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Monday, May 7, 2007

Chair

Mr. Rob Merrifield

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● (1530)

[*English*]

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

First, I want to thank the minister for being with us. We have a full two hours today, and we certainly appreciate the minister taking the time, along with a good number of his departmental staff, to be here with the committee to talk about the estimates we have before us.

We want to get started and not leave too much time.

With the minister, we have Morris Rosenberg, the deputy minister; and then we have Frank Fedyk, the acting assistant deputy minister of the public health branch. Thank you for being here.

Of course, Dr. David Butler-Jones has been here many times. It's good to have you with us.

Marcel Nouvet is the acting chief financial officer from the chief financial officer branch. And then we have Luc Ladouceur. It's good to have you as well.

We thank you for coming and taking this time, and we look forward to your presentation, as well as a brisk round of questioning on the spending of this department.

With that, we invite the minister to start with his presentation, and then we'll move on to questioning.

I'll lay it out right now that when the minister is here, we have a different timing for the questioning. It's 15 minutes for the official opposition, 10 minutes for the Bloc, 10 minutes for the NDP, and then 10 minutes for the government; and then it's five minutes alternating.

Minister, the floor is yours.

Hon. Tony Clement (Minister of Health): Thank you, Mr. Chair.

[*Translation*]

I am pleased to appear before your Committee once again - this time to discuss Main Estimates for the Health Portfolio. I expect that all of you have some questions for me today and I would like to start by making a few points that will provide some context for the discussion.

[*English*]

Many of my remarks will refer to budget 2007 items that may not appear in the main estimates but will be included later in supplementary estimates. I want to discuss our overall vision for a healthier Canada, of which budget 2007 is a major part.

First, at Health Canada we're pursuing a new way of doing things. Across our agenda, we're getting results by working with a wide range of partners. This includes provincial and territorial health ministers, of course, but also health care experts, providers, and practitioners. It includes patient advocates, patients, and industry as well.

All of our efforts aim squarely at serving the needs of patients and improving the health of Canadians.

The best known example is our work with partners to modernize and transform the health care system.

● (1535)

[*Translation*]

Mr. Chairman, a year ago, the question for some was whether we could work toward the patient wait times guarantees that our government promised. A year later, the investments made through Budget 2007 are enabling all provinces and territories to show how these can be delivered.

[*English*]

I'm proud that every province and territory has agreed to develop at least one patient wait time guarantee by 2010.

Mr. Chairman, another important related commitment in budget 2007 is the $400 million invested in the Canada Health Infoway. The additional funding for this public, not-for-profit organization will support early movement toward patient wait time guarantees, through maximizing the benefits of information technology.

All of this is in addition to our government's launching four wait time guarantee pilots, three involving diabetic care and prenatal screening for first nations on reserve, and one linking Canada's 16 pediatric surgical centres.

All of these steps forward are grounded in our commitment to collaborate with our partners. For example, we're working closely with first nations and Inuit partners to find new and results-focused ways of improving health outcomes. Of significance are the joint initiatives under way with the Assembly of First Nations and the Inuit Tapiriit Kanatami, along with a tripartite initiative with the B.C. government and the B.C. First Nations Leadership Council. I believe each of these are revolutionary, quite frankly, but each of these sets the stage for improved health outcomes.

As minister, I'm collaborating with many partners to take on numerous other health challenges facing Canada as well. Canada's new government is creating a new Canadian mental health commission, which will consist of experts, patients, and policy-makers. This commission will work to reduce the impact of mental health on our families, and in our workplaces and communities in Canada, by focusing on mental health prevention, recovery, and education. This is the first time in Canadian history that there will be a high level, strongly led, national arm's-length body.

Our government also took the leadership last fall to announce a new non-profit organization called the Canadian Partnership Against Cancer. By drawing on expertise from across Canada and internationally, this new agency will serve as a clearing house for state of the art information about preventing, diagnosing, and treating cancer. With $260 million from budget 2006, this agency will implement a strategy for cancer control with such goals as reducing the number of new cases of cancer amongst Canadians, as well as enhancing the quality of life of those living with cancer, and finally, improving the likelihood of survival for Canadians with cancer.

Of course, we know that science will contribute to our progress in fighting cancer, and science is also central to the chemicals management plan our government launched last December. Through an investment of $300 million over four years, Canada will become a world leader in testing and regulating the chemicals used in thousands of industrial and consumer products.

The chemicals management plan is an example of one of the most effective ways to improve the health of Canadians: preventing us from getting sick in the first place. This is the most effective way to reduce wait times, and this approach will become increasingly important as our population ages. I place particular emphasis on efforts involving prevention and protection.

Let me give you a prime example: obesity. It is one that we know will translate into higher rates of diabetes and cardiovascular disease if we do not act. In fact, we are developing a response to your recent report on childhood obesity right now.

In the meantime, we are building from consultations with experts to inform Canadians on making healthier choices. Our new partnership with ParticipACTION and a children's fitness tax credit will encourage more Canadians to lead more active and healthier lifestyles.

● (1540)

Meanwhile, the 2007 version of Canada's Food Guide and also the food guide for first nations, Inuit, and Métis offer Canadians guidance, helping all of us to make more informed, healthier eating choices.

Certainly direct disease prevention is also part of our agenda. This is what's behind our drive to develop a national heart health strategy, and of course this inspired budget 2007's $300 million investment, enabling provinces and territories to launch the HPV vaccine program, protecting women and girls from cervical cancer.

In addition, budget 2007 invests $64 million over two years in a national anti-drug strategy. This will provide a focused approach to supporting innovative approaches in treatment, developing system improvements, and reducing the supply of and demand for illicit drugs.

Of course the ultimate goal is ensuring that our communities are safer and healthier. Protecting the health and safety of Canadians is at the heart of the blueprint for renewal of health products and food regulation. This year, we will continue this effort to modernize our regulatory framework, ensuring we have the tools to protect Canadians in a world of rapidly evolving science and increasingly complex products.

But we also remain focused on the readiness for the influenza pandemic, which many health experts anticipate. The federal-provincial-territorial collaboration that has updated the world-renowned pandemic preparedness plan for Canada is helping considerably as we work to create a North-America-wide plan under the security and prosperity partnership.

Mr. Chairman, before I conclude my remarks, I want to touch briefly on our government's initiatives relating to health research and sharing knowledge. Our new initiatives take many forms, including the commitment of up to $111 million for the Canadian HIV vaccine initiative, in partnership with the Bill & Melinda Gates Foundation; budget 2007's $37 million annually in increased funding for the Canadian Institutes of Health Research; and the $30 million allocated to the Rick Hansen Foundation.

These are investments that translate research into practical benefits. This is a concept by which we focus on applying better what we already know, and this is of vital importance to sustaining our health care system. It's a concept that ultimately could save millions of dollars, but also improve productivity and of course improve the quality of life for thousands of Canadians.

Our research efforts also strive to ensure we're getting results in modernizing Canada's health care system. This is what budget 2007's $22 million per year for the Canadian Institute for Health Information is all about. It will help us track emerging issues and mark pan-Canadian progress on wait times.

And a final item I should note is our government's sponsorship of a national autism spectrum disorder research symposium, coming later this year. We expect that it will further the development of knowledge and communication between health care professionals, stakeholders, and of course Canadian families.

Mr. Chairman, the health portfolio estimates cover an extremely wide variety of responsibilities and actions.

[*Translation*]

Our government is working with many partners to use new models to get results. We are working together to put the patient at the centre of the system's modernization and necessary evolution. We are taking action to inform people's choices for a healthier population.

[*English*]

So your committee's efforts are a valuable contribution to those strategies and choices, Mr. Chairman.

I look forward to taking your questions today and of course to working with all of the members of the committee in the future.

Thank you very much.

The Chair: Thank you very much for your presentation.

We'll now move to the question and answer portion of the meeting, and we'll start with Ms. Bonnie Brown—new and improved.

Some hon. members: Oh, oh!

The Chair: She asked me to say that; that's why I did.

The floor is yours. You have 15 minutes.

● (1545)

Ms. Bonnie Brown (Oakville, Lib.): He's known for insulting me, Minister, but today I'm getting lots of compliments. I think he's trying to soft-soap me for your appearance before our committee.

I'd like to start by complimenting your government on the establishment of the new mental health commission. I understand that it is going to have an addiction component to it because of the circularity of those two issues.

I'm wondering, on page 61 of the estimates, where it talks about mental health and addiction services for aboriginal people—who, after all, are your main health care responsibility or your largest direct health care responsibility—why the budget for that is going to slide between 2007 and 2009 from $125 million to $121 million next year and the year after to $110 million. While I appreciate the emphasis you're putting on mental health and addictions, the numbers don't seem to bear up under scrutiny.

Hon. Tony Clement: Let me just check for one second on that. I believe I do have an answer, but I just want to double-check it.

We'll get a more fulsome answer for you, but I believe that one of the answers to the question is that there is additional moneys found in supplementary budgets and so that could attribute to the gap you see there. But we will double-check to make sure I'm not leading you astray on that.

Ms. Bonnie Brown: Thank you. That's encouraging, Minister.

I must say that I was impressed with the sustainable development strategy commitments, that is, how the environment relates to the health of Canadians. And they actually stretch for 11 pages, from pages 85 to 95, so there is quite a number of initiatives in there. But on page 47, where it talks about the money allocated to safe environments, the enforcement of CEPA, and all those things that go with making a healthy environment, I noticed that the money this year is $131 million but next year is only $80.9 million, and the year after $81.8 million.

I'm just wondering, is this just a one-shot deal or is it an ongoing commitment to link the environment to health to try to clean it up? Because the money is shrinking instead of growing.

Hon. Tony Clement: Let me just talk a little bit about the general thrust first, while some officials give me some exact numbers in order to answer that question.

The general thrust is, of course, to continue some of Health Canada's work in tying in the environment with health care issues, and in fact a part of the chemicals management plan that was announced last December was specifically designed to fund the additional workload that would be required in order to provide the right kind of oversight for chemicals management. This is an area that has, shall I say, not seen a lot of attention in the past, but we know and you know that in order to do our job, we do need to have some resources designed to deal with that oversight. So that's the intention.

I know that based on my submissions to cabinet, which found their way into the chemicals management plan, there is a multi-year approach to the financing of that, and in some years there will be some additional funds in that particular budget year, as opposed to other years, as we power it up. But we'll just double-check to make sure that, again, that's the full answer.

Ms. Bonnie Brown: I can understand that. If you're setting up an agency to do this job, it might be that you need more money in the first year. But it's quite a substantial reduction from $131 million to $80 million the next year.

But anyway, perhaps your officials can feed us those figures.

Hon. Tony Clement: Do we have a supplementary answer on that?

Okay, we'll come back to you on that one too.

● (1550)

Ms. Bonnie Brown: Yes, okay.

I'd like to move on to page 35, which is the pre-market evaluation and regulatory process improvement, which always sounds like good news for everybody, except for the phrase at the top that says "streamlining processes and collaborating more closely with other organizations", etc. When we're talking about drug approvals, for example, "streamlining" is a word that rather scares me. I know that industry wants everything faster.

And I'm wondering what "other organizations" are. Is that the private companies, or is it other countries, or what?

Hon. Tony Clement: Part of it, as my deputy is indicating as well, is that there are collaborations we do with other regulatory authorities in other jurisdictions, such as the FDA, for instance, in the United States. Part of it has to do with finding ways to not reinvent the wheel. If there has been, in our estimation, adequate scientific review of certain aspects of an application and if we make the determination in the interests of Canada that this can be part of our process, then it's something we are interested in pursuing.

That's part of the answer, but are there others, Deputy?

Mr. Morris Rosenberg (Deputy Minister, Department of Health): The only other thing I'd say is that generally speaking we would always be trying, first of all, to keep our eye on the main objective, which is the health and safety of Canadians. Within that overarching objective, we also want to find ways of being as efficient as possible in doing our work.

We have, as you may be aware, Mr. Chair, eliminated a number of backlogs over the past year. We're always trying to improve our processes, and so streamlining, while not the ultimate objective.... To the extent that we can do our work more efficiently, we will.

An important part of that, given that all industrialized countries have some sort of drug regulatory approval and that we're all working largely on the same chemical entities, is the sharing of information and, where appropriate, some reciprocity. The more we can have that, the more efficient we'll be—always, at the end of the day, keeping the decision-making authority within Canadian hands.

Ms. Bonnie Brown: Yes, we're a little bit nervous about all this "security" and "partnership" at the security and prosperity partnership, because you'll notice in those two words that entitle that body that there is nothing about health, labour standards, better quality of life for Canadians; it seems to be more about money. It's all about money and security from the perspective of terrorism. We want to make sure that health and safety is kept aside from that process as much as possible.

I'm looking at the budget in this area, "pre-market evaluation and regulatory process improvement". I see that in 2007 it's $106.5 million. The next year it goes down to $97.8 million, and the year after it's $95.6 million. Are you so sure of these efficiencies and improvements that you can actually predict it's going to cost less, when there may be a whole flood of new products to evaluate?

Hon. Tony Clement: Another aspect of this is that we are predicting success in coming to an understanding with industry about more cost recovery. Cost recovery does not mean we lose control of the process, because the process clearly has to be within the Government of Canada. But it is an accepted practice in government that in certain cases, if there is a particular way in which industry is gaining some advantage from the regulatory process approving a certain product, they should also pay for the costs.

I believe that part of what we're doing here is understanding that there'll be some offset in terms of our costs as a result of moving ahead with that project.

Ms. Bonnie Brown: Thank you, Minister.

As you know, there's been a lot of hubbub in the media lately about assisted human reproduction and your new board and things like that. I'll not go into the details of that, because I actually think the media is off base. There's nothing to manage yet, as you know, because there are no regulations implementing the act, except one small section.

But it seems to me—and I think we talked about this with you the last time you came—it's taking a tremendously long time to get these regulations going. It seems to me we should be hiring extra people to do this work, because there's confusion out there amongst the providers, the patients, and the people who say they belong to the industry—that is, agents and lawyers, etc.—with the lack of regulations.

One would think there should be some impetus to get this done more quickly than is planned, but I notice that on page 27 it's $3.1 million this year, $1.5 million next year, $1.5 million the year after, and scarier to me is the fact that there are 25 full-time equivalents assigned to this task this year, which is reduced to nine next year and nine the year after, even though your long-range plan doesn't show the job being finished for a few years yet.

How do you explain shrinking the staff who are charged with this responsibility, while there's confusion out there, and shrinking the money they have to work with, and then making an announcement about who the board members are? That's like somebody who's starting a company in five years saying they've named their board. For what?

● (1555)

Hon. Tony Clement: I appreciate your concern, obviously, and one of the things we are doing is ensuring that the staff complements do not go down, so there is going to be a certain amount of reallocation within our budget to make sure that that is the case.

What has been going on, as you know, is a series of quite robust public consultations in this area, which must continue as we move our way through the various regulatory aspects of this most important issue. We're absolutely committed to continuing the consultations. I guess what's happened between this year and last year, which I can certainly speak to, is that we actually have some regulations and we actually have a board of directors. If we'd been having this conversation last year, we would have had neither.

Ms. Bonnie Brown: Yes.

Hon. Tony Clement: I take that as a point of progress, and certainly it's my intention that we will continue to move through these issues in a responsible, collaborative way, because this is an area that Canadians care passionately about and I know members of this committee also care passionately about. So we'll be continuing on with our main thrust and we will continue to make sure it has the resources necessary to do the job.

Ms. Bonnie Brown: So you're suggesting that the reduction from 25 people to nine people working on it may be adjusted in the supplementary estimates.

Hon. Tony Clement: Correct.

Ms. Bonnie Brown: That would be good.

Thank you, Mr. Chairman. I'm going to pass the rest of my time to Dr. Bennett.

The Chair: Okay, you have two and a half minutes.

Hon. Carolyn Bennett (St. Paul's, Lib.): Well, that won't do.

Ms. Bonnie Brown: No, no. She has another turn.

The Chair: That'll do for now.

Hon. Carolyn Bennett: On the assisted human reproduction board, I guess we're a bit concerned that if it had anything to do with people with HIV/AIDS or hepatitis C or any cancer, you wouldn't dream of having a board that didn't have people who knew about it. So I would like to know that those three slots will be filled and that you will be able to put somebody on the board who has the experience that the board is set up to regulate, which is the safe and ethical treatment...of the people who know about it.

So you can just do it. You don't have to answer, actually, or maybe you should answer.

Hon. Tony Clement: We still have three positions to go, and there has been a multiplicity of advice on those positions, so I will take your suggestions under advisement.

I should say that there's an impressive array of expertise on that board. They reflect a wide range of interests. I suppose I can disclose that there is a member of the board who has gone through the process of assisted human reproduction. I don't think I'm at liberty to say any more than that, but I can give you that assurance publicly.

Hon. Carolyn Bennett: And I guess the whole issue around the science is still concerning, that it would then be without a board member who has experience in the science, that this could be interpreted only by the staff of the agency rather than somebody with expertise on the board.

Hon. Tony Clement: The board is perfectly at liberty and, indeed, encouraged to find the expertise where it is required, and should do so.

Hon. Carolyn Bennett: I'm going to use this—

The Chair: We're very tight, so just a quick one.

Hon. Carolyn Bennett: I'm very concerned, on the whole issue of health policy planning and information, that the estimates are going down and that sunsetting the primary care transition fund is of huge.... We aren't even a quarter of the way down the road to primary care transition. To sunset that, but also to see that your whole health policy shop will have less money next year and the year after that, I don't know how....

The Chair: We'll allow a quick answer on that and then we'll move on.

Hon. Tony Clement: There are two issues there. One issue is that the primary care transition fund, as you said, is now sunsetted. I had an excellent meeting with the College of Family Physicians, and we're going to be doing a lot of work with recruitment, retention initiatives, and other standards setting.

● (1600)

The Chair: Thank you.

Madam Gagnon, you have 10 minutes. The floor is yours.

[*Translation*]

Ms. Christiane Gagnon (Québec, BQ): Good afternoon, minister. We are pleased to have you with us today. We'll be able to ask you some questions that go beyond votes.

My first question concerns acquisition cards. The Auditor General has pointed the finger at a number of departments, including Health, over the excessive use of acquisition cards enabling various officials to make purchases for their departments. In 15 years, the number of purchases has increased from 2,000 to 35,600, which represents expenditures of $600 million, compared to $200 to $300 million 15 years ago. The same is true for travel cards: $30 million in six years. There's been a significant increase.

Minister, what do you intend to do about this? We say that the rules have to be obeyed, but it's not necessary to add new ones. We're also saying that certain directives are obsolete. Cards are used to make costly purchases, limits are too high, there is talk about names of ships or units, which runs against the Treasury Board policy.

Have you given your department instructions to change this way of doing things? Of the $600 million attributed to the Health Department's various expenditures, for what sum has the Auditor General pointed the finger at the department? I know that two other departments have also been singled out.

Hon. Tony Clement: Thank you for your question. Our department was the subject of a number of recommendations, which I take very seriously. It is important to respond to all suggestions, and our department will be making a number of changes to protect taxpayers' money.

I'll turn the floor over to Mr. Nouvet, who can give you more details.

Mr. Marcel Nouvet (Acting Chief Financial Officer, Department of Health): I don't have the details on the amounts of money in question, but we are definitely the smallest of the three departments. You nearly named one when you cited an example.

About a month ago, for the purpose of reinforcing the policy, we sent a notice around the department, in the finance network, stating the good practices that should be followed and immediately implemented the Auditor General's recommendation.

Ms. Christiane Gagnon: Minister, I'd like to talk to you about assisted human reproduction. I asked you a question in the House concerning three positions that were to be filled. However, I don't know whether you're going to announce appointments to those positions soon.

We criticized the composition of the agency's board of directors. In addition, the Infertility Awareness Association of Canada is disappointed because it has emphasized how important it is to obtain various opinions. You even said, in your address, that you are taking into account patients and patient advocates. Assisted human reproduction very much involves patient rights. Your good intentions are directed at the Infertility Awareness Association of Canada. That association is asking that people from various groups combating infertility sit on the board of directors.

Are you going to announce any good news, that is to say a balanced membership? Currently, it appears that the people who make up the committee are more opposed to abortion because, for them, that's a moral issue. That might put a brake on research. I don't mean to criticize people's moral opinions, but you nevertheless have to strike a certain balance.

● (1605)

Hon. Tony Clement: Thank you for your comment.

It is important, of course, that experts sit on this board of directors, because they can examine very complex questions from moral, legal and scientific standpoints. The questions that the board must examine have a number of dimensions. It must also represent the interests and opinions of Canadians. I think that is currently the case. As I said in English, there is an old passion on the board that can offer a passionate perspective. The board can also call on the expertise of other persons in solving a given problem.

Ms. Christiane Gagnon: That's your point of view, but it isn't shared. You've given me virtually the same answer as you gave me in the House of Commons. I don't see any new opening on your part with regard to the selection of the three new members.

Minister, there is also the matter of cosmetic products. You must have read in the newspapers that these products are disturbing. The obligation to list ingredients on cosmetic products does not appear to be enough to increase people's awareness. Even some children's soaps contain products that are harmful to them.

Will you go further than simply putting lists of ingredients on a Web site in order to make users aware of certain dangerous products that may even result in cancer? You moreover said in your address that you were very sensitive to this issue, that science had made progress and that you wanted to fight cancer.

In California, they're going further than that. They're putting warnings on products containing certain components that might have an impact on cancers. The impact could be long-term. That's a bit disappointing. Health Canada—I won't name the spokesperson—has somewhat trivialized the dangerousness of certain products frequently used by consumers. When children use certain products, their health is at stake.

Do you intend to examine this matter more quickly? Very dangerous components are found in certain products. Could you go so far as to permit labels to be affixed to products containing such components? The list of dangerous products is hard to decipher. People may not understand the harmful impact of certain products on cancer development.

Hon. Tony Clement: The best solution is to have a process whereby certain chemical components of a cosmetic product can be declared toxic and to have a plan prohibiting those components. Last year, we announced the Chemicals Management Plan.

● (1610)

[*English*]

That plan is the most aggressive plan in the world. I think I can say that without contradiction.

We are going through each and every set of chemicals in a fashion that is comprehensive and aggressive. We are asking industry, if it's a chemical that we are concerned about, to prove to us that it can be used safely by the consumer or in the workplace, or else that chemical is phased out.

Other countries are envious of us, quite frankly, because we have such a comprehensive and aggressive plan to take place.

[*Translation*]

In my opinion, a comprehensive and dynamic action plan is the best way to detect problems of toxicity in the future. In the event of a problem, our responsibility is clear.

[*English*]

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

We will now move on to Ms. Penny Priddy.

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

Thank you, Mr. Minister and staff, for being here. I know how much preparation goes into estimates. That has been a lot of work for everybody.

Minister, I think in September 2006 you announced a $1 billion cut to health programs at the same time that a multi-billion dollar surplus was being announced. I'd like to know what programs have been affected by that $1 billion cut.

I'll try to ask my questions quickly. If your answers can be reasonably quick, we'll get through more questions.

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

Certainly Health Canada was part of the.... Just to be clear, there was a $1 billion savings initiative across the whole government, not in Health Canada. I just want to make that clear. Our portion of that was about $62.4 million across the health portfolio.

Some programs of lower priority, such as the medical marijuana research program, were cut out. There were also some grants that had not been utilized. We were able to cut those without actually cutting programming. The Health Council of Canada had certain funds that way; the Canadian Patient Safety Institute, the same thing. We've also, in our corporate management, tried to consolidate functions to increase the efficiency and effectiveness of the department.

Of course, the one area in which I was insistent, and officials agreed, was that if there was a core activity relating to health and safety, that was not part of the cut.

Ms. Penny Priddy: Thank you.

Who established the priorities, to say that the medical marijuana research program was a very low priority?

Hon. Tony Clement: There was a whole process in government that took place through the summer of last year. Each department went through a process with Treasury Board Secretariat and with the President of Treasury Board. We were part of that process.

Ms. Penny Priddy: So the department responsible came forward and said what was low priority.

Hon. Tony Clement: Out of the sausage factory, the sausage came out the other end.

Ms. Penny Priddy: Thank you.

As we all know, one of the biggest pieces in health care reform is going to be primary care—I don't think there's any question about that—and how we change how primary care is delivered. I know that the government has not renewed the primary health care transition fund in the 2007-08 budget. I realize it was a six-year project.

Would you tell me two things, please. First, for those people who were not part of those...and I think I just got through the first year of that while I was still health minister. How will physicians who were not part of that be helped in terms of making a difference in primary health care?

As well, since the evaluation was finished in 2006, can I please have a copy? I have people asking me all the time about the evaluation of that project, and I haven't seen it. There are some physicians I talk with who haven't seen it either, and they'd be really pleased to see it.

Hon. Tony Clement: The answer to the second part of your question is yes, of course.

The answer to the first part of your question has a couple of aspects to it. Number one, the Government of Canada, through its health transfers to the provinces and territories, increased their transfers by $1.2 billion—as a result of the 2004 health accord—this year alone. Over and above that $1.2 billion, there was an extra $1 billion as a result of our patient wait time guarantee proposals, accepted by every province and territory. Embedded in that are a number of projects that relate to primary care reform.

So I guess my suggestion to you is that primary care reform lives on. It's part and parcel of our wait time guarantees and the pilot projects that will roll out as a result of that. I think you can take some comfort in that.

● (1615)

Ms. Penny Priddy: Perhaps seeing the evaluation and being able to share that then across the country will give other people who have not had the benefit of being involved in it ideas that have been learned from it. I think that's why we do demonstration projects. There are a lot of physicians asking about it so they too can learn. If I could have a copy sent to my office, that would be excellent.

The Assisted Human Reproduction Agency has spent $23 million, or will have by the end of this year, between last year and this year. Given that the board was only recently put in place, and as has been mentioned, the regulations are extremely slow in coming, can you share with us what $23 million will be spent on? It's a lot of money, and I'd like to know about the outcome. When will it really be operative, really up and running and doing its work?

Hon. Tony Clement: I'm going to defer to Mr. Fedyk, who has a comprehensive answer.

Mr. Frank Fedyk (Acting Assistant Deputy Minister, Health Policy Branch, Department of Health): The agency has been set up. Its office is being fitted in Vancouver. The president is engaging in hiring of staff and also building the infrastructure with respect to the regulatory function it'll have in overseeing the regulations. So it's building up, and we'll be consulting with stakeholders and the clinics with respect to these activities around information and working with them.

Ms. Penny Priddy: I understand that part. Did it take $9 million last year to do that?

Mr. Frank Fedyk: The agency didn't exist last year, so the funds will be reprofiled to future years. The agency was created only in February of this year.

Ms. Penny Priddy: So what was actually spent last year?

Mr. Frank Fedyk: I don't have the actual amount

Ms. Penny Priddy: This is blue book to blue book, I guess.

Mr. Frank Fedyk: We'll have to get back to you.

Ms. Penny Priddy: I'd like to know how much was actually spent last year then, if I could, please. When will it actually be up and running? When can we say we have an agency that's up and running, you can go to it, it's working, it's reviewing regulations? It's an easy answer.

Hon. Tony Clement: They had a two- or three-day meeting in late March. So they've had their inaugural board meeting.

Ms. Penny Priddy: Minus three, but yes.

Hon. Tony Clement: It's a duly constituted board, and of course it can be stronger in the future.

Ms. Penny Priddy: Right.

Hon. Tony Clement: It's very strong right now. I have every confidence in them.

Ms. Penny Priddy: So you're expecting, then, that they'll spend $13 million this year. Will they also get the rollover from last year?

Hon. Tony Clement: I think, as Frank indicated, we don't stop spending money on it now that it exists. So that just sort of gets tacked on to the end of the budget.

Ms. Penny Priddy: So if they spent only $3 million last year, they'll get $19 million this year?

Mr. Frank Fedyk: It's being reprofiled for future years.

Ms. Penny Priddy: I love “reprofiled”. It's such a great term, because it's never actually clear what it means.

My last question is this. For the second year in a row, it looks to me—and you can help me to understand this better—when I look at page 13-2, we are seeing staff reductions. That looks like a bit of a trend to me, based on what I saw last year as well. At least when we look at contributions to employee benefit plans, under the first three categories on page 13-2, we see reductions to staff. That seems to be a trend from the year before. It's actually under the first four. Can you speak to me about what that trend means, please?

Mr. Morris Rosenberg: Mr. Chair, as we understand it, the Treasury Board Secretariat provides departments with the rate at which to calculate employee benefit plans. This is a rate that's a percentage of each department's personnel costs. The rate the departments were required to use in the preparation of the 2006-07 main estimates was 19% for personnel costs.

● (1620)

Ms. Penny Priddy: Yes.

Mr. Morris Rosenberg: The rate the departments were required to use for 2007-08 main estimates was adjusted down to 18.5%. That will explain the reduction.

Ms. Penny Priddy: So that would account for all of the numbers there in terms of not being staff reductions, but only the way the contributions are calculated.

Mr. Morris Rosenberg: With respect to the benefits, I believe so.

Ms. Penny Priddy: That's yes? Okay, thank you.

Infoway, we know, is a very important piece of the whole pie of how health care works efficiently. A lot of physicians are telling me they aren't getting much help in how to use it. So while it's an important piece, I'm wondering how we're going to help physicians learn to use it and learn to use it efficiently.

Hon. Tony Clement: To clarify, Infoway is leverage-funded, with 70% from the federal government and 30% from the provincial. It's designed to ensure that whatever software, whatever hardware, whatever system or network a province uses to move forward on electronic health records, it is interoperable. That is to say you don't have health authority A not able to speak to health authority B, or province C not being able to speak to province D.

Ms. Penny Priddy: So there is consistency? I'm hearing there isn't.

Hon. Tony Clement: Yes. In our part of it there is consistency. There may be some problems with whatever the province is doing.

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

But just for the committee, if the primary health care transition fund report could be sent to the committee instead of to Ms. Priddy's office, we'd appreciate that. And then we'll distribute it.

We'll now move to Mr. Fletcher. You have 10 minutes.

Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC): Thank you, Mr. Chair.

Thank you, Mr. Minister for coming, and thank you, officials.

Minister, the issue of chemicals seems to have come up a few times, so I'd like to ask about chemical management. Chemicals aren't just in cosmetics, they're all around us. They're in our environment, in our food, our clothes, and even in our bodies. I wonder if you could share with us what is being done to protect the health of Canadians and our environment from harmful chemicals.

Hon. Tony Clement: Thank you for the question.

As I indicated, late last year the Prime Minister announced a first-ever chemicals management plan, which was designed to deal.... We have a very strict regime right now on the addition of new chemicals in the environment, but there is a series of 20,000 legacy chemicals that had not gone through the same strict process. Canada was the first country to get through that list of 20,000 chemicals to decide which ones merit further investigation and which ones are safe for the environment. Of those 20,000, 4,300 of them were found to still be of concern, or we needed more information. Those are the ones that are subject to the reverse onus provision with industry, saying we need proof. They need to show us the scientific evidence that those chemicals can be found in our workplace or found in our kitchen or found in our backyard without having a negative impact on our health and safety.

We've already published a list of certain chemicals that have gone through the process. There will be another list of chemicals published soon, and we're just aggressively going through all these chemicals clump by clump, section by section, to identify which ones should be removed from the manufacturing process or removed from our living space. That will continue until we're done.

Mr. Steven Fletcher: Thank you.

Minister, you have experience with SARS, and in my home city of Winnipeg we have the national microbiology laboratory. When that was first being contemplated, SARS was not contemplated specifically. Now we hear from the WHO that there is fear of a pandemic. I wonder if you could share with us what is being done to ensure that Canada has sufficient laboratory capacity and expertise to identify and respond to any new influenza viruses or any other public health threat.

Hon. Tony Clement: Thank you. I'm quite proud of our national pandemic planning. It has a number of different facets, including our ability to respond in a surge way to any nasty virus that comes along. It also involves working with the provinces and territories on antiviral strategies.

But perhaps Dr. Butler-Jones can talk a little bit about the role of the national microbiological laboratory.

● (1625)

Dr. David Butler-Jones (Chief Public Health Officer, Public Health Agency of Canada): Thank you, Minister.

And thank you for the question.

Certainly there are a number of elements, not just laboratory. But specific to laboratory, maintaining the federal reference laboratory, it's the only level four in the country. In addition to being a reference laboratory for provincial laboratories and others on these items, we also support the development of standards. So within the public health network, there is a committee specifically dealing with laboratories across the country and the kinds of standards, approaches, linkages, information technology needs, etc., that will allow us to better manage these issues.

As well, Canada is fortunate with the kind of expertise we have. We're seen as one of the leaders internationally, and we share that expertise internationally, as well as training people from other countries in our laboratory to improve their own methods.

Mr. Steven Fletcher: Thank you.

And by the way, Dr. Butler-Jones, we're very proud of the team that you have in Winnipeg, with Dr. Frank Plummer, Allen Ronald, and many others.

Minister, what is probably most paramount for Canadians is that they want the health care they need when they need it. I wonder if you could share with us what the government is doing to improve the certainty of timely care in Canada.

Hon. Tony Clement: Thank you for the question.

Indeed, as I referenced earlier, the real cornerstone of our approach to this is the patient wait time guarantees. If we were having this conversation a year ago, there would have been the Province of Quebec that declared that they were moving forward. We didn't have any of our national pilot projects in first nations communities or the pediatric pilot project out yet. Now, today, we have the first nations pilot projects, we have the pediatric project on children's surgery, and we have every province and territory committed to patient wait time guarantees.

I would expect that over the next few months, as early as the next few months, you'll start to see provinces declaring their guarantees, saying that 100% of the cases in cataract surgery, access to cancer care or cardiac care, can be delivered within a certain period of time as close to home as possible, or if not, that there is a plan in place to give that patient a choice and recourse within the publicly funded system.

That's the approach. It really puts the patient at the centre of the care. The federal government has taken a leadership role with our funding to allow that to occur. And the provinces and territories are now our partners to ensure that we move to this new level.

And I must say, this is a revolutionary decision. This is something that will change the face of our health care system and reorient it towards a patient-centred approach for years to come. And it's certainly gratifying to see it started.

Mr. Steven Fletcher: I'm running out of time, Minister, but we're all very concerned here about the issue of mental health, particularly among young aboriginal people. I wonder if you could share with us what we are doing to address the high rates of suicide among that demographic.

Hon. Tony Clement: Thank you.

Obviously the much-elevated suicide rates among young aboriginal people is of great concern to Canadian society as a whole. I was gratified to see in the budget that the national mental health commission initiative is funded and is starting to be up and running. But in the meantime, we do have a national aboriginal youth suicide prevention strategy, which is funded to the tune of $65 million by the federal government.

We're collaborating with aboriginal communities. We're working with our provincial and territorial counterparts. We want to get the experts who can advance some evidence-based suicide prevention strategies. That's there to support the mental health of our young people on-reserve within those communities, perhaps, and to devise some community-based suicide prevention programs.

● (1630)

Mr. Steven Fletcher: Thank you.

Minister, we also have a crisis in regard to diabetes in this country. I wonder if you could share with us the status of the diabetes community-based programming.

Hon. Tony Clement: Yes. Certainly from our perspective, there is a role we can play in terms of coordinating diabetes prevention and control in this country.

We have a strategy, which the Public Health Agency has the lead on, to fund community-based programs in this area. Preventing diabetes among high-risk groups has to be a priority. Supporting approaches for the early detection of type 2 diabetes, again, is a priority that we are funding, and of course the management of type 1 and type 2, if it comes to that. I just approved 41 community-based projects with respect to diabetes in these areas across the country. They will help on the ground with diabetes management and also diabetes prevention.

Mr. Steven Fletcher: Minister, I wonder if you could share with us a little bit more about the Canadian Partnership Against Cancer. Cancer is projected to be the number one killer, over cardiovascular disease, of Canadians. I wonder if you could share with us what we are doing on cancer and also cardiovascular disease.

Hon. Tony Clement: I probably only have time for one, Mr. Chair. I'll take cancer and maybe come back to cardiovascular.

Certainly I think Canadians can be proud that their national government is working with the provinces and territories on a pan-Canadian, national strategy with the Canadian Partnership Against Cancer. The thing that I think is revolutionary about this approach is that it's a bottom-up approach. It's not Ottawa saying, here's the plan, sign on to the plan; it's saying to the oncologists, to the practitioners, to cancer survivors, and to other public health experts, work with us on a level playing field on the plan against cancer.

So we're looking at better surveillance, better prevention, and better dissemination of best practices across the country, and of course, at coordinating the research and treatment options and those kinds of things. So you're going to see, over time, as we build up to this, that truly everyone is actually on the same page and is working together.

Mr. Steven Fletcher: Thank you.

The Chair: Thank you very much.

We'll now move on to our five-minute time. We have five minutes on the opposition side and five minutes on the government side.

We'll start with Carolyn Bennett. I believe you're a little short of time, so you'll start first.

Hon. Carolyn Bennett: Thank you.

Minister, on all these things that you say are so important, I'm a bit worried that you have less money for almost everything we care about. Page 35 talks about the free market evaluation of regulatory process. In view of the fact that the Dorgan bill may come through Congress today and that there may be this big sucking noise as our drugs go to the States, which then could mean huge numbers of counterfeits coming into Canada, could you explain why you would need less money for surveillance? And are you planning audits and the kinds of things you would need to make sure Canadians know they're getting real drugs instead of counterfeit drugs?

Hon. Tony Clement: Sure. Perhaps Mr. Fedyk might have a bit more to say about this.

On the particular public policy issue, certainly I can assure you that we're watching events unfold very closely in Congress in the United States. And of course, there has been some speculation on a presidential veto of the bill you mentioned. Clearly, we will let the Congress of the United States do what it wishes to do and let the executive branch do what it wishes to do, and if there is any evidence of a threat to supply for Canada, we will act. There's no question about it. That has to be our primary focus.

I don't know if you wanted to mention anything in terms of the resources, Frank.

Mr. Frank Fedyk: In terms of the resources that are going into the activities we're working on with the provinces and territories, drug products are remaining the same in terms of—

Hon. Carolyn Bennett: Obviously we're in the study now. But in terms of post-market surveillance of drugs, aren't you going to need more money if you're going to do that properly?

● (1635)

Hon. Tony Clement: Yes. Certainly this is an area we are going to be pursuing quite aggressively. I can assure you of that. Post-market surveillance is something we're very interested in, and there will be an opportunity for us, of course, to make sure we have the appropriate resources when that occurs.

Deputy, do you want to add something on that?

Mr. Morris Rosenberg: Yes.

Hon. Carolyn Bennett: While your people are fumbling for pages, I would really like to know where the $100 million is that we thought we were going to get to have more slots for aboriginal nurses and doctors, such that it would no longer look so colonial. Where are the slots for aboriginal doctors and nurses, and what happened to that $100 million that was assigned for that?

The Chair: I'll allow an answer for the previous question before we get into this last one.

Go ahead, Mr. Rosenberg.

Mr. Morris Rosenberg: Thank you, Mr. Chair.

In the health products and food branch, there is a bit of an ebb and flow. There are some amounts that are decreasing. Certainly one of the amounts that are increasing is an additional $6.1 million for strengthening the safety of drugs, medical devices, and other therapeutic products. That would be the first point I'd make.

The second point I'd make is that we're in the process now, as I think the committee is aware, of a consultation on a blueprint for the renewal of our regulatory systems. As that consultation goes forward, we will examine the resource needs. We'll look first internally to reallocation, but if that can't meet our needs, the case would be made for additional resources at the appropriate time.

Hon. Carolyn Bennett: I really don't see any health human resources strategy money. I'm having trouble.

The thing we had at the top of our list was to get more aboriginal doctors and nurses, and I guess I'd like to know the strategy for that, as well as what we're doing about aging nurses and how we're going to help train more family doctors. We're still sticking to the same five wait time things, people waiting for family doctors and culturally appropriate people. I guess I don't see any of that here.

Hon. Tony Clement: It is there. First of all, on first nations and Inuit health care, we've actually increased the budget by 6.4% over last year, so that includes provision of additional services by medical professionals.

Hon. Carolyn Bennett: No, I'm not talking about services; I'm talking about creating indigenous physicians and nurses.

Hon. Tony Clement: As I say, we have a number of different programs for that. We have two pots of money. One is a $20 million fund. Another one is a $100 million fund that is specifically designed to assist the provinces and territories in recruitment and retention of medical professionals. So we are still in that business, and we still have to be in that business.

With respect to wait time guarantees, part of the funding for wait time guarantees goes to health human resources, because we know it's not just a question of information technology, not just a question of management. If we don't have the doctors, if we don't have the nurses, if we don't have the medical professionals, we can't provide the services.

So we're on the same page.

Hon. Carolyn Bennett: About the $100 million that came out, could you table a strategy?

The Chair: I'm sorry, the time has gone for this question.

We'll move now to Ms. Pat Davidson, for five minutes.

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

Thanks, Mr. Minister and staff, for appearing before the committee today.

I'm going to start out with a question on indoor air quality. We have heard an awful lot over the last few months about outdoor air quality and the government's plans to improve that. We know that indoor air quality is of vital importance to people, certainly for all of the work areas and even the homes that we all live in.

Mr. Minister, can you tell me if there's anything being done on indoor air quality?

Hon. Tony Clement: Sure. Indeed, Canadians spend 90% of their time indoors, so it's not just a theoretical issue; it's something we have to be concerned about. And there are many threats to indoor air quality, including radon, which is a radioactive gas substance, mould, and other issues that have impacts on health outcomes.

What I can tell you is that part and parcel of Bill C-30, the Clean Air Act, there is a section on indoor air quality. It's our view that this is certainly part of the act that should be supported by all parties because it's the first time the federal government has aggressively tackled indoor air quality. Outdoor air quality is the sexy issue, perhaps, but indoor air quality might make as important an impact or an even more important impact on health outcomes in many different communities.

So we do have a plan of action. Part of it has to do with getting the data to find out where certain areas are suffering from poor indoor air quality and then coming up with a plan in terms of how we build our buildings and how we build our houses to make sure those can be improved upon.

● (1640)

Mrs. Patricia Davidson: Thank you.

In your remarks to us at the beginning of the meeting, you talked about research efforts and so on, and the $22 million for the Canadian Institute for Health Information. Then you also talked about the autism spectrum disorder research symposium that's coming up later this year.

Certainly, autism in my riding is a very important issue, an issue that is at the forefront of many of the constituents' minds, and I know it is across Canada. Can you tell us a bit more about this research symposium and what this might mean?

Hon. Tony Clement: Sure.

First of all, let me say that last November I was pleased to announce, on behalf of the Government of Canada, a five-pronged initiative for autism spectrum disorder, and it was the first time the federal government had a comprehensive plan. It's within our area of jurisdiction and competency. Part of it is in the research area; part of it is in the surveillance area, because there hasn't been any national surveillance on this; part of it is how we organize ourselves in Health Canada so we can be on top of things better; and part of it, as you said, is the stakeholder symposium, and that will be an opportunity for knowledge transfer on ASD. It will mean that health care professionals will be there and can disseminate the latest information. We'll have the researchers there, but we'll also have community groups, teachers, individuals, and family members who will be part of that process to disseminate best practices and lessons learned and maybe focus us on how we can do better in the future.

That's what I can tell you to date. There is still some planning going on to nail down a date, location, and some specific agenda items. Certainly that's our intention.

Mrs. Patricia Davidson: Thank you.

I have one other question. We've just had the National Advisory Council on Aging and the new seniors development announced, with Senator LeBreton heading that up. What role will the Minister of Health have in this, or is there a role?

Hon. Tony Clement: We do have a role that we share with Monte Solberg's department as well as with Senator LeBreton. Our role, of course, is specifically on seniors' health.

We had a council in Health Canada that now is rolled into the broader council. We have asked that council to look at some specific issues, such as injury prevention for seniors; Alzheimer's, of course, for obvious reasons; mental health issues; emergency preparedness; healthy aging; health human resources, as these apply to seniors in our population; palliative care; caregiving; and chronic disease management. These are all issues that have sometimes a disproportionate impact, but certainly an impact on seniors and senior health, and so we are expecting and hoping for some good advice from that council.

The Chair: Your time is gone.

We'll now move on to Monsieur Malo.

[*Translation*]

Mr. Luc Malo (Verchères—Les Patriotes, BQ): Thank you, Mr. Chair.

Gentlemen, minister, thank you for being with us.

Minister, we've received a communication from practitioners concerning a document prepared by Health Canada entitled “In Difficult Times, Compassionate Care”. The French version of that document apparently contains errors, and the language used is quite laboured and hard to understand for a certain part of the clientele.

Could you tell us whether the adaptation of these kinds of documents is done internally at Health Canada? Would it be possible to redo, for example, the production, distribution of this kind of document, which could be useful to a large part of the population?

Hon. Tony Clement: Thank you for your question.

Unfortunately, I myself don't have a direct answer to your question because I'm not aware of the situation. However, perhaps someone else can answer it.

Mr. Morris Rosenberg: I'm not aware of that document, but I would be pleased to get a copy of it so that we can check it.

There are no rules or principles at Health Canada. It depends on the nature of the translation or of the drafting of the document. A document may be originally prepared in English or in French, then translated. It may be translated within the department or we can use the services of contract translators.

So if you can provide us with a copy of that document, we'll do the necessary follow-up to check it.

● (1645)

Mr. Luc Malo: If I give you the title, would you be able to find it?

M. Morris Rosenberg: I hope so.

Mr. Luc Malo: I hope so too because, otherwise, the problem would be even more serious.

Hon. Tony Clement: We'll have to correct this problem, if that is the case, of course.

Mr. Luc Malo: Thank you.

I don't know whether you know that the Official Languages Committee has made a major tour of Canada to meet with the various minority communities. Among the important topics that were addressed with the minority Francophone communities, there was, of course, improved access to health services in their language. This issue seemed to be a major priority for them.

You also know that, in each of the provinces, the French-language health networks, through a federal-provincial-territorial partnership, were of course able to work and develop a project framework called “Préparer le terrain”.

Can you tell us whether, in the anticipated budgets, there is a long-term extension, for example, of this program to support the implementation of action plans?

Hon. Tony Clement: Mr. Nouvet can answer your question.

Mr. Marcel Nouvet: In the past four years, Health Canada has spent a lot of money as part of these initiatives. An evaluation currently underway will be published in the fall of this year. That evaluation will enable us to make appropriate recommendations regarding the need to continue funding these investments.

Mr. Luc Malo: What exactly are you evaluating?

Mr. Marcel Nouvet: We're evaluating the extent to which the pilot projects, which have been undertaken, again with the approval of the provinces and territories, have in fact produced results, improved access for Francophones living in a minority setting, and so on. We want to know whether they have delivered the goods.

Hon. Tony Clement: I have nothing to add.

Mr. Luc Malo: Mr. Chairman, is my time up?

[*English*]

The Chair: Do you have a very short question?

Okay, ask a very short one.

[*Translation*]

Mr. Luc Malo: Absolutely.

Minister, earlier you said that you were preparing your response to the report on obesity. In your response, are you going to take it for granted that, in some provinces, measures, plans and initiatives have already been developed, are in place and allow for a certain respect for jurisdictions?

Hon. Tony Clement: Absolutely. It's important to respect the jurisdictions of the provinces and territories. In Quebec, for example, there is now an action plan to combat obesity in children. We have to ensure that the federal government

[*English*]

doesn't reinvent the wheel.

[*Translation*]

I think it's possible to have a federal plan that respects the jurisdictions of the provinces, while providing national leadership in the context of this situation.

[*English*]

The Chair: Thank you very much.

Now we'll move on to Mr. Patrick Brown.

Mr. Patrick Brown (Barrie, CPC): Thank you, Mr. Chairman.

I wanted to touch upon wait times, Minister. I really think there are some quiet success stories that we're seeing across the country. In anticipation of your visit, I asked my local hospital for some stats, because sometimes it's better to look at how a federal government policy is working through the lens of your local hospital.

I asked our local hospital what the 6% increase in federal transfers to the provinces means for the Royal Victoria Hospital in Barrie. They told me they were able to do 606 additional cancer, cataract, and joint replacement surgeries and that there were 1,080 additional MRI hours. They've been able to expand the MRI service from part-time to having the machines working 24 hours a day. That has allowed the wait times for an MRI at RVH to go from 54 weeks to 7 weeks in the last 16 months. I understand there are lots of success stories happening across the country because of the 6% increase in health care funding to the provinces.

I wanted to get you to touch upon what the positive synergies are in the health care system that are allowing the provinces to see this reduction in wait times and how you are shepherding it. If I look back to when the wait times increased, between 1993 and 2005 there were negative synergies, whether because of the cutbacks to the Canadian health transfers at that time by the Minister of Finance for the previous government, or because of the Premier of Ontario between 1990 and 1995, when he limited medical enrolment and capped doctors. We saw Ontario really struggle with filling those voids in hospitals and communities where they struggled to find doctors. Those were the negative synergies.

What positive synergies are you leading the charge on that have allowed this incredible turnaround to where we're actually seeing reductions in wait times, rather than the increases that were the mainstay of the previous government?

● (1650)

Hon. Tony Clement: Thank you for the question.

Let me say a couple of things.

First of all, from an evidence-based point of view—because I think your anecdotes are absolutely correct, but you should be assured that they're also borne out by the evidence—it's not just something great that's happening at RVH, and great that's happening in Barrie, but it's also happening nationally.

The Canadian Institute for Health Information, which of course is an independent body in terms of its research, came out with a report very recently, in the last few months, that indicated generally across the country wait times in the priority areas have been reduced by approximately 7%, I believe, and in non-priority areas have also been reduced by a lesser amount, but nonetheless by 2%. For those who were concerned that focusing in on the priority areas would mean wait time reductions there, while in other areas there would be wait time increases, there is at least evidence that it needn't be the case or that it is not the case. I think that's a good piece of evidence.

The federal government sponsored what we called a success conference. It was a conference into which we brought all the experts from across the country to talk about wait time reductions and to share their stories. We found that we had hundreds of people at the conference, and it was a revelation to many people.

What's going on in British Columbia and Manitoba? British Columbia was doing a lot of interesting work in primary care. Manitoba was doing some interesting work in cancer care. Ontario was doing some interesting work in cataract surgery. Nova Scotia was doing some interesting work in supplying nursing care in innovative ways. All of this stuff was going on in our country, and we didn't have a forum through which we could at least understand what was going on. Now we do.

I'm probably going to give my staff more work to do here, but if we can have those slide decks that were presented at that conference circulated through you, Chair, to this committee, I think you'd be very impressed with the kind of work that is going on. Of course the provinces and territories deserve kudos for that, but that is partially funded through federal dollars as well. By putting this in the shop window, I believe that the Government of Canada is pushing forward for innovation and reform in this area.

It's on our website, apparently, and so that saved them a few hours of work there.

Mr. Patrick Brown: Minister, I know you're in continuous dialogue with the provinces. I think one of the finest things you've ever done was in your previous position as Minister of Health in Ontario. You opened a medical school in northern Ontario. As there are such shortages in northern Ontario, that's really been an example and has ingrained into doctors who have spent time there to actually practise in northern communities.

Have you ever had any conversations with the provinces on that topic of getting doctors into underserviced areas? It would be great if the provinces across the country followed the lead that you took when you were health minister in opening the one in Thunder Bay.

● (1655)

Hon. Tony Clement: Of course that remains a topic of conversation. One of the things that are helping us is technology. Technology is our friend in this area, because those health professionals who find themselves in rural and remote northern regions of our country do have access through federal government investments in Infoway and other things like Telehealth, or telemedicine services. There's been a huge investment in digitization of radiology images and so on, which helps our physicians, our nurses, and other medical professionals be able to gain consultation outside of their catchment area. These things are occurring.

From our perspective, we are working with the Society of Rural Physicians of Canada. We have funded them to look at specific strategies for rural and remote areas when it comes to retention and recruitment of rural physicians. Obviously, as you are an MP from Ontario, you are familiar with the Ontario context, but this is something that affects all of us. For first nations and Inuit communities, the needs are great as well. We believe that within our area of competency and jurisdiction, we are being of assistance.

Mr. Patrick Brown: Terrific.

The Chair: Thank you very much.

Now we'll move on to Ms. Susan Kadis.

Mrs. Susan Kadis (Thornhill, Lib.): Welcome, Minister, and our guests.

My question is regarding the HPV vaccine to fight cervical cancer. Only two provinces, I understand, have signed the agreement: P.E.I. and Nova Scotia. Other provinces appear to be reluctant. They're concerned that the funding is temporary. Four childhood vaccines that are going to be sunsetted, as well as many other areas that are being sunsetted within this estimates document, are of great concern, which I think needs to be addressed as does the general direction of the government.

Are you willing to take up the idea that health officials provincially have put forward, I believe, to stockpile the vaccines so they can access them? There's a lot of uncertainty regarding the commitment on the part of federal government to this very important area. Again, you have a cancer strategy, which has been referred to, and you are lapsing the areas of the other four childhood vaccines. What is really going on with the HPV vaccine to prevent cervical cancer?

Hon. Tony Clement: I will defer to Dr. Butler-Jones in a second, but let me say initially that I believe it is an appropriate role for the federal government in this area to fund emerging vaccines and emerging therapies using vaccines. That means we are funding the HPV vaccine for a total of three years right now. It means that now more mainstream vaccines, we believe, are the role and responsibility of provincial and territorial governments.

As I said at the outset, general funding for PT governments increased by $1.2 billion this year alone as part of the 2004 health accord. We believe that provinces and territories are best equipped to make their decisions on what their priorities are within their health budgets. In terms of leading-edge vaccines, for instance, such as the one against cervical cancer, we can at least be a mover to get these into our society, whereas before there was some reluctance by PTs to do so.

Perhaps, Dr. Butler-Jones might want to add something.

Dr. David Butler-Jones: Thank you, Minister.

Very briefly, *monsieur le président*, the vaccines clearly are one of the most cost-effective measures in terms of health that we can take, because it's doing something for the future as opposed to only for today. Often in the past, even though we had very strong recommendations around the utility and the cost savings, it could take up to a decade or more for provinces consistently to implement it.

The experience with the first fund showed that within two years virtually every jurisdiction—province and territory—had all four vaccines in place, whereas it often would take five to ten years or more for that implementation. Again, it has shown that it has been a useful thing in terms of encouraging and supporting provinces in that implementation phase, while respecting that longer term that is within provincial jurisdiction.

Mrs. Susan Kadis: If I may follow up on the issue of the idea being put forward to bulk-buy, so that people will take up on this important initiative, are you considering acting on that?

Also, Mr. Chair, on the issue of the prepubescent young girls, I understand they were not in the clinical study.

Could you respond to those two issues?

● (1700)

Dr. David Butler-Jones: I'm sorry, the...?

Mrs. Susan Kadis: The prepubescent girls were not in the clinical study, I understand.

Dr. David Butler-Jones: The recommendations are based on the studies in terms of the age group 9 to 13.

Mrs. Susan Kadis: To 26.

Dr. David Butler-Jones: Yes, it's available for up to that age. But in terms of the focus of a prevention program, you want to get to kids before they're actually being exposed to the virus.

Mrs. Susan Kadis: But it wasn't tested on this age range, the prepubescent girls. I only want to confirm that.

Dr. David Butler-Jones: Well, certainly we're working from the national advisory committee, which we use to assess the evidence to provide advice as to the appropriateness on what it should be. As for what was involved in all of their assessment of that, I don't have all that information. But they are the ones we look to.

Mrs. Susan Kadis: On the issue of the bulk buying, are you interested in taking up on that proposal being put forward by provincial health?

Dr. David Butler-Jones: There are a number of things the provinces are putting forward and we will certainly look at all of them, not only that issue of bulk buying.

Mrs. Susan Kadis: The other issue I've noticed is a discrepancy in the money between the estimates and the budget in terms of the cancer strategy. It's $50 million in the estimates and $52 million in the budget document. I'm wondering where the $2 million is. I noticed that discrepancy.

Mr. Morris Rosenberg: I believe it's $50 million that's flowing to the Canadian Strategy for Cancer Control, $1 million to Health Canada, and $1 million to the Public Health Agency.

Mrs. Susan Kadis: What role will the federal government play? Perhaps I could very briefly get a response to that. Because it's being given off to another body, will we play a passive or active role in a cancer strategy?

Hon. Tony Clement: Certainly an active role. We're on the body itself. We're the funder of the body. But we recognize that there are many other centres of expertise, other than Health Canada or the Public Health Agency of Canada. So we're all going to be in it together.

The Chair: Okay. We'll move on now to Ms. Lynne Yelich. The floor is yours for five minutes.

Mrs. Lynne Yelich (Blackstrap, CPC): Thank you, Minister.

I want to ask a little bit about the national mental health strategy, because I think it's something that's really important. It's probably one of the most silent killers, and it certainly, I think, overlaps with some of the other issues and strategies you're addressing.

My question is, has there ever been any national strategy on mental health? Where was it before this announcement or this particular...I guess I don't have anything in front of me to say it's a strategy. Where was it before? Where was it funded? How was it addressed? How do you define it when it comes to mental health?

Hon. Tony Clement: Thank you.

You know, the report by the Senate Standing Committee on Social Affairs, Science and Technology really was amongst the driving forces here, although I think society was moving in this direction as well. The committee called their final report, last May, “Out of the Shadows at Last”. I thought that was a very appropriate title, really, because mental health and mental health strategy has been in shadows—in the workplace and in terms of being in the forefront of public policy in health areas in the past.

That has changed, and is changing. What we're seeing now, through the establishment of a Canadian mental health commission and making that another arm's-length organization.... Again, we're using this approach not just in the cancer care area or the cardiovascular area but also in mental health. It will allow practitioners in the area and allow people who have had exposure to mental health issues to be part of our approach to this issue.

That's revolutionary in this country. It's kind of old hat in some other countries, but it's revolutionary that we've taken this approach of really levelling out the playing field, saying that we're all on the same level, we all have something to add, we all have something that may be appropriate to establishing the solutions. So that's what's new about this.

What also is new is an understanding that within our own area of competency, the federal government can play a leadership role—working with provinces and territories, of course—in terms of understanding what the best practices are, what the surveillance is around the country on a particular health issue, such as mental health, and how we can learn from one another on the best way to proceed.

So I think all of that is new. To have it in mental health illustrates that mental health now is a mainstream concern. It's not something that is an add-on or an afterthought; it's something that can be at the core of some of our most profound health issues.

● (1705)

Mrs. Lynne Yelich: I know in Saskatchewan, in my own riding, it has been an issue, especially for parents and families who are dealing with something like schizophrenia. They don't know where to go. So I just wanted to know more about that.

Also, when people talk about aboriginals being under-represented in professions—for example, as doctors or nurses—is that not something...? Or where do the provinces step up to the plate here?

In our province there are a lot of seats open for particularly aboriginal or disabled. So they are doing that, but what they don't do is open more seats to accommodate a lot of people.

Is it not a little more the responsibility of the provinces to make sure of this? You are, I understand, funding some of this to make sure that aboriginals do choose these professions.

Hon. Tony Clement: One thing we're doing is in the area of scholarships and bursaries. I was pleased, in my own riding of Parry Sound—Muskoka, to present five bursaries to Métis students, four of whom had chosen nursing and one of whom had chosen to be a family physician.

So that's just one example. The same goes for first nation and Inuit; we are there in terms of scholarships and bursaries.

I had an interesting exchange with a first nations leader that shows how complex this issue is. I told him that if we could get more of the kids in his community into nursing school, it would help eliminate some of the pressure on nurses in the community. They could practise in the community. And those are good jobs—good jobs for any nursing student, first nation or otherwise.

His reply was, “Great idea, Minister, except that right now in my community, the kids drop out of school, or they finish high school without the necessary science courses in order to be accepted into nursing school.”

So you know, I want to fix the health care system, but we also have to fix the education system. These are interconnected issues. We could put $1 billion more in first nation and Inuit health care, but if we don't fix some of the education issues, ultimately our health care outcomes will be better and then will degrade again.

This is why we have to tackle some of these issues simultaneously, and that's the approach I'm taking with respect to the tripartite agreements I'm pursuing with first nations and with provincial governments. Each one of us, each leg of the stool, has something to add to make the process better or to make the results better.

Mrs. Lynne Yelich: Thank you.

The Chair: Thank you very much.

Now we'll move on to Madame Gagnon.

[*Translation*]

Ms. Christiane Gagnon: Minister, I believe Ms. Bennett raised this issue earlier, but I'd like to go back to it. You know that, in the Senate, they're discussing a bill on drug exports to the United States. We would be lifting the prohibition from buying drugs in large quantities in Canada. If this legislation were passed and the medications cross the border to meet the demand of Americans—I don't have any figures, but the U.S. market is enormous—that could have serious repercussions for supply and the reserve in Canada and Quebec. That could affect the industry's balance in maintaining the inventory of available medications. You also have to think about expiry dates, production and so on.

That doesn't seem to trouble you. I met with people from your department who said that that scenario wasn't likely, that the exchange rate had fluctuated and that there was now new insurance to reimburse the cost of medications for part of the U.S. population. Apart from all that, if it becomes too attractive for them—medications are much less expensive in Canada—what is your plan to prohibit this practice? Why don't you prohibit it automatically?

Various countries are conducting transactions to buy medications. Why go headlong in this direction and allow citizens and businesses to make wholesale purchases in Canada. What is your action plan? What act could allow you to prohibit this practice overnight, in view of the fact that this is what is happening? It is happening; we mustn't put our heads in the sand. This is a promising market for the Americans, who need drugs. Shouldn't the industry produce more drugs?

Answer that question, minister.

● (1710)

Hon. Tony Clement: Thank you for your question.

We of course continue to monitor the situation. This year, the problem in the country has declined by 60%, for various reasons, including the value of the Canadian dollar, the policies of the Bush administration and so on. We're monitoring the situation in the U.S. Congress. If there is a problem regarding the exporting of medications, our challenge, our responsibility will be to react and to protect drugs for Canadians.

Ms. Christiane Gagnon: Would the prohibition be established under an act? What mechanism would you put in place to protect the market?

First of all, we have to respond to the market. That doesn't appear to be that easy. We could simply produce more, but it seems that a rate has to be respected for an industry that has a limited production capacity. These are products with a limited shelf life.

What would be the instrument for you? You say yes, but what would you do if that happened tomorrow? We can't be concerned for tomorrow, but the industry people are concerned. I've spoken to some of them and to pharmacists, who told me that some products were no longer available because people came and bought them in Canada. There have been articles on the subject in *La Presse*. I think we have to look further ahead and be a little more proactive. You say it's not really a problem right now because there is a veto and everything is controlled through certain prohibitions by the United States.

If the bill were passed, I think we'd have to have in mind what control mechanism we could have.

Hon. Tony Clement: I'm going to respond briefly, Mr. Chairman.

If there is a problem, we will of course have to react, but there clearly isn't one right now. If a problem arose, a bill could be tabled, if necessary, but it could be a measure other than a bill. The deputy minister told me that, to address this problem, the Minister of Health could use protocols and powers that are ready to be used.

Ironically, this results from the Cold War with the communists, but it could eventually be with the United States. Whatever the case may be, I can tell you that, if a problem were to arise, I could use measures now. If necessary, we would table a bill.

[*English*]

The Chair: Okay, thank you.

Mr. Fletcher, you have five minutes.

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

Minister, we had a real problem when we took office in regard to the fact that hepatitis C victims outside the 1986-to-1990 window had not been compensated. This government has found the moneys, $1 billion, to compensate these victims. I wonder if you could provide us with an update on how the compensation is going. I know there were a lot of challenges with the court system. I wonder if you could share with us the progress on that front.

● (1715)

Hon. Tony Clement: Sure.

This was, as you recall, a topic of conversation in this very place a year ago, and of course, this committee quite rightly was concerned about making sure that promise was fulfilled. Since that time, of course, we were able to announce the package of the final settlement with those individuals who were infected before 1986 and after 1990.

The next stage of the process, after the final settlement, was to have that settlement reviewed by supreme courts in provinces, I suppose, and we are nearly there. I'm led to believe that three out of four courts have approved the deal. There is one court to go that is dealing with what I would consider to be a relatively minor issue, and I really can't comment any further on that. But we are down to the very short strokes on it.

You have certainly my commitment that once we are through the legal approach that has to be done—I can't shorten that; that's up to the courts—that we have done the necessary work in terms of the administration—

A voice: [*Inaudible—Editor*]

Hon. Tony Clement: There is no decision anywhere. I'm sorry, I thought we had three out of four. They've all heard it, so they're all going to decide together.

But I am advised that there is one court where they are tweaking a couple of issues. Once that occurs, we have done a lot of the preparatory work in terms of the administration of the fund, so that we will be in a position to respond rapidly once the settlement has been approved.

Mr. Steven Fletcher: I know the feedback that I've received from my constituents has been very positive. It is really quite remarkable, the effort that you and the Prime Minister have made to ensure those people are compensated. And hopefully it will get through the courts as soon as possible.

I have another question with regard to the AIDS announcement that was made with Bill Gates. That was quite an impressive announcement. Again, it has a Winnipeg connection, which Manitobans are all very proud of, with the virology lab and Dr. Frank Plummer.

I wonder if you could share with us a little bit more about the government investment and what we anticipate coming out of that announcement and the synergies made with the Bill & Melinda Gates Foundation. Is that the first time that has happened with the Gates foundation and the Canadian government?

Hon. Tony Clement: Absolutely, with the Canadian government it's the first. As Bill Gates mentioned at the time, I believe it was really the first time the Bill & Melinda Gates Foundation has engaged to such a degree with another country. The Bill & Melinda Gates Foundation is now seeking to use Canada as an example of what other countries should be doing in this and other areas. So once again Canada has become a leader of collaboration and effective approaches to HIV/AIDS. We're all very proud of the fact that we're working with the Bill & Melinda Gates Foundation. We're proud of the fact that by virtue of this initiative, this $111 million contribution to the initiative, we believe Canada will be at the forefront in the creation of the first HIV/AIDS vaccine. That's the purpose of this research.

You should know that Canadian researchers are at the absolute forefront in this field. We are recognized and respected around the world for our research in this area. I have every confidence in their ability to move mountains to deliver something that will be available for all the world. This is something that Canada is contributing to health and welfare around the world.

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

Dr. David Butler-Jones: No, thank you, Minister.

Mr. Steven Fletcher: I'm out of time.

The Chair: Thank you very much. You're time is gone now.

We'll go down to Ms. Penny Priddy. You have another five minutes

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

I want to follow up on Mr. Fletcher's comments. I thank him for raising the hepatitis C settlement outside the window.

I'm wondering if there is a way you are keeping the victims or people suffering from hepatitis C informed of where it is. I suppose their lawyers already know. I've had several calls from people who've been told by their MPs they would be receiving cheques by April 25. So now they're puzzled. I'm wondering if there's a way to get that information out on a broad basis, or even up on the website, so people know exactly where the process is. Some people who are part of the class action may know if they keep in close touch with their lawyers, but others may very well not know.

I wonder if you can tell me if the settlement is subject to federal income tax.

● (1720)

Hon. Tony Clement: In terms of your suggestion, I'd certainly take that under advisement.

With respect to what information we can provide, we should provide as much as we can. As you know, this is a legal process, so I have to hedge a little bit.

Ms. Penny Priddy: Even just the timeline. You can say things like four courts have reviewed it, we're waiting for decisions.

Hon. Tony Clement: Sure. We'll do as much as we can, Ms. Priddy.

Ms. Penny Priddy: And the federal income tax.

Hon. Tony Clement: It's not subject to federal income tax.

Ms. Penny Priddy: It's not subject to federal income tax. Thank you.

My second point would be this. You've mentioned innovation a number of times in the conference you held. We passed a motion at this committee on having you establish a website of innovation. I gather the projects were science-based, evidence-based. I haven't looked at the ones on the site, but is there a plan to move ahead with that so that this kind of website can be available for those people who may not have been there but have projects you would certainly look at in a scientific way?

I just came back from a two-day conference in Regina where people talked about very innovative evidence-based projects, and everybody said, why don't we have a way to share this? That was the intent of my motion that passed through the committee.

Can I ask if you intend to move on that?

Hon. Tony Clement: Sure.

Did you want to add anything to that? It sounds like a great idea to me.

Mr. Morris Rosenberg: I'd say we already have a fair bit of information on our website coming out of the conference. The minister was saying that some of the presentations that were made are available.

Ms. Penny Priddy: My motion on that was much earlier.

Mr. Morris Rosenberg: I understand.

I think the idea is an interesting one. We're certainly willing to look at it. In the spirit of finding one place to put all this together so that people could have an easier time sharing best practices and new ideas, that would be a really interesting thing to do.

Ms. Penny Priddy: Okay. So when you say you're going to look at it, who's going to look at it?

Mr. Morris Rosenberg: Health Canada will look at it.

Ms. Penny Priddy: Who?

Mr. Morris Rosenberg: The health policy branch.

Ms. Penny Priddy: Where do I go in three weeks to find out what you've looked at?

Mr. Morris Rosenberg: We will get back to you within three weeks to tell you what we're doing on it.

Ms. Penny Priddy: Thank you.

I'll surrender.

The Chair: That's reassuring. That's great, actually.

I just want to bring to the attention of the committee that we have nine votes to vote on at the end.

I would like to actually call the questioning part of the meeting over, thank the minister and the department for being here, and proceed with these very quickly so we can get them completed. If that's all right, we'll proceed in that way.

Thank you very much, Minister, and thanks to your department.

We'll now move very quickly to the votes.

HEALTH

Department

Vote 1—Operating expenditures.....$1,690,951,000

Vote 5—Grants and contributions.....$1,225,859,000

Assisted Human Reproduction Agency of Canada

Vote 10—Program expenditures.....$12,834,000

Canadian Institutes of Health Research

Vote 15—Operating expenditures.....$42,439,000

Vote 20—Grants.....$822,476,000

Hazardous Materials Information Review Commission

Vote 25—Program expenditures.....$3,024,000

Patented Medicine Prices Review Board

Vote 30—Program expenditures.....$10,584,000

Public Health Agency of Canada

Vote 35—Operating expenditures.....$438,390,000

Vote 40—Grants and contributions.....$189,271,000

(Votes 1, 5, 10, 15, 20, 25, 30, 35 and 40 agreed to)

The Chair: Shall the Chair report the votes 1, 5, 10, 20, 25, 30, 35 and 40 under Health to the House?

Some hon. members: Agreed.

The Chair: This meeting is adjourned.

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