs in French in my presentation.

[*English*]

Let me start with my first priority, which is moving ahead on patient wait time guarantees.

In a nation as wealthy and as modern as Canada, I believe it's simply unacceptable to have a health system that permits unconscionably long delays, in some cases, and offers patients no recourse to alternative treatment options.

We see the development of patient wait time guarantees as a necessary evolution of our health care system. In fact, as I announced on Monday, Canada's new government is the first in the country's history to introduce a guarantee pilot project, based on patients receiving the care they need when they need it.

I announced that I am working in partnership with first nations to develop patient wait time guarantees for prenatal care on reserves. We'll begin by working with first nations communities to develop and test a set of guarantees, through pilot projects in up to ten first nations communities, that will ensure women on reserve will have access to early prenatal care in the first trimester and throughout the pregnancy.

We are also seeing progress on wait time guarantees across the country, as provincial governments take action within their own jurisdictions, most notably, of course, in the province of Quebec. Through discussions with my provincial and territorial colleagues, we're looking to expand that progress.

● (1540)

[*Translation*]

All Canadians will know what they can expect from the health system and will have recourse if their expectations are not met.

[*English*]

And our actions are helping governments deliver on those guarantees. A good example of this is our work on human resource issues in health.

We know that in order to better serve Canadians and get them the health care they need, when they need it, our system definitely needs more health professionals. Already we're investing $20 million annually to facilitate interprofessional education, to contribute to recruiting and retaining professionals, and to help forecast supply and demand for our health workers.

On Tuesday, I announced that through the internationally educated health professional initiative, Canada's new government is launching four new programs, totalling $18 million, to help increase the number of health professionals working in Canada. This initiative helps reduce barriers and build bridges, and it helps internationally educated health professionals secure their proper place in Canada's workforce. We believe this will lead to significant increases of up to an additional 1,000 physicians, 800 nurses, and 500 other health professionals.

There are certain other health needs that those professionals can help address. One is the potential of pandemic influenza.

When I appeared before you in June, I made my determination clear. Canada will be ready to deal with the potential of a pandemic influenza outbreak. I pointed out that Budget 2006 provides $1 billion over five years to further Canada's pandemic influenza preparedness. The supplementary estimates start putting that money in place, beginning with a total of $52.9 million across the government, including more than $24.1 million in the health portfolio. That money funds an improved capacity to detect a potential pandemic influenza outbreak. It funds our capacity to respond in case of an actual outbreak.

So for Health Canada, the Public Health Agency of Canada, and the Canadian Institutes of Health Research, the supplementary estimates are about expanding our emergency preparedness, research, antiviral stockpiling, and rapid vaccine development technology. They are about supporting the Canadian pandemic influenza plan for the health sector.

In fact, as part of that plan, my provincial and territorial colleagues and I have already agreed to work together to increase the joint national antiviral stockpile, from 16 million to 55 million doses.

[*Translation*]

This supplementary budget contains another element that proves our commitment to facing the eventuality of a flu pandemic: it is our investment in people.

[*English*]

As the provincial minister who oversaw the Ontario response to SARS in 2003, I saw firsthand how important a strong, skilled, and professional public health workforce is for the health and security of our citizens.

Our government is determined to continue working with all jurisdictions in this country to help ensure they have access to the public health professionals they need.

These supplementary estimates show that we mean what we say on the issue. They provide $4.2 million in new funding for the Public Health Agency of Canada and the Canadian Institutes of Health Research to increase the number of students in master's, doctoral, and post-doctoral programs relevant to public health; to increase the capacity of academic programs to provide training in public health; and to provide new tools for workforce development.

The money will boost the number of community medicine residents moving into practice and will support improved curricula and training resources for our public health professionals.

In short, Chair, we promised action, and the supplementary estimates demonstrate that we are putting real money behind our commitments to public health.

We met last in June. I also pointed out our Budget 2006 commitment to the Canadian strategy for cancer control. Together with the provinces and territories, we are moving forward on strategic priorities to address cancer in Canada.

Let me talk a bit about first nations and Inuit health. I mentioned some of the major new health initiatives of our government.

● (1545)

[*Translation*]

This supplementary budget also demonstrates our firm desire to shoulder our responsibilities with regard to the health of Aboriginals, notably by providing them with significant funds.

[*English*]

The estimates show that we're increasing funding for the non-insured health benefits program by $30 million to ensure it continues to meet the needs of eligible first nations and Inuit peoples. We're carrying forward another $8.1 million for that program so it can keep up with the need for eyeglasses, dental services, prescription drugs, and other items, as well as many services such as medical transportation.

As I mentioned earlier, this week I announced this country's first ever wait times guarantee pilot project for prenatal care on reserves.

Let me, finally, just make a few additional comments to end my opening remarks. I've only touched on some of the many actions covered by these supplementary estimates, and there are many more. For example, through supplementary estimates (A), the government increased the budget of the Canadian Institutes of Health Research by $31 million, bringing its annual budget to $737 million. That new money is now here in these supplementary estimates.

Over 10,000 CIHR-funded researchers and over 250 institutions across Canada are addressing priority areas such as wait times, cardiovascular disease, diabetes, fetal alcohol spectrum disorder, obesity, mental health, and cancer.

I hope to have the opportunity to describe our other initiatives during the rest of this hearing, but let me end with this point, Mr. Chair.

[*Translation*]

Promises made, results due. That is the objective of this supplementary expense budget.

[*English*]

Promises made, promises kept. That's the story of these supplementary estimates.

Thank you.

The Chair: We want to thank you for your presentation to the committee. We'll open it up now to questioning.

As I said before, we have a little different structure. We have fifteen minutes for the Liberal Party, then ten for the Bloc, ten for the NDP, and then we go over to the Conservatives for ten.

So we'll start with that rotation. The floor is yours, Ms. Dhalla.

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): Thank you very much to the minister and his officials for taking the time to come before the health committee today.

I know in the past, from sitting on the health committee, that all members of this committee have worked very closely together to address the issue of health. I think it's of tremendous importance to Canadians all across the country. Being the critic for health for the Liberal Party, I know that both myself and my colleagues here today have received numerous e-mails and numerous letters and phone calls from concerned Canadians across the country.

I want to speak about an issue that perhaps resonates with people from all across the country in all provinces and territories, and that is the issue of the wait times guarantee. We saw during the last election that the Conservatives promised the implementation of a wait times guarantee, perhaps continuing on the work that the former Liberal government had done, both with the signing of the health care accord and the investment of $42 billion, in particular the $5.5 billion for the reduction of wait times.

There were five areas that were decided upon, both by the former federal minister and the ministers of health from all the provinces and territories. Those were in the areas, as you know, Minister Clement, of cancer, cardiac care, cataracts, CT and MRIs diagnostic testing, and hip and joint replacement. I think it was quite disturbing to many people around this committee, and also to Canadians and parliamentarians, when they took a look at the stories that have appeared in *The Globe and Mail* over this past week. Just today, we have a story that I think says it all, where perhaps some individuals feel that Ottawa has dropped the ball on waiting times.

I would like to know, despite the promise that was made during your election platform, what you have in your supplementary estimates that says that as a new government you are investing in the wait times initiative.

I know that last week you announced the initiative or pilot project for prenatal care. Putting that specific project aside, which you have also mentioned in your speech here today, what other types of initiatives have you undertaken since coming into government, of working with the provinces, of working with the territories, to ensure that wait times are reduced? Despite the fact that a pilot project dealing with aboriginal women is of extreme importance, it did not address any of the five priorities.

When we take a look at the article, it talks about the fact that people affected with prostate cancer have to wait longer than the four weeks and that women in the country who have been affected by breast cancer have to wait longer than the targets that were set by the health care accord from the Liberal government.

So what types of initiatives have you taken, Minister, to ensure that this issue is addressed?

Secondly, what types of financial and monetary resources are you providing to the provinces and territories to address this important issue?

● (1550)

Hon. Tony Clement: Thank you for the question. It's a very comprehensive one. Let me answer it in a couple of different ways.

First, of course, when it comes to patient wait time guarantees, there are a number of cornerstones that have to be part of any promise.

We made a promise that said we would work with the provinces and territories toward the establishment of patient wait time guarantees in this country. That's a promise that we are keeping and that we intend to keep. Of course, some provinces are moving more quickly than others.

The Province of Quebec comes to mind, with its five guarantee areas, including cancer, cardiac, hip and knee replacement, and cataracts.

The previous minister in Manitoba indicated, at the legislative committee in Manitoba, that the wait time guarantees operate, in essence, in his words, in cardiac and cancer.

Ontario's government has announced that in eight out of nine targeted areas, the wait times have been reduced.

So things are happening out there.

What I wanted to demonstrate on Monday was that although we are of course willing to work with provinces, we're not waiting for the provinces. In areas of federal responsibility, where the federal government can be active, we are willing to show leadership. That's what Monday was all about. But there are other cornerstones, which include research.

In order to have guarantees rolled out in this country, we have to continue the research. You mentioned the benchmarks. The benchmarks are not picked out of thin air. They are based on clinicians and their decisions and approaches to these medical procedures. I did of course mention in my remarks how the CIHR continues to have increases in its funding. The Canadian Institute for Health Information continues to be supported by virtue of Budget 2006, and there are funds specified within their envelopes directed to research when it comes to wait time guarantees. That's one.

The second one is that you need IT, and through our government's continued support for Canada Health Infoway, I believe we are helping the provinces have the IT infrastructure that is going to be necessary in order to roll out the guarantees.

The third one I believe I did allude to in my remarks, which is health human resources. You can't establish a guarantee and then not have the medical professionals who are required in order to get that done.

Those are three areas. The fourth area, of course, is federal-provincial cooperation, which obviously is something we continue to work with, with our colleagues at the provincial and territorial levels.

So I would say, on balance, in answer to your question, we are moving ahead and we're showing leadership where it is required to be shown, but this is a multi-year, complex process. That is something that I and the Prime Minister indicated very early on, that this is not something where you walk into the chamber just down the hall and put a bill down. You have to work to achieve some consensus, and I believe we're doing that.

Ms. Ruby Dhalla: Minister, with all due respect, you talk about showing leadership, but the bottom line is that Canadians across the country have not seen results. They are still waiting to see their doctors. They are still waiting hours in the emergency room.

You've spoken about the great work done in Ontario, the great work done in Manitoba—not one of them being provincial Conservative governments. But moving the partisanship aside, can you please tell me, in simple terms, either yes or no, for all people here, do you plan on downloading, and do you believe this is a responsibility of the provincial and territorial governments? That's number one.

Secondly, since getting elected, I know you have supported the Liberal health care accord, the investment of the $42 billion, the reduction of the $5.5 billion. Have you, as a new government, in your previous budget, put any additional moneys...? Are you fighting at the cabinet table to ensure that there is additional funding in place to assist these provinces and territories to ensure that there is a wait time guarantee across the country?

● (1555)

Hon. Tony Clement: Health care is a shared responsibility. As a health critic, I'm sure you're aware of that. It is a shared responsibility with provincial and territorial governments, and our view, which is the view consistent with many other federal governments and many other stripes, is that the responsibility is not only with the federal government, particularly because as a former provincial health minister I know this, that a lot of the levers to actually effect the change are held by provincial and territorial governments rather than directly by the federal government. The provincial and territorial governments, as I'm sure you're aware, are the ones that have the relationship with the hospitals and the relationship with physicians, for example.

I'm aware of that. That does not mean that at the federal level you cannot have an influence over the future direction of health care in this country. I believe we are showing the leadership by announcing in areas that we can that we are willing to move ahead. Certainly when it comes to the budget of my department, when you look at Infoway, when you look at CIHR, when you look at our investments in health human resources, they are all directed to helping us achieve wait time guarantees and reductions in wait times for patients.

That really is job number one in terms of how I see our department and its resources. I can certainly assure this committee of that.

The Chair: Ms. Fry.

Hon. Hedy Fry (Vancouver Centre, Lib.): Thank you very much.

Minister, I'm very interested in health human resources, because we know that wait times will never go down unless we have people to provide the care, and that's a huge part of the waiting list problem. It's mostly a management problem, but a big chunk of it has to do with health human resources.

I noticed that in your presentation you talked about “four new programs totaling $18 million dollars to help increase the number of health professionals working in Canada”, and that this will help “to reduce barriers and build bridges and to help internationally-educated health professionals secure their proper place in Canada's workforce”.

As a Liberal government, we had in fact put $67 million into increasing the number of health professionals working in Canada, so this $18 million is a drop in the bucket when you stop to think that reducing barriers and building bridges means providing training spots, internship spots, and residency spots for physicians. We know that the cost of one of those spots is $60,000 a year. It's not just the dollar cost, but it's where they are going to get the space to train in, because our tertiary care centres are filled.

These were some of the very real problems, and as the person responsible for that file in the last government, I have to tell you that we put in $68 million in a year, and we thought that was an absolute drop in the bucket.

Now I notice that you're saying $18 million would provide 1,000 new physicians, 800 nurses, and 500 other health professions. I don't understand how that math adds up at all. It is totally impossible to achieve those results with $18 million. I'd like to know how you propose to do this, other than to just talk about vaguely reducing barriers and building bridges, because you need absolute spaces and you need absolute funding to fund those spaces.

Hon. Tony Clement: Sure, and I thank you for the question. I will make an initial remark and maybe turn it over to the chief financial officer or the associate minister to talk about globally what the funding is for all of these initiatives.

My understanding is the $18 million is in addition to funding that has already been in place. I believe there is already a fund of $75 million over five years that was already in place, and when you look globally, there's an investment of $20 million annually in the health human resources specific to specific projects that we are working on with either the professions or the provinces themselves.

But perhaps Susan would continue.

Mrs. Susan Cartwright (Associate Deputy Minister, Department of Health): Yes, with pleasure.

The investment that is being made is an annual investment of $24.5 million in health human resources for first nations. It is $10.5 million to support internationally related health human resources issues and $20 million a year for us to address in-Canada issues relating to health human resources. So it's a total of $55 million annually.

Hon. Hedy Fry: Yes, I know, but I am asking how that could possibly produce 1,000 physicians, 800 nurses, and 500 other health professionals. In the work I've been doing on this file, that is an actual impossibility with that amount of money.

However, I also want to ask what happened to the internationally trained worker initiative that had been set up and the international medical graduate task force recommendations that had been made and on which our government had been committed to doing the work, looking at issues of credentialling and looking at issues of our pan-Canadian assessments, etc. Have any of those things been followed up? That issue is not a simple, one-shot deal; there are many components to it. It's very complex.

● (1600)

Hon. Tony Clement: I will turn it over to Frank Fedyk in one second, but part of the answer to your question is that there is work being done by my colleague, the Honourable Monte Solberg, who has carriage of some of the credentialing issues with respect to Immigration Canada. I did want to make the point that the work is being done, but you'd have to go to another committee to ask Monte about it.

Hon. Hedy Fry: I would like someone to tell me what the Minister of Immigration has to do with credentialing. Credentialing—under provincial jurisdiction—is a job that only the professional associations can do. The minster has no control over credentialing at all. When I last heard about it, it was a human resource development file and not an immigration file. I would like to understand how that is going to work.

Mr. Frank Fedyk (Acting Assistant Deputy Minister, Health Policy Branch, Department of Health): With respect to the internationally educated health profession initiatives, there's $75 million for that initiative over five years. There is a federal-provincial advisory committee that works with the provincial and the national associations to ensure that the health professionals who are trained internationally are being brought in and put through appropriate national screening criteria so that they can be integrated into the health care system of Canada. It's worked through a federal-provincial committee with the provincial licensing bodies in terms of —

Hon. Hedy Fry: I know that, but with due respect, Mr. Fedyk, what's happened to the international medical graduate task force recommendations?

The Chair: I'm afraid your time is gone. We'll allow for a quick answer, if you have it.

Hon. Tony Clement: We're working on it.

The Chair: Madame Gagnon, you have ten minutes.

[*Translation*]

Ms. Christiane Gagnon (Québec, BQ): Thank you. Good afternoon Minister.

I have a question regarding one of your Department's programs because there is concern in the community. It is about the CAPC program (Community Action Program for Children). I've received many letters on this subject and my colleagues have received many phone calls. You of course know what the CAPC is about; it is a development program for children under 6 years of age. It also supports some at-risk communities and community groups who provide help to parents and the community so children can develop better.

CAPC is a $59 million program. This money is given to the whole Canadian population. Quebec received $11 million of that sum. Amounts vary according to the number of children under 7 years of age in each province. A number of people have written to me and colleagues have questioned me on the subject. They say that they fear for the continuation of the program. Will it continue? The program is of significant help to communities. Why, you will ask, are these people worried? I am sure that your public servants know what I am talking about and can provide a response.

Hon. Tony Clement: If I understand your question correctly, it is a program that helps parents and children improve children's health and development. Is that right?

Ms. Christiane Gagnon: Yes, that's right.

Hon. Tony Clement: Alright. Perhaps Dr. Butler-Jones can answer you.

Dr. David Butler-Jones (Chief Public Health Officer, Public Health Agency of Canada): It is a program that was established in the last century. We are currently conducting a review of the country's programs. The CAPC program and related budget have been extended until 2008-2009. It is currently a flat-lined budget.

Ms. Christiane Gagnon: I would like to clearly understand. You say you have extended the program budget to 2008. That is only two years. The program stems from a conference on children organized by the UN, where all countries in attendance made a real commitment to the process of helping children living in difficult conditions. It was at the UN's 1990 World Summit for Children, I believe, that Canada made its commitment. How has it come about that this program is now in jeopardy and that its existence can only be assured in the short term even though Canada has pledged before the world to help low-income families living in difficult conditions? Right now, community groups don't know what to do because, when it was launched, the program was to be long term. Is it because expected results were not achieved? Do you believe that organizations are not suitably efficient and that the program does not produce results?

● (1605)

Dr. David Butler-Jones: The program budget has not changed in over five years. We are currently conducting this review to define improved and more efficient programs so we can be in a position to make decisions on future investments. We are committed to maintaining the program's budget until 2008 and, if there are changes to be made, it could take a year to set up the new programs.

Ms. Christiane Gagnon: Do you mean that there would be a year of transition if you were to decide to establish other programs with different objectives? Is that what you are saying?

Dr. David Butler-Jones: Objectives may change because the new program will be modern; it won't date back to the last century. We have established a process to conduct the review. Thereafter, decisions will have to be made to better utilize resources. There may be a new program in the future, but not right away because government decisions will come later.

Hon. Tony Clement: I would like to add, Madam, that I support the principles of this program and the importance of having programs for at-risk children. I also want a program that will yield benefits for our society and for families. In my opinion, it is very important to conduct a review of the situation.

Ms. Christiane Gagnon: Thank you. I have a second question.

You surprised me somewhat, Minister, because in your presentation, you mentioned your announcement of a special fund of approximately $1 billion to compensate Canadians who contracted Hepatitis C.

Previously, I asked you in the House whether you would be able to provide a transition fund until a final decision is made as to how much money each victim would receive. That was several months ago, yet you boast today of your great accomplishment. For the victims of Hepatitis C, this is not a great accomplishment because they have not yet received a penny. I would like to know how many victims have died since you announced that billion dollars that never reached them.

Many families are going though very tragic and difficult times. I have received phone calls and people are worried. I have been pressured recently. You have been asked for transition funds to compensate victims. You could release a minimal amount so that each victim can receive quick restitution. Some people will have died before those funds are made available. How sad!

Hon. Tony Clement: Madam, as I said last June, it is important to find a solution to this problem. On July 25, the Prime Minister announced compensation for persons infected with Hepatitis C. I expect that you know there are procedures we must follow to conclude an agreement. We need to make a definitive agreement with the—

● (1610)

Ms. Christiane Gagnon: Yes, but that is what I am asking for — to have political courage. I know what you are going to say; it will last five minutes and we still won't have an answer. What we are asking you is to have the political courage to release the funds. You have the funds needed to compensate the victims. Why don't you have the political courage to establish a special fund right now to give victims of tainted blood immediate access to a minimum amount of money? This is horrible!

I asked you the question four months ago. Last year, I asked the same question and you answered in the same way. I am asking you to have some sympathy for the victims. You will tell me that you do sympathize with them. But Minister, you have the means to show true sympathy. You can release a minimum amount of money. It is ridiculous that this issue has dragged on for so long. I know it takes time and I do understand your position but you are the Minister and you have the required money because a fund has been established for this issue.

Why not give them a minimum of $5,000 or $10,000? Establish a minimum amount and send the money to the victims. That will allow them to heal their wounds somewhat because many among them will die before they get any money.

Hon. Tony Clement: Madam, it is important that we act according to law. There are procedures to follow. We must conclude a definitive agreement, then get Court approval and set up the required infrastructure, just as I said in June and July. There is a process.

Personally, I would have preferred to have the case settled before now but there is still no agreement on paper.

[*English*]

There hasn't been a settlement. We came in without a settlement in place at all, and we're working as fast as we can. It will be before the courts. It has to be approved by the courts, Madam.

Yes, if I had a magic wand, I'd wave it right now, but we can't expect that.

[*Translation*]

Mme Christiane Gagnon: Then, don't talk of achievement. You said that it was an achievement—

[*English*]

The Chair: Madam Gagnon, I'm sorry, your time is gone.

Ms. Priddy, you have ten minutes.

Ms. Penny Priddy (Surrey North, NDP): Thank you, Mr. Minister and officials, for being here.

I certainly can't speak for all Canadians. I wouldn't suggest that I could. I can speak for many of the residents in the constituency in which I live, which is Surrey North, and I can speak based on information that I get as the health critic for the NDP on correspondence that comes from Canadians who are concerned about our health care system.

Many people voted for the Conservative Party because they put faith in the promise that you made about wait times. I am hearing from people that they are concerned that they have misplaced their faith. I'm not going to take up time. Ms. Dhalla has covered wait times very well, but I needed to reinforce that I am hearing the same kinds of things that Ms. Dhalla has gone over.

I'd like to ask you three questions. I will do them quickly so you will have an opportunity to respond.

I realize, since you and I have both done this before, that hepatitis C has to go before the courts, but I don't know that it is not possible to put out an interim amount—because people are indeed dying, and they have, and we can name some who have died since the announcement was made—in order to at least help people get to that stage where they will have some money to be able to eat properly and nourish themselves, because they are suffering from this disease.

I'd like to ask about the elimination of the Inuit tobacco control strategy, which has some irony for me, because you announced a pilot project for prenatal aboriginal women, which is around wait times, and yet they will go back to a community where their tobacco cessation program has been eliminated. They will go back into homes and into communities where people are smoking at considerably higher rates than we might see outside the reserves or outside their homes. On eliminating the tobacco strategy, it's about 10%, or more than 10% actually, of the annual tobacco control budget. How is that community being serviced now? Was the previous strategy not working? Usually if a strategy isn't working, you alter it as you go along. You don't wait until the end of a project and then say now it's done. Is somebody creating a new strategy for that?

The second question I'd like to ask, if I could, is around the patent drugs and the additional dollars being asked for in supplementary estimates, which are normally unforeseen expenditures. Why is it unforeseen that so many people are going to come and want to talk at public hearings about patent drugs? Although I'm very optimistic that if you're having public hearings on patent drugs, it will indeed lead to the lower cost of drugs for people, I'm sure the intention of your public hearings is to lower the drug costs for people who are suffering from that.

My last comment would be about the Assisted Human Reproductive Agency. We have an agency on which we are spending money that does not have a board of directors. The regulations we have not yet seen. I don't know who has developed the infrastructure, who signs this off. If all this can be done without a board, why are we spinning it off at all? It seems that we have this agency on which we are spending a lot of money that doesn't really exist. I'm a little puzzled, and I would like to know how that money is actually being spent and when there will actually be an agency up and running, given the money that's going into it.

● (1615)

Hon. Tony Clement: Sure, and I do have a few comments, and perhaps I'll pass it on to others who can delve into a bit more detail.

In terms of the tobacco strategy, I can assure you that we have not cancelled a strategy. We have held the funding. There's no program right now, but what we are doing is we are calling for, or casting about for, some ideas. And, Chair, if I may be so bold, if this committee and its members have some good ideas on what a native or first nations tobacco strategy would look like, we would welcome your suggestions. The fact of the matter is that right now on-reserve tobacco use is at 59% of the population, and it's at 17%, I believe, or 19% in the general population. So something isn't working. I don't believe in putting good money after bad. If we can change something, let's change it, and we will put the money in. I can assure you of that.

Ms. Penny Priddy: I'm encouraged to hear you say that it's really not eliminated, that it will be on hold. We should come back to you with a good idea.

Hon. Tony Clement: That's right.

The Chair: Let the minister finish the three questions.

Hon. Tony Clement: On patent drugs, you are quite correct. There are more hearings because there are more pharmaceutical companies that are contesting the agent, the board, so it's getting a bit more litigious out there. I could get into a bit more detail if we have time.

In terms of the AHR agency, as you know, we did produce regulations relating to consent, which is one of the key matters. I believe they'll be before this committee in due course. Other regulatory work is ongoing as well as work on a board of directors.

Do you want to hear a little bit more about the patent drugs issue?

Ms. Penny Priddy: I'd like to hear a little bit more about the agency. Where's the money? Since there's no board, no staff, CEO, etc., what are all its dollars going into? You don't need to write the regs.

Mr. Frank Fedyk: The order in council created the agency in Vancouver, and we are proceeding with spending of resources for the fit-up lease and equipment for the agency, so when the board and the president are named, they will be able to occupy the space and begin commencing those expenses. Any funds that are left over once the board is operational, that is, surplus to what is required for the year, will be returned to the consolidated fund.

Ms. Penny Priddy: When will that be up and running?

Hon. Tony Clement: Well, we're working on it.

Ms. Penny Priddy: Should I look for it in my Christmas stocking or from the Easter bunny?

Hon. Tony Clement: I don't think it's my place to answer that, because we have to hear back from some people and there are some things out of my control.

Ms. Penny Priddy: Easter bunny.

Okay, thank you.

The Chair: Thank you very much.

Mr. Fletcher, you have ten minutes.

Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC): Thank you, Mr. Chairman, and I'd like to thank the minister for coming today and spending so much time with the committee.

I'd like to make an observation. I think Canadians appreciate the statesmanship that the health minister has demonstrated during his term as health minister, and we've just seen that at this committee meeting. When the Liberal health critic was criticizing the minister, the minister took the high road in his response. Perhaps a lesser person like myself would have said that the Liberals had cut $25 billion out of the health care system. They actually cut the med school enrollment. In fact, wait times had doubled during the time the Liberals were in power. But the minister didn't do that, and I think that's because, as has been demonstrated all this week by the Prime Minister and every other minister, this government will always take the high road.

In the *Winnipeg Free Press*, Minister, there's been some talk about wait times. On November 22 in the *Winnipeg Free Press*, they talked about the pilot project with first nations and prenatal care, and this is how the editorial ends. It says:

> Yet the strength of the proposal is that it targets a health service that can carry real payback. If it gets rolling, provincial health ministers will have to agree that wait time guarantees for health care are, in fact, possible.

I would like you to share with the committee and Canadians how important this pilot project is.

● (1620)

Hon. Tony Clement: Thank you very much, Mr. Fletcher.

I thank you for saying that I'm on the high road. I hope to remain on the high road. I don't like to make promises I can't keep, so I'll try to behave for the rest of the committee meeting.

I think as a country we crossed a Rubicon on Monday. This project is affecting some of our most vulnerable people, our first nations women who are pregnant, many of whom, perhaps in some cases, have at-risk pregnancies. If we were going to start with a wait times guarantee project, what better place to start?

I want to thank the Assembly of First Nations who are our partners in this. They had some good things to say about this initiative, and certainly I believe it can be a beacon to the country that wait time guarantees are really part of the solution.

There are some doubters out there. There are some people who believe wait time guarantees are not important, or not necessary, or create more problems than they solve. I think we have to be honest and acknowledge that. Some of them are health ministers who feel that way. But at the end of the day, 85% of Canadians want wait time guarantees. All the research, all the polling, shows that is the case.

It is incumbent upon us to seek not only solutions but also to seek agreement where we can find it. Certainly, I think by this measure that we announced on Monday we are showing leadership. We are saying to those who would just say that it's not possible, that it can't be done, that it is possible, that it is being done.

You go to some other countries that are far more advanced on this than we are and wait time guarantees are in place; they're working. In fact, they're making them even more aggressive. My point of view is we've lost some time on this issue in the past. There's no point in heeding the Jeremiahs or the Cassandras in the future. We have to move forward.

Mr. Steven Fletcher: Thank you, Minister.

Minister, the chair of this committee was a health critic for the opposition for many years. I had a little stint in that position. One thing the Conservative Party championed during its entire time in opposition was the compensation for hepatitis C victims from tainted blood. Every time we asked the question, we were told they would not be compensated, and at the end, the Liberals just out and out disappointed, to put it mildly.

I'm trying to follow your example of statesmanship, Mr. Minister.

● (1625)

Hon. Tony Clement: I'm a good influence on you.

Mr. Steven Fletcher: When we came into office, it was quite apparent that there was no work done whatsoever to compensate people with hepatitis C from tainted blood, and the Liberals clearly had no intention of doing so, as was already demonstrated when they denied the victims in the first place.

Mr. Minister, I have to say that the former health critics are very impressed with the leadership and determination that you've demonstrated on this issue, as well as the Prime Minister.

Ms. Ruby Dhalla: Former.

Mr. Steven Fletcher: It's a good thing we were former health critics, Ms. Dhalla, because now we have a Conservative government and these people are getting compensated.

Mr. Minister, can you share with us some of the feedback that you have received from hepatitis C victims and their stakeholder organizations due to the courageous and aggressive push you had to make sure these people were compensated?

Hon. Tony Clement: Thank you.

I think we should also acknowledge the leadership of the Prime Minister on this file. It certainly would not have taken place without his leadership.

The response in the community affected by this has been uniformly positive and encouraging. They realize through their legal representatives that this is the deal they wanted. The problem with doing side deals or segmented deals is that the class is so diverse. Some people need tens of thousands of dollars' worth of help and others need a hundred dollars' worth of help. It would have taken a heck of a lot of time and effort to try to create a partial settlement, and we would never get to the future settlement. That was the worry.

Everyone agreed to work on the total settlement and get it approved as quickly as possible. That's the state of cooperation we've had from all the parties. I can tell you, without naming any names, that individual hepatitis C sufferers have e-mailed me, written to me, and telephoned to indicate that they know that this has been a complex process, made more complex by governmental inaction in the past. They are happy that justice is being done.

In some cases, it's not the money itself, although the money will help. It is the fact that there's a recognition that innocent victims are being compensated.

Mr. Steven Fletcher: On one final area, Minister, you are internationally known for your leadership during the SARS crisis. This government has invested a huge amount of money in pandemic preparedness. I wonder if you can provide this committee and Canadians with an update on where you see Canada on this file.

Hon. Tony Clement: Sure. I will pass it over to Dr. Butler-Jones in a little bit, but let me just say that we have made great progress on this file since our election. The progress is not only in financial terms, in terms of having the billion dollars available to us, including the $600 million for additional pandemic planning, but also what I have seen is a degree of cooperation with provincial and territorial counterparts that has been unprecedented. Certainly that cooperation did not exist when I was a provincial health minister. We really had to build it from scratch, if you will.

It is happening. We are just about to conclude some memorandums of understanding with the provinces on pandemic planning. There's a new pandemic plan, a new version. We believe in continuous improvement when it comes to pandemic planning, so there will be a new version of the plan that's coming out. We're just finalizing that.

David, I don't know if you wanted to add anything.

Dr. David Butler-Jones: No. I think we just continue each month after month to be in a better position. While we can't anticipate everything, some time in the new year we should have enough antivirals in place to, in a sense, treat everybody in Canada who would require and desire treatment. As well, we have the contract in place for the development of a pandemic vaccine sufficient to immunize all Canadians once it's available. Also there is the work not only at the federal level or the provincial and local levels in the development of plans that continue, but also in the private sector, and other communities and community groups continue to improve their own planning and working at cross-sectors to address that.

Again, month by month I'm very impressed with the continued progress.

Thank you.

● (1630)

The Chair: Thank you very much.

I'll remind the committee that we're through the first round, which was fifteen, ten, ten, and ten. Now we're going to five, five, five, and we'll start with Ms. Keeper. You have five minutes.

Ms. Tina Keeper (Churchill, Lib.): Thank you.

I would like to start by saying I'm a little shocked by some of the statements made by the minister. I am an aboriginal woman. I come from a first nations community. I've worked extensively with first nations communities. Some of the statements made, especially around the decision by the government to cancel funding on the first nations and Inuit tobacco control strategy, lead me to think that there should have been consultation with first nations and Inuit people before that decision was made.

Certainly, I have to say that one of the key health determinants has to be about this conciliatory process, about consultation, and about self-determination. In fact, self-determination probably is one of the most important key health determinants, and we're talking about equity.

We've heard presentations by the AFN that only 4% of the program funding under FNIHB actually gets to the communities, that there are funding caps that are inequitable to funding transfers for the provinces. The former Liberal government had worked with great effort to develop a process with first nations and Inuit and Métis people to ensure there was a collaborative process in place to close the gap on these health crises. I'm not sure how the minister thinks that $38.1 million could possibly compare to $1.3 billion.

Calling this pilot project a wait times guarantee on basic health care—basic health care that Canadians enjoy—for ten communities from out of more than 600 communities is a strong point as well. I think that part of the Kelowna accord and part of the 2004 health accord on aboriginal health, the blueprint on aboriginal health, was to ensure that there were measures in place to have adequate basic health care services for aboriginal people.

I would like to ask a question of the minister on a public health issue, because in my riding we have faced a public health crisis over the last year, and in fact—

The Chair: You'll have to get to your question fairly soon, because you've used over half your time.

Ms. Tina Keeper: I would like to ask about the pandemic preparedness funding. Will any of that funding be flowing to the first nations and Inuit health branch to ensure that first nations have pandemic preparedness as well?

Hon. Tony Clement: Yes, and I will defer to David on that, but to quickly answer one of your barbs, we spend—

Ms. Tina Keeper: It's not a barb; there is a health crisis in first nations.

The Chair: Please allow the minister to answer.

Hon. Tony Clement: Thank you.

The Government of Canada spends $1.99 billion on first nations and Inuit health branch programs; $61 million of that goes to program management. So I think your math is a little bit off when you say that.

Ms. Tina Keeper: That's not my math; that was presented by the Assembly of First Nations.

Hon. Tony Clement: Well, their math is off, then.

Ms. Tina Keeper: Well, that money is not getting to communities.

Dr. David Butler-Jones: In terms of pandemic preparedness across communities, in provincial activities as well as our own, the first nations and Inuit health branch is involved with various and different reserves, just as with different municipalities that are at a different level of planning, but certainly with the new resource, part of that is intended to provide a resource for us, working with FNIHB and others, to help facilitate the development of plans on reserve as well as off reserve.

Ms. Tina Keeper: Could I ask why there is not a representative from FNIHB here as well—there is?

Hon. Tony Clement: Yes.

● (1635)

Ms. Tina Keeper: I would like to ask what consultation, if any, was done on the decision to cancel the funding on the tobacco control strategy.

Hon. Tony Clement: As I said, the consultation is now with the communities in saying that we should develop something that will work, because 59% of the population is involved in tobacco consumption—

Ms. Tina Keeper: That's why there's a great need for the program.

Hon. Tony Clement: —and it's not good for society and not good for first nations—

Ms. Tina Keeper: Well, that just points to the need for the program.

Hon. Tony Clement: —so the consultation is taking place.

Ms. Tina Keeper: Well, that's a good point—the need for the program. Thank you.

The Chair: Ms. Keeper, your time is gone.

Mr. Batters, you have five minutes.

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

I'd like to thank you, Mr. Clement, and all your officials for being here and for appearing before our committee today.

I want to commend you, Minister, on your heart health plan, your recently announced plan for autism, and the monumental announcement you made regarding prenatal care on reserve. Certainly you have shown leadership. I think it's fair to say that you inherited a lot of the problems in your department, and they can't be solved overnight, but you're tackling them.

I want to talk to you about juvenile diabetes. It's a topic that's very close to my heart. A good constituent of mine, 11-year-old Chloe Rudichuk, from Regina, appeared before this committee, along with Mitchell Burke, a constituent of Mr. Fletcher's. They were among 45 children with juvenile diabetes. I know you attended that luncheon, sir. You heard the case they made on behalf of the Juvenile Diabetes Research Foundation. I know you listened to them intently.

What the Juvenile Diabetes Research Foundation is suggesting is that they're looking for $25 million a year from the federal government for five years. That will then be matched by the JDRF. In essence, it will be a partnership.

Canada has been a research leader in diabetes and certainly in the search for a cure for type 1 diabetes. The vast majority of research money, Minister, is directed towards type 2 diabetes. There are certainly more people with type 2 diabetes, but would you agree that there's a need for more money to be invested towards juvenile diabetes research, and will you and your officials take a good look at the JDRF partnership proposal?

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

I did enjoy meeting directly, as you did, with moms and dads. We tend to create organizations and so on, but really we were talking to moms and dads and kids, and I found it just terrific that they made their trek to Ottawa to talk to us.

In terms of some of the facts and figures for the committee record, in 2005-06 about $6.6 million was committed from the Canadian Institutes of Health Research for type 1 diabetes research, and, you're quite right, for type 2 it was $11.4 million—so it was $6.6 million versus $11.4 million, type 1 versus type 2—but there was also $12.8 million for general research on diabetes and its complications, so that could have been involved generally with diabetes, of course. There's also something called the Canada Foundation for Innovation, which has spent about $27 million over the last few years supporting diabetes research infrastructure across Canada.

That's the state of it right now on the research end. Obviously we heard the case.

You and I are in this room, while over there another committee meeting is going on in another room; they're talking about the economic situation as a prelude to a budget next year, and we'll all be waiting for the budget, I'm sure.

Mr. Dave Batters: Thank you, Minister. I know that topic is also near and dear to your heart.

I would be doing my province an injustice if I didn't bring up the doctor shortages that exist in my home province of Saskatchewan, and it is certainly a wait times issue. Under the provincial NDP government in Saskatchewan—and many people would be surprised to learn this—we have the highest health care wait times in Canada. So I want to know from you, Minister, how we're going to tackle that, not just in my home province but throughout the nation.

Clearly we have to train and retain more Canadian health care practitioners, but what is this government doing to help foreign-trained doctors, nurses, and other health professionals to become licensed and to integrate into the Canadian health workforce? What are you doing to attract and then retain foreign-trained doctors, nurses—

Hon. Tony Clement: Sure. It is absolutely a critical issue, as I mentioned earlier.

Parts of the announcements I made earlier in the week were designed specifically to assist in those issues—to assist prospective physicians to obtain the information, get connected to the right people, and then be certified if they meet our standards.

I think I'll leave it for some experts to go into a little bit more detail on that.

Frank, are you prepared to talk a little bit about some of the details?

● (1640)

Mr. Frank Fedyk: Sure.

The minister announced money for the Medical Council of Canada to develop a standard national knowledge exam and performance assessment for international medical graduates. An international educational professional centre was established in Ontario with funding of almost $16 million. An orientation program for internationally educated nurses, pharmacists, and other health professionals was developed to help them adapt their practices to the Canadian health care system; $599,000 goes to the pharmacy faculty in Toronto for that project.

As well, Manitoba received $1.4 million for an assessment in registration requirements and appointment opportunities for internationally educated health professionals in Manitoba. There is funding for all jurisdictions. We haven't concluded one with Saskatchewan; there's money set aside for that province as well.

Those are some of the items.

The Chair: Thank you very much.

Madame Demers, you have five minutes.

[*Translation*]

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

Good afternoon Minister, ladies and gentlemen; thank you for being here.

Minister, I would like to begin by thanking you for having extended Insite's license until December 2007.

Minister, you are investing an additional $18 million in a training program for medical doctors. However, we all know that access to good health care is not only a question of professionals being available but also of sufficient and adequate equipment. Given that you have recently given a license to Mentor Corporation and Inamed Corporation for silicone gel breast implants, we can expect that a large number of women will need magnetic resonance imaging at least every other year. Even Inamed Corporation has said so in its documentation.

Have you planned to transfer funds to the provinces so they can purchase the necessary equipment to respond to these needs?

Mentor and Inamed in the U.S. have agreed to pay for a large part of the costs of operations should women require to have the silicone breast implants removed in case of rupture. Has Canada had the wisdom to require the same conditions from Mentor and Inamed?

I have another question, Mr. Chairman. Last week, Ms. Sharma told us that our request for documentation would cost $53 million for 65,000 sheets. I checked with 20 agencies who do technical and scientific translation and none asked for more than $6 million. Can you explain how things work at Health Canada for translation to cost so much?

Thank you very much.

Hon. Tony Clement: I will speak first and my colleagues can complete the reply.

With regard to funding and financing, it is of course up to the provinces and territories to fund health, hospitals and doctors. I am convinced that a process exists in each province to ensure health services to women who need them.

As for the costs of translating documents to satisfy committee requests, I have heard about the issue and it worries me greatly. If there are other ways to provide the information, I will be happy to do so because I want to satisfy the committee. I don’t want to have—

● (1645)

[*English*]

an argument with you over the cost of the materials. I would like to have as much material as possible before you, but we also have an obligation to the taxpayers. If there's some compromise, then I'd be more than willing to see whether we can accommodate that.

Susan, do you want to add anything?

Mrs. Susan Cartwright: No, I'll just reinforce that.

[*Translation*]

We are looking into other solutions to provide the information at a justifiable cost to respond to the committee’s needs. We will inform the committee regarding those solutions.

Ms. Nicole Demers: Dr. Butler-Jones, I am pleased to see you among us again. I would like to know what you think of women having to pay costs that are over and above those covered by the health system. It seems to me that your role is to protect the health of all Canadians.

What do you think of having authorized breast implants that are insured if they rupture? It is written in the company’s documentation. The responsibility for those costs falls on the health sector.

Dr. David Butler-Jones: There are many aspects of the system to consider with regard to the choice of professionals to bring about improvements in health and image. The documentation says that, in this context, it is not so much a question of health but rather of choice. Moreover, there are also other types of cosmetic surgery that impact the body.

It is a clinical question that a woman must discuss with her doctor. There are many such situations.

In my opinion, there are good and bad choices to be made and it is not up to me to dictate this issue.

[*English*]

The Chair: Thank you very much.

Just for the committee, I believe it was a bit of a shock to all of the committee when we learned at the last meeting of the $55.9 million cost to get information to the committee. I believe no one on the committee would have discerned that it would have taken anything near that kind of funding for the request that was made for information. I believe there's a motion to re-examine and try to discern why it would take that kind of cost. That is just to let the minister know we'll be revisiting that matter, I'm sure.

Ms. Davidson, you have five minutes.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): Thank you, Mr. Chair, and I'd like to thank you, Mr. Minister, as well as the other members who are here, for attending our meeting today. I certainly appreciate your being here to answer our questions.

Mr. Minister, I know you're well aware of the health care situation in the province of Ontario. Since that's where I'm from, that's the one I'm most aware of as well. We all know wait times are a huge problem. We're all facing long waits. We're all facing doctor shortages—most of us are, in any case—and shortages of family doctors in particular. We know that the people affected by hepatitis C had a long wait, and I think it's very commendable that a decision has been made on that. The human resources shortages definitely had to be addressed, and I'm certainly glad to see you've done that.

We've had people who have been concerned about all the other things we've talked about here today too—the autism, the heart strategy, the cancer strategy, and so on. I know that people in general are impatient, and it is understandable that they're impatient; they've been waiting a lot of years for something to be done. I think it's commendable that there is some hope that we are moving forward; I think people understand it, and they can see some movement on it, so although they are impatient, I know they're thankful that there is progress in sight. I just wanted to reiterate that.

In many cases, we're at a crisis stage in our health care system. It's not something that can be fixed overnight; it's going to be a long, slow process, and I think everybody needs to realize that.

There is one thing I wanted to ask you about. In my riding I have several children suffering from autism, and I have one family in particular that has taken very much of a lead role on autism in the provincial association in trying to move things forward with an autism strategy.

The challenges these families face are tremendous; they're horrendous, in many cases, and I know you're well aware of that. I know you have looked into this issue, and we've discussed it previously in different forums. I was very pleased to see some announcements were being made about autism. Could you please outline the announcement you've made?

I know that solutions or treatments for autism are a shared jurisdiction—there are provincial or territorial areas and there are areas where perhaps the federal government could help. Could you give us an outline of what you've done, and what you see as the federal role for autism?

● (1650)

Hon. Tony Clement: Thank you very much, Mrs. Davidson.

Two days ago I was happy to announce, on behalf of the Government of Canada, a package of initiatives on autism spectrum disorder relating primarily to knowledge and research.

Let me just outline.... There are five particular points. I think I would characterize them as focusing our research better by establishing a research chair. We do a lot of research at the federal level on autism—the causes of autism, possible treatments, those kinds of things. Some questions have not been answered yet. Why do certain parts of Canada seem to have a greater prevalence of autism than others? It seems some basic questions haven't been answered. I believe establishing a federally funded research chair will help our country get to some of the answers, which will then help us as a society deal with the issues that are raised.

The second important thing is that I believe there is a federal role, through the Public Health Agency, on greater surveillance programs. Perhaps it is both sides of the same coin, but until we can identify.... We don't even know how many kids or how many people in Canada have autism or one of the ASD disorders. Surveillance is going to be important, because when you actually know what you're dealing with from coast to coast, you can tailor your programming and focus your research.

I believe those are helpful measures. They certainly were taken that way by some of the stakeholders. From my perspective, I'd rather do something focused like this. Some would say—I think I said on the day—it is modest. I didn't announce the end of autism as we know it, but I did say there is a role we can play and that we should be constructive and actually get something done.

I believe strongly in that. I'm hoping this will make a difference for lots of moms and dads and kids.

The Chair: Thank you very much.

Ms. Brown, you have five minutes.

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

Thank you, Minister, for coming.

Where is the deputy today?

Hon. Tony Clement: I can talk to you about it later. There's a personal thing he has to deal with.

Ms. Bonnie Brown: Thank you.

I'm impressed with your comments around the autism file and the need for surveillance and research and then policy and response based upon the research. That's why I'm surprised to see in your savings list the elimination of Health Canada's policy research program. Without that program, how are you going to do the surveillance and the research that will lead to good policy development?

Hon. Tony Clement: Good question. I'm sure someone has an answer. I'm sure we're not eliminating all of our policy research programs.

No. Okay. That's the good news.

Someone can perhaps give you a bit more detail.

● (1655)

Mr. Frank Fedyk: The health policy research program was one very small program within the department. Overall we have over $800 million invested in policy research, through both the Canadian Institutes for Health Research and other programs within the department. We consolidated the research in there and we have adequate funds available for supporting those.

Ms. Bonnie Brown: I find that surprising, Mr. Minister, because one would think that with a title like “Health Canada's Health Policy Research Program”, it would be the overarching program that coordinated the smaller programs you were referring to, but I take your word for it.

I'm also thinking that it's too bad you didn't use the funds between February and now, to the tune of $12 million, that were health policy grants. I guess those would be outside bodies doing policy and research for you. When you combine them, you've cancelled just under $20 million in research that could have sometimes provided you with the good information on which to make these judgments.

I'm also concerned about something that was in *The Globe and Mail* a couple of weeks ago. It says, “Private clinic's lax rules blamed for death”. This was the situation of the woman who died after six hours of surgery in a private clinic in Montreal.

I know the supervision of health care is provincial, but considering the growth of particularly these cosmetic private clinics and the coroner's statement that “...right now, surgical clinics like the Clinique de chirurgie esthétique Notre-Dame escape the legal guidelines and almost all the control mechanisms that are the fate of public establishments"—and I predict there will be a growing number of these clinics, what with the approval of the breast implants—I'm wondering if there is anything you can do, even from the point of view of a bully pulpit or at a federal-provincial conference, to try to make sure these places where women's health is at risk are supervised and are inspected and have to live up to the same rules.

Hon. Tony Clement: I can tell you, as I understand it from the media reports as well, that Quebec Health Minister Philippe Couillard is intending to take the report under advisement and respond in due course. So I do believe it is a topic of conversation in the Quebec health community. I think your words are wise to him, and I hope you take the opportunity, if you wish, to share them with him.

Ms. Bonnie Brown: I'm wondering if you would commit now to making sure that somebody at Health Canada also gets a copy of that report, because I don't think it will be limited to some clinic in Montreal, particularly considering that since the approval of those breast implants, my local municipality is now the recipient of full-page ads, with no mention of complications, with no mention of any wait time to get implants removed. I would guess this ad probably cost about $10,000. We're seeing it weekly now from a plastic surgeon, enticing women to come for cosmetic purposes and submit their bodies to this.

You and I have had a private conversation about this, but I think this death in Montreal makes it more urgent, because I think you're going to find these clinics are growing and growing and are being advertised to the public as something desirable.

Hon. Tony Clement: As a brief response, as you know, the decision was made to approve with conditions, and there are a number of conditions, one of which is that the manufacturer has to, in good faith, educate the woman about the impacts of breast implant surgery.

Here's one example of one company with all the information about pre-op and post-op care, what complications there could be, and so on. I think it is important that manufacturers have a requirement—which, I will say before this committee, I will to the best of my ability strictly enforce—to educate women, to ensure that they have all the facts before they make a decision about their body. That's certainly my commitment to this committee. We know that's an important part of this, and I'll certainly take your comments under advisement.

● (1700)

The Chair: Thank you very much.

Mr. Epp, you have five minutes.

Mr. Ken Epp (Edmonton—Sherwood Park, CPC): Thank you very much.

There's no doubt about it that in people's minds, rightly or wrongly, one of the biggest issues is wait times, and I was wondering whether you and/or your officials could inform the committee as to what you have done specifically to address this issue.

For example, because the delivery of health care is in the provincial jurisdiction, I would think that you may have had some meetings already at the federal-provincial levels with the health ministers, or maybe there are more meetings planned so that we can start cooperating with all of the provinces to achieve some actual, perceivable, measurable, reduced wait times.

Hon. Tony Clement: Wait times and wait time guarantees have been topics of conversation between me and my provincial and territorial counterparts during two meetings. A third health ministers' meeting is being planned for two weeks from now, and wait time guarantees and wait times will be a topic of conversation.

In the provinces, we are seeing different rates of warming up to this topic. I believe Quebec and Manitoba have gone the farthest. With my announcement on Monday, we have shown leadership in our sphere of competency. I am quite convinced that more can and will be done as we move forward.

There are local factors. New Brunswick just had a provincial election, so the new health minister has just taken his seat and is getting to know his portfolio. In Alberta they are in the midst of a leadership election, so my ability to have a meaningful dialogue with Alberta kind of phased out over the summer. People did not want to bind any new premier or leaders. But I expect that to ramp up again once the leadership is over in Alberta.

Premier Campbell in British Columbia wants to see robust reform and improvement in the British Columbia health care system. But they were just finishing a consultation process, and it was difficult for them to be a partner with us until they had finished it.

As you move across the country, we have 14 health ministers including the federal one. Consequently, there are some local conditions that either benefit this project or retard it. But I've said this publicly and I'll say it again: I believe that wait time guarantees are inevitable. Once the provinces decided that they would establish clinical benchmarks, you couldn't say to a patient, “The benchmark for your procedure is four weeks, but we're not going to do anything to make sure you get it.” I don't think that position is tenable over the long term, especially with 85% of Canadians wanting accountability of the health care system to the patient through wait time guarantees. Any resistance we face won't continue for any length of time.

Mr. Ken Epp: Recently we met with the Capital Health Authority in the Edmonton area. They have some interesting projects going, particularly in the areas of their specialty. They have some good procedures. They're doing heart procedures on infants, and there's a lot of good work going on with diabetes. They mentioned to us that there were now a number of patients being transported from British Columbia to Edmonton to undergo procedures. That seems to be a good process, because you'll end up with specialties in an area where they can efficiently do these procedures. This type of thing should be funded, but the funding factor gets you into a bit of a hassle when you have interprovincial transportation of patients.

I was wondering whether you have any plans to address that issue when you meet with the ministers.

● (1705)

Hon. Tony Clement: It certainly is a topic of conversation. I want to assure you of that. The Capital Health Authority is a very innovative body, and Sheila Weatherill and I have had numerous discussions. They're ready to go to the next level, but we have this little thing called democracy, and we've got to wait for the leadership race to be over in Alberta. With the new premier, I'm sure it will be a topic of conversation. So I would urge a little patience. I think we'll see some interesting stuff coming out of B.C. and Alberta in the months ahead.

The Chair: Thank you.

Ms. Dhalla.

Ms. Ruby Dhalla: Thank you, Minister, for all your answers. Despite what my colleague Mr. Fletcher says about taking the high road, I think everyone around this table, regardless of political stripe, is concerned about the issues and the challenges we face in the health care system.

As a provider, I've seen this first hand. You mentioned that 85% of Canadians want a wait time guarantee. You described very eloquently what provinces are doing. Canadians are also looking to the federal government, whoever is in power, to ensure that they deliver results. People are getting sick and tired of having to wait. The progress made last year was a significant step forward. You mentioned a number of different initiatives you were carrying out. The last Liberal government invested $5.5 billion for a guarantee of wait times reduction. I would hope that your government would follow through in the next budget.

The other topic I want to touch on, before I give it over to my colleague Hedy Fry, is the national immunization strategy. Funding is up for renewal at the end of March 2007. They are quite scared. They have to sit on the fence, as they have not heard back from you. You have already made significant progress on the national immunization strategy, and I hope you continue to move forward.

There is another initiative that you need to move forward on—the national pharmaceutical strategy. The report was released in June 2006. They made a series of recommendations, including catastrophic drug coverage, an important issue to many Atlantic Canadians. We have to have the leadership. We need to have an action plan. We want you to invest the time, the resources, and the effort to make sure that your government delivers on those fronts.

I will now turn it over to Hedy Fry.

Hon. Hedy Fry: I'd like to throw my bit in so that you can answer everything together. We talked about pandemics. I know Dr. Butler-Jones has his finger in that pie, but we're talking about a pandemic that has one of the highest mortality rates in the history of the world, HIV/AIDS.

At the international AIDS conference you promised to reveal a plan of action soon. Well, everyone is waiting to see the plan. We still haven't heard. This was a very controversial issue, because the Prime Minister did not go. But you promised there'd be a plan, so we would like to hear what it is.

Hon. Tony Clement: Shall I answer that question first?

Hon. Hedy Fry: It's up to you.

Hon. Tony Clement: Well, you don't give a politician a chance to pick what answer he's going to make.

The Chair: You're only going to have two and a half minutes to do it.

Hon. Tony Clement: Let me address the HIV/AIDS issue. You are probably aware that we are doubling the funding to $84 million a year for persons suffering with HIV/AIDS in this country.

Hon. Hedy Fry: Thanks for renewing that.

Hon. Tony Clement: That's very important, and we're having a great consultation with some of the agencies to see how we can make the money go further. We want to target it to places where it can do the most good. I want to assure you that's important.

There are other announcements forthcoming. I will not be making them at committee today, but they are forthcoming.

As for delivering the results that Ms. Dhalla mentioned, you're absolutely right. One of the frustrations of the job is the 2004 health accord signed by Mr. Martin with the provinces. It's difficult for the federal government to insist on results, because there are no strings attached to the money. I think a great opportunity was missed in this country with the little part missing in that accord.

I'm absolutely committed to working with the provinces and territories. My provincial and territorial counterparts know that people want results, and I will continue to work with them in a spirit of collaboration and cooperation.

Ms. Ruby Dhalla: Can you address the catastrophic drug coverage?

Hon. Tony Clement: I knew I forgot one. That is part of the national pharmaceutical strategy discussion. The paper has a number of elements in it, including catastrophic drugs. It also talks about ways to contain costs better. Are there ways we can collaborate better to ensure that there's access to drugs at an affordable cost to the system? I don't believe you could talk about one without the other. Doing one helps pay for the other. That's the kind of discussion we're going to have at the health ministers' meeting in two weeks' time.

● (1710)

The Chair: Mr. Fletcher.

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

I am intrigued by the Liberal member's comments. I remember when the wait time guarantee was announced during the election in December of last year. My campaign office was on Portage Avenue in Winnipeg. The Liberals, during the election, criticized the wait time guarantee that the Prime Minister announced. It was about a month before the Liberals essentially endorsed the Prime Minister's response.

Minister, during this presentation you've taken the high road, and you've demonstrated your non-partisanship. You mentioned provincial governments, Conservative governments, Liberal governments, and NDP governments. I wonder if you can give us some insight on how you are able to bridge these partisan divides and these jurisdictional issues that seem to have plagued the debate in health care for so many years. I wonder if you could discuss your role as provincial Minister of Health in Ontario, and your role now, and compare for us how having experienced both roles has enabled you to accomplish so much in such little time.

Hon. Tony Clement: I'll do my best.

Ms. Ruby Dhalla: Make sure you take the high road, Minister, in answering that question.

Hon. Tony Clement: Let me say, I've had the advantage of working with several federal health ministers, including Allan Rock and Anne McLellan. Anne was still there when I was defeated provincially, so I didn't work with Ujjal Dosanjh. I guess he won in 2004.

Certainly with Allan and Anne.... I can tell you that whenever a new health minister is appointed, I call them and have the same discussion I had when I was appointed a health minister. You have joined a very special club where you get clubbed a lot. It's that kind of club. But at the end of the day, you're trying to do something that is going to help some lives and save some lives. We try to wear that mantle.

We have rhetorical fights and partisan jabs, but at the end of the day we are trying to make the Canadian health care system the best in the world. That's our job. That's our role and responsibility. Ms. Dhalla was talking about how I mentioned Liberal and NDP improvements to the health care system. I meant it. This is really not a partisan matter; it's about getting the job done. I believe ultimately that's where most people's heads are at. They're not interested in an ideological approach to this. They want to see a better health care system. And that's our role and responsibility.

Mr. Steven Fletcher: Thank you.

That was all I had, Mr. Chair.

The Chair: I know the clock is very close to 5:15, but let's give Madam Gagnon a few minutes.

[*Translation*]

Ms. Christiane Gagnon: That is too bad because I had several questions to ask.

I know that Parliamentary Secretaries are in tune with their Ministers. We would have liked to have a little more time to get answers on a number of subjects, including natural products. Apparently, it is a mess and costs a lot of money.

Since 2004, you have had the responsibility of certifying natural products. An amount of $41.5 million has been allocated and then $15 million more for certification. How will you settle this whole question given the 40,000 products now pending? Do you have a quick solution? If not, please clarify the issue because there is a lot of money involved.

There is no extra money in the funds you have announced today to resolve the issue. You have certainly seen the report on Zone Libre that highlighted a number of shortcomings at Health Canada with regard to products currently on shelves that shouldn't be. Add to that all those products pending. How will you deal with this?

● (1715)

Hon. Tony Clement: There are currently many more natural health products in the certification system. There are over 10,000 products and getting a regulatory system for all these products takes time.

Perhaps Chantale can give some details on financing.

Ms. Chantale Cousineau-Mahoney (Chief Financial Officer, Chief Financial Officer Branch, Department of Health): The budget is increasing because of the great number of products. Last year, we spent about $10.6 million. This year, we estimate that certification of all those products will cost around $14.9 million.

We are also working on a business case to find additional financing.

[*English*]

The Chair: I want to thank the minister for his time. He stayed a little bit over and we respect that. Thank you very much for coming and answering the questions. The questions were very good and the answers equally so.

I want to ask the committee, since we have ten minutes, if they would like a quick discussion on pharmaceuticals. If so, we'll clear the room and go in camera.

Ms. Priddy.

Ms. Penny Priddy: I have a comment, but I'll wait.

The Chair: That's fine. We'll do that in the second part.

[*Proceedings continue in camera*]

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