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## Thursday, October 5, 2006

## Chair

**Mr. Guy Lauzon**

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● (0910)

[*Translation*]

**The Chair (Mr. Guy Lauzon (Stormont—Dundas—South Glengarry, CPC)):** Our meeting is now open to the public.

I want to welcome our special guests, Mr. DesRoches, Mr. Gauthier and Mr. Fortier. I believe that your presentation will be approximately 10 minutes long. Following your presentation, members representing the various parties will ask questions. Are you ready? I believe that you are going to begin with screen presentation.

**Mr. Hubert Gauthier (President and Director General, Société Santé en français):** Mr. Chair, I want to thank you and all the members of your committee for welcoming us here. We are delighted to have been invited to appear before you. Perhaps I should remind members that your committee supported the initiatives I am going to describe to you in a few moments, right from the start. I want to thank you for the support that you have shown us in recent years.

Mr. Chair, I want to congratulate you on your recent election as chair of this committee. It will be our pleasure to work with you and the members of your committee to ensure that our projects, which seek to guarantee access to services in French for francophones in minority communities, will be successful.

I am accompanied by two of my colleagues from the SSF board of directors. Donald DesRoches is Director of Acadian and Francophone Affairs for Prince Edward Island and Dr. Denis Fortier is regional chief of staff for the Regional Health Authority —Central Manitoba. My two colleagues reflect the make up of our board of directors, which consists of partners and others involved in health care, including doctors such as Dr. Fortier, government representatives, representatives of health care facilities or health care training institutions, and people from the community. All these people sit on the Société Santé en français board of directors.

I need to add that the chair of the board of directors, Ms. Rachel Bard, apologizes for not being here today. Ms. Bard is the Deputy Minister for the New Brunswick provincial government. As you know, there was an election there not so long ago, and new ministers have been appointed. She told me that she had to take care of her new minister. That is why she was unable to be with us today.

I want to take this opportunity to talk about the progress that has been made in the area of health care services in French for minority francophone communities. There are two or three things that I hope you remember more than anything else I may say today.

First, in September 2001, a study was done in cooperation with Health Canada what is called an advisory board, which still exists today and which I co-chair along with Mr. Nouvet from Health Canada. This committee discovered that more than half of the one million francophones living in minority communities did not have access to health care in French.

You may be wondering if this is a problem. Studies clearly show that there is a connection between the ability to obtain services in our mother tongue and the quality of care we receive. If we are unable to properly understand the professional, communication is diminished and, consequently, there will be health care problems, the doctor's instructions will be misunderstood or the prescription we are given will be misunderstood. Studies have clearly shown that the quality of services is clearly affected in the case of francophones who are unable to obtain services in their language. This is the first message. I think it is important to remember that we are addressing this problem. We are talking about the quality of services being provided to at least 500,000 francophones outside Quebec.

The study indicates that three important things need to be implemented in order to improve the situation for these francophones. The first thing is networking. Francophones outside Quebec need a place to discuss and address problems and propose solutions. Our organization was behind the implementation of 17 networks throughout the country. This means that there is a network in each province and each territory, except in Ontario, where there are four networks, and in New Brunswick, where there are three, given the population base in those regions. These 17 networks bring together the partners I mentioned earlier. We are all working together to achieve progress.

Mr. Chair, I want to highlight the fact that these networks are based on a model inspired by an idea put forward by the World Health Organization. We did not invent it; rather we borrowed it from other countries, and it is working.

When the partners work together, the projects are more successful. This reality underlies the principle of networking.

I must say that the Société Santé en français is not a lobby group, but rather a partner that wants to work with the federal and provincial governments to improve access to health care in French. I think that my message to you—this idea of partnership—is important. That is what our networks are doing with the front line workers.

Second, I want to talk about training. We said that it was important to be able to talk about our problems; however, there is a serious shortage of professionals: available doctors, nurses, social workers and other professionals able to provide services in French.

Serious problems have been identified. As a result, training was another very important priority. So, the training consortium was created and, over the past three or four years, there have been 1,500 more people enroll in health care training to become doctors, nurses and so forth. Already, there are nearly 300 graduates.

The consortium is one of the sister organizations with which we are collaborating. I would encourage you to speak with the consortium or invite it to speak to you about the important work it is doing. Ten colleagues and universities belong to this consortium.

Third, I want to talk about services. It is all fine and well to have networks and to be able to think, plan and organize. It is good to have professionals, but to do anything we need to have the means, the facilities and the ideas to ensure that the average citizen has better access tomorrow.

We have implemented over 70 projects and initiatives throughout the country, in order to improve accessibility. These projects are being conducted in cooperation with hospitals, community health care centres such as the ones in Cornwall, Saint-Boniface and New Brunswick and the one currently being set up in Edmonton. These are all examples of new and successful initiatives. A little later, one of my colleagues will tell you more about such projects.

We believe that these achievements would not have been possible without an investment from Health Canada. The networking was spread over a five-year period, and the funding was $2 million per year, for a total of $10 million. Training, which required the lion's share of the funding, cost $63 million over five years. Finally, services cost $20 million over a three-year period ending in March 2006. I will tell you more about this in a moment.

We would like to take two minutes to show you a video about one of our initiatives. I should point out that the people you will see are real people and real professionals. They are not actors. This is not something we made up: it is very real. We wanted to visit the front lines to see whether the services we are providing are working.

Are we ready? Technology is wonderful when it works.

[*Audiovisual presentation*]

● (0915)

● (0920)

**Mrs. Vivian Barbot (Papineau, BQ):** Was there any special reason why we saw the English version?

**Mr. Hubert Gauthier:** It is because the French version is not subtitled. In the bilingual version, we did not translate what was said, rather we put subtitles. We could have shown either version. We chose to show this one because we felt that everyone would be able to understand it.

**Mrs. Vivian Barbot:** It is impossible to understand everything when the presentation and everything else was written in English.

**Mr. Hubert Gauthier:** Yes.

**Mrs. Sylvie Boucher (Beauport—Limoilou, CPC):** Ms. Barbot, there are some anglophones on our side.

**Mrs. Vivian Barbot:** Yes, but the video was not translated.

**Mrs. Sylvie Boucher:** True, I had noticed that.

**M. Hubert Gauthier:** In this version, there are English subtitles when people speak French.

**The Chair:** Yes.

**Mr. Hubert Gauthier:** The entire translation is subtitled.

**Mrs. Vivian Barbot:** Yes, but the title, the introduction of the various chapters and the last comments made were all in English and were not translated. Therefore you have a bilingual version: neither a unilingual anglophone nor a unilingual francophone could understand it, whereas if it were exclusively in French, the English viewers could benefit from the translation and vice versa.

**Mr. Hubert Gauthier:** We also have one exclusively in French. It is only in French; there are no subtitles.

**Mrs. Vivian Barbot:** Exactly.

I imagine that there would be a translation for English speakers.

**Mr. Hubert Gauthier:** That's why there are subtitles in the other version.

**Mrs. Vivian Barbot:** I hope you understand what I'm trying to say.

**Mr. Hubert Gauthier:** Yes, I understand what you are saying.

**Mrs. Vivian Barbot:** Good.

**The Chair:** Thank you.

Do you have any other comments, Ms. Barbot?

Mr. Fortier.

**Mr. Denis Fortier (Administrator, member of the Board of directors, Regional office of the health of the Center of Manitoba, Société Santé en français):**

I want to add some concrete examples to what Mr. Gauthier was saying. I'm the regional chief of staff for Central Manitoba, a rural doctor in Notre-Dame-de-Lourdes. This is a region southwest of Winnipeg that includes a number of small scattered francophone communities.

Mr. Gauthier talked about training. I am a supervisor of students and medical residents on behalf of the Consortium national de formation en santé or CNFS. This is one of the pillars that the SSF is talking about. A number of students and residents from Manitoba, Ottawa and soon Sherbrooke come to train with us. We believe that this can help with the recruiting and future retention of francophone doctors in our region.

I want to talk about networking. Until quite recently, I chaired the network in Manitoba, the Conseil Communauté en santé or CCS. Recently, perhaps two years ago, the Government of Manitoba made the CCS the official representative of francophones in the areas of health care and social services in Manitoba. This is quite official. In any case, this gives it more credibility overall and even at the national level. Of course, our network is part of the national network, which is bigger. Thanks to the cooperation of the SSF and Health Canada, our network was able to take action.

The third thing that Hubert mentioned was services. We receive funding from Health Canada through the SSF. A number of projects were able to go forward in Manitoba as a result of these funds. The project I'm most interested in is being implemented near me in Notre Dame de Lourdes. The project is to develop a community or primary health care centre. Using a $30,000 grant, we studied the needs of the community based on the 12 health determinants. Next, we designed a primary health care centre. In addition to the $30,000 grant, the community raised $1.5 million for this project. As a result, the Government of Manitoba joined in and added $500,000. I will not name all the partners, because there are approximately 30 of them. Construction is currently underway.

There is a value-added factor to all this. We will become more of a training centre, not only for doctors, but also for other health care professionals. We have attracted the attention of Canada Health Infoway and Telehealth Manitoba. They have seen our project, and we are part of a pilot project using cutting-edge technology, teleconsultations and teleconference calls. Our goal is to improve access to services in French in our region and to network our centre, because it was networked with other francophone centres in Manitoba. I keep calling it a francophone centre, but it is really a bilingual centre because, in Manitoba, it is clearly bilingual. I consider this an added value. We provide services in French, but we can certainly also provide them in English.

I just wanted to give a concrete example to illustrate what Mr. Gauthier was saying.

● (0925)

**The Chair:** Mr. DesRoches, you have one minute.

**Mr. Donald DesRoches (Administrator, Member of the Board of Directors, Delegate of the Minister for the acadian Businesses and French-speaking person of Prince Edward Island, Société Santé en français):**

I am co-chair of Prince Edward Island's French Health Services Network and work for the provincial government. I basically came here to tell you that the Government of Prince Edward Island is a true partner of the Société Santé en français with regard to the work it carries out.

Our government adopted a French-Language Services Act in 2000. We are now working to implement this legislation in order to ensure comparable high-quality services in all areas of government jurisdiction. The support of the Société Santé en français and the various existing funding components allow the Government of Prince Edward Island to meet its objective in a timely fashion. We have set out to broaden access to French-language health care services throughout Prince Edward Island. There are a number of projects, including the creation of a website that lists the names of the francophone and bilingual health care professionals who are able to provide services on Prince Edward Island.

It is our objective to broaden access to French-language health care services. It is one thing to ensure that there are sufficient bilingual health care professionals working on Prince Edward Island; it is another to ensure that people have access to them. With the support of the Société Santé en français, we are achieving the objective: broadening access to French-language health care services and professionals.

I can also say a word about the Société Santé en français. The organization has already taken part several times in the national Ministerial Conference on Francophone Affairs. The next conference will be held here, in Ottawa, next week. It will be co-chaired by Ms. Verner and the provincial and territorial ministers responsible for the Canadian Francophonie. The ministerial conference has already expressed to the federal government that it is a key supporter of the work done by the Société Santé en français and hopes to see its work continue and improve.

● (0930)

**Mr. Hubert Gauthier:** In conclusion, Mr. Chair, I would like to add that our 17 networks have all tried to address the following question, which is often put to us: what does it take to improve French-language health care services once and for all?

In the past year and a half, we have done the necessary planning to address that question. Obviously, we do not have time to go into all the details. However, the enormous amount of work accomplished by all our partners shows that the issue of improving services is being addressed.

Of course, we hope that your committee will support us in order to continue moving in that direction and putting our plans into practice tomorrow morning. We will also need the cooperation of our communities — they have to continue being involved — and of the provincial governments. By the way, I am currently on a tour to meet with the health ministers of all Canadian provinces. I have so far met seven or eight of them. We have received excellent support from the various provincial departmental authorities.

We will also be needing continued support from the federal government, which will have to show leadership by lending its support and helping us to ensure that $30,000 amounts turn into several millions of dollars in order to deliver concrete services to Canadians.

In this respect, I said earlier that funding for the organization of services ended in March 2006. We know that your government is currently processing a sizable budget, covering our 2006-07 activities. It is our understanding that the issue is settled. However, what has yet to be resolved, is the future, that is to say 2007-08 and beyond. People must have the sense that there is time for the projects listed in these volumes to be carried out.

I will stop here for now, Mr. Chair. We can continue by answering questions. Thank you.

**The Chair:** I would like to thank the three of you.

I would also like to clear up an issue before we move on to questions.

Dr. Fortier, you said that your centre in Saint-Boniface, I believe...

**Mr. Denis Fortier:** In Notre-Dame-de-Lourdes.

**The Chair:** Is it bilingual?

**Mr. Denis Fortier:** Yes.

**The Chair:** It is not necessarily francophone?

**Mr. Denis Fortier:** It is predominantly francophone.

**The Chair:** Can an anglophone receive services there?

**Mr. Denis Fortier:** Absolutely. The people we serve in Notre-Dame-de-Lourdes are 80% francophone. Nonetheless, we also serve the area's anglophones.

**The Chair:** Thank you.

Jean-Claude D'amours will have the first question.

**Hon. Raymond Simard (Saint Boniface, Lib.):** The order is changed again.

**The Chair:** I am sorry. The first question will be asked by Mr. Murphy.

**Mr. Brian Murphy (Moncton—Riverview—Dieppe, Lib.):** Thank you, Mr. Chairman.

Thank you to our witness, Mr. Gauthier.

I can say—and I guess that all committee members share my thoughts—that we support your efforts and your action plan. I am sure that the people opposite have already supported your organization when discussing these issues with Minister Clement and other government ministers. I am sure of that and of the support for your efforts.

I am the member for Moncton—Riverview—Dieppe. This is a bilingual riding, where there are many francophones and anglophones. We have two major hospitals, i.e., the Georges Dumont Hospital and the Moncton Hospital. To a certain extent, both hospitals are bilingual.

Mr. Godin and Mr. D'Amours will no doubt ask questions about the rural populations in the province and in other Canadian regions.

For me, Moncton is a large city with an urban population. I therefore would like to ask a question about the level of bilingual health care services in urban regions. For New Brunswick, Moncton is a major city.

I've noticed that almost all the services describe in the progress report are intended for rural populations, people living far from major health service centres. For example, on page 7, there is a good New Brunswick project called Telehealth, which I know very well. The service is available to all, but it is essentially used to encourage people living in rural areas, far from Moncton or Saint John, to share their problems.

I therefore have some relevant questions. I also have to say that the new Liberal Health Minister of New Brunswick, Michael Murphy, is my cousin. He has not asked me to put these questions to you; this is my idea.

**Some members:** Oh, oh!

**Mr. Brian Murphy:** That is the truth, I swear.

In Moncton, in our two major hospitals, there are two different levels of bilingual services.

Are there plans to conduct studies or perhaps support the delivery of services in both official languages at the two major institutions, if people visiting the Moncton Hospital want to receive services in French?

● (0935)

**Mr. Hubert Gauthier:** I would say that, obviously, circumstances are different from city to city. In Moncton, we know that there are two regional health authorities: one for francophones and another for anglophones. We know that one of the problems lies in more specialized services. Some services are offered only by the anglophone health authority, while others are provided only by the francophone authority.

Therefore, I am not sure whether you want to know how francophones can access services that are only available in English. Is that what you would like to know?

**Mr. Brian Murphy:** No, the fact is that Moncton has two major regional health authorities. There are two health centres, including an anglophone hospital where many of the services are given either in French or in both languages. There is also the other hospital. Many anglophones have to visit the Georges Dumont Hospital because that is where the oncology centre is located. Needless to say, the hospital is bilingual. At least, I hope it is. And there are francophones who have to go to Moncton Hospital. I know that the hospital offers certain bilingual services.

Are there studies on and support for a bilingual policy at both hospitals? Both centres are looking for help. As I said, the Minister of Health is my cousin, and he needs some help.

**Mr. Hubert Gauthier:** That is what I had understood.

Where did we start on these issues? We started with basic services, primary health care services, because we cannot deal with everything at the same time and we do not have the means to do so. We therefore decided to begin with primary health care services. That is why we are talking to you a lot about community health centres. In passing, a community health centre project is being developed in Saint John, New Brunswick.

Concerning more specialized services, we see that francophone institutions are also able to provide services in English. The reverse is not necessarily true. We therefore have work to do in order to bring about broader policies so that francophones can access specialized services, which they could not obtain, for example, at Georges Dumont Hospital in Moncton.

This issue is still of concern to our network in New Brunswick, but like I said earlier, given our level of resources, we decided to begin by targeting primary health care services.

● (0940)

**The Chair:** Thank you Mr. Murphy and Mr. Gauthier.

Mrs. Barbot, you have the floor.

**Mrs. Vivian Barbot:** If I understand what you are saying, there are areas where, to be able to make services available to francophones, anglophone hospitals are given the means to provide services in French. I understand that, even though that is not an ideal situation. Services are to be given in French wherever there are francophones who require treatment. Although this is a last resort measure, I am ready to live with it.

Now, what I do not understand is that, out of an envelop of 30 million dollars, 10 million dollars is given to McGill University, in a city such is Montreal where all services are in French, and that this money strengthens the anglophone network in order to provide services in French. I am not sure that that is appropriate, because the money you are given is for the promotion of French language health services.

The McGill's network is very well equipped and has extraordinary resources. There is always this bias when we compare what is given to francophones outside Quebec on a needs basis and the type of hybridization with the anglophone "minority", which creates dreadful distortion. Some 10 million dollars goes to McGill. I have nothing against Montreal anglophones being healthy, far from it. And their health seems fine, especially in view of your statement in your document, that the health of the francophones is much poorer than that of anglophones. I am trying to understand the rationale behind this decision.

Furthermore, the report by the advisory committee you chaired in 2001 indicated that francophones were less healthy than anglophones and that 50% of them did not have access to services in French.

Can you monitor changes in the health of francophones living in minority situations? In other words, can you say whether there have been improvements in their health since you began your work? Moreover, I would like to know the proportion of francophones five years later who live in a minority situation and who do not have access to health care services in their language.

**Mr. Hubert Gauthier:** First of all, with regard to the issue of anglophones inside Quebec and francophones outside Quebec, I would like to say that it is up to Quebeckers to speak for themselves. I will not get involved in that issue, because I have enough to do dealing with francophones who live outside of Quebec. In Canada, there have always been two sides to this issue, and our organization deals more with francophones outside Quebec. I would suggest you invite people in Quebec to explain the other side of the issue. Suffice it to say that I have no answer to give to you in this respect.

As for changes...

**Mrs. Vivian Barbot:** You only wanted to specify that your mandate concerns francophones outside Quebec.

**Mr. Hubert Gauthier:** That is all.

**Mrs. Vivian Barbot:** Very well. I am sorry.

**Mr. Hubert Gauthier:** Yes, that is all I was implying. So, there are one million francophones outside Quebec. I believe there are close to one million anglophones in Quebec, but there is another organization that deals with their issues. That is not part of our mandate.

● (0945)

**Mrs. Vivian Barbot:** Very well.

**Mr. Hubert Gauthier:** With regard to changes, we began our work three and a half years ago, in 2003. We have already laid the groundwork to improve accessibility.

Let us take the example of the community health centre of my colleague, Mr. Fortier, in Manitoba. Such a project starts out as a dream, but $3 million was needed for it to take shape. The community raised $1.5 million, and we obtained $30,000 in seed money. That to me was excellent.

We have seen small instances of progress thanks to the infrastructure we are putting into place. The oncological care project in New Brunswick, the community health centres in Edmonton, Saint John's dream of having a community health centre in New Brunswick and the establishment of services on Prince Edward Island all have an impact on the data we have seen.

The advisory committee is continuing its work and asks the same question throughout the country. I won't give you a scoop with regard to results, but we are headed in the right direction. The structures we have put into place are strong, and we are starting to see an improvement of approximately five per cent when it comes to the 55% of people who were deprived of services.

It takes between three and six years to establish the structures required to carry out health care projects. It takes eight years to train a physician, and we are only in our fourth year. It is important that provinces and communities maintain the momentum, and investments by the federal government are absolutely crucial in this respect.

**Mrs. Vivian Barbot:** Very well.

You also said that...

**The Chair:** You have one minute left.

**Mrs. Vivian Barbot:** You said that your organization is not a lobby group, but a partner. Could you explain the difference between the two?

**Mr. Hubert Gauthier:** A lobby group formulates a request and then withdraws, whereas we discuss issues with our partners and ask them to share our problems. We think that everyone should participate by proposing solutions.

A lobby group usually demands something of the government but does not sit down with it to identify better solutions, and does not ask for any collaboration.

Furthermore, we would like professionals like Dr. Fortier, government representatives like Donald DesRoches, people from the community and training specialists to participate. We feel that we can come up with more solutions if we work together than if we all wave our own flags, make suggestions and then go home.

The difference is an extremely important one. In my opinion, we have succeeded in reaching governments. I met with the health ministers of almost all the Maritime and western provinces, including British Columbia and Manitoba. The ministers appreciate this approach so much that they send officials to our networking committees to work with us in finding better strategies. This approach results in a much better outcome than sending letters and holding press conferences.

**The Chair:** Thank you.

**Mrs. Vivian Barbot:** I would like to clarify a point regarding lobby groups. I think you can reach the same goals without eliminating lobby groups because, with all due respect, your description of them is rather stereotypical.

There may be some lobby groups that act like that...

**The Chair:** Thank you, Ms. Barbot.

**Mrs. Vivian Barbot:** ... but that is not ...

**The Chair:** Mr. Godin.

**Mr. Yvon Godin (Acadie—Bathurst, NDP):** I am sorry, I did not want to do his work for him. We like him and he does good work.

Thank you, Mr. Chairman.

I agree with Ms. Barbot's comments with respect to the video. If I have understood correctly, when French is spoken, there are English subtitles but when English is spoken there is nothing. Yet health is discussed in French.

Can the video be corrected? I think it is important.

**Mr. Hubert Gauthier:** Yes.

**Mr. Yvon Godin:** I think it would be good for you.

You are not a lobby group, you do not protest and you do not leave people to deal with issues on their own. That is what I understood and I respect that. We need people to apply pressure and we need others who want to stay put. We need mediators in between both. You are more like mediators and we appreciate your work.

Take New Brunswick, for example, under the previous Conservative government. Did we miss the boat with respect to francophones in that province? The francophone hospitals were shut down in the north of the province — Caraquet, Lamèque, Dalhousie and Saint-Quentin. The lobby group took to the streets and finally got six beds. At the same time, a large anglophone hospital was built in the south of the province.

Obstetric services were lost throughout the Acadian peninsula, which is home to 60,000 people. These people now risk having women give birth in ambulances. Two births have occurred in ambulances since last year. Yet the government says that in Bathurst, doctors are not qualified to assist women in giving birth unless they are specialists. Furthermore, this service is going to be transferred to Campbellton, which is two hours from Bathurst.

So for francophones, an ambulance driver is qualified to assist women in giving birth — I am talking about the francophone community — but the service you are providing in Moncton, with all due respect...

Hopefully your cousin will continue to provide this service and he will not close other hospitals in the north in his new capacity as Minister. I would pay special attention because when a minister comes from the area, he closes hospitals. That is what has happened to us.

So what can your group, that you are so proud of — and rightly so — do to help an area like ours where francophones are being struck at a speed of 400 miles an hour?

● (0950)

**Mr. Hubert Gauthier:** I must be very careful about getting into the details that you are describing because that is the responsibility of our New Brunswick network. In each province our network works with the government and is finding better solutions. When that happened, our network was in a process of being created. It was not therefore firmly in the saddle nor sufficiently established in order to work with the government in making the best choices.

I do not want to get into the debate on hospitals versus community health centres. We have seen across the country that provinces have similar strategies. What we are trying to do is improve primary health care. That was one of the first issues we focussed on. Saskatchewan and Alberta are facing significant challenges in transforming hospitals into community health centres.

Of course, that can lead to problems in terms of obstetric and other services. I think our network should continue to discuss this because when those decisions were made, our network was only just being established. That was approximately two and a half years ago. Our network was just starting up at the time.

As Mr. Fortier pointed it out, our network is more firmly established now and in a position to have positive discussions with each of these governments. We hope that we can continue to influence policies to the advantage of francophones so that access becomes as close as possible to 100 per cent.

**Mr. Yvon Godin:** I would like to congratulate the Société Santé en français. In some of our areas radio messages for seniors are broadcast. For example, an elderly woman said that she used to give her pills to someone else and she did not realize the harm she might be doing.

Is that something your network does?

**Mr. Hubert Gauthier:** Yes, health messages are something we have thought of. We do not just consider the very specialized services because that only affects a small part of the population. Francophones have told us that we should be focussing more on prevention and health promotion. We undertake activities such as health broadcasts or health forums for seniors — we have been responsible for some very big projects in New Brunswick that were very popular — in order to teach people how to take responsibility for their health.

The documents that we have brought along include many things that relate to prevention and health promotion, to people taking as much responsibility for themselves as possible. Even the Canada Public Health Agency, in my opinion, should be contributing to the strategies because this is also part of its mandate.

**Mr. Yvon Godin:** There is also the issue of community clinics. Which clinics do you support: private clinics or public clinics?

**Mr. Hubert Gauthier:** I will not enter the private-public debate this morning.

**Mr. Yvon Godin:** I would still like to hear your opinion.

**Mr. Hubert Gauthier:** We work within the public system in Canada and all the community health centres that we are currently working with are regional creatures of the provincial governments, whether they are in Edmonton, Saint-Boniface, Cornwall, Sudbury or Prince Edward Island. These are all organizations that exist within the public system.

**The Chair:** Thank you.

Mr. Petit, you have the floor.

**Mr. Daniel Petit (Charlesbourg—Haute-Saint-Charles, CPC):** Thank you very much.

Mr. Gauthier, Mr. Fortier and Mr. DesRoches, I would like to begin by thanking you. Congratulations for having created the Société Santé en français; it is excellent.

I would like to talk about a very specific situation and then I will ask you a question. The Province of Quebec shares a border with New Brunswick. In the area near the border with New Brunswick, many people in Quebec do not have access, in Quebec, to big hospitals such as those in Campbellton or Moncton. In order to obtain those services, they have to go to New Brunswick. However, if I understood correctly, your organization provides assistance in getting access to francophone doctors. People in my province have to go to New Brunswick because it is closer and because they can get oncologists, doctors and nurses who speak French. I know that your group, at least until recently, has exerted considerable pressure in order to obtain services in French in New Brunswick, that we are benefiting from.

My first question is this. Do you get funding from Quebec? Our people benefit. As a prosecutor, as a lawyer, I have often seen doctors from New Brunswick testify in Quebec in car accident cases. That is why I'd like to know if you are receiving any funding.

My second question is this: in minority situations, that is, in francophone minority communities, which project would you say has been your most important one to date, after two years? Which has been the strongest? Which has been your very best over the two past years, regardless of province?

● (0955)

**Mr. Hubert Gauthier:** The answer to your first question with respect to Quebec is yes, Quebec has been providing us with assistance for two years. They pay for one full-time person to work with us, in our organization, and it is that person in fact who has helped us plan our services throughout the country. It is a three-year agreement and Quebec has renewed it for another three years. We do receive funding from Quebec.

Furthermore, we have been working with people from the University of Sherbrooke, for example. We also work on certain issues with people from Quebec who provide us with advice and assistance that we do not have to pay for. In terms of public health in particular, there is considerable expertise in Quebec that we can benefit from. Even though I am Franco-Manitoban—I have worked in Manitoba for a long time—I have also worked in Quebec. I know many people in Quebec and we try to use existing resources to the greatest extent possible.

You ask which projects we are most proud of. I would first like to point out that I understand the issue of lobby groups: it is important to have lobby groups and we have them in our community, but we do not need to do the work that others are already doing. I respect what they do and I think that what they do is important. I simply wanted to explain what we do in order that you be able to distinguish it from what others do. Everyone has their niche in life and that is a good thing. I do not have a problem with that. But I did want to make sure that we understand each other.

In our opinion, our greatest success was our networking idea. From the outset, our challenge was to figure out how to work with governments within the current context involving changes in the health sector.

How can one become involved without being perceived as an enemy, but rather as an ally working with provincial governments and moving forward? We are very proud of our networks and how they have managed to become integrated into health systems and help them move forward in a way that has never happened before.

Six or seven of our projects are probably, in our opinion, the most interesting and promising ones. They could even give other people ideas. That is why we published *Déjà des résultats* in French and *Positive Results Already* in English. Our documents include the five or six projects that we think are the most successful.

That being said, the funding that we are expecting—that Treasury Board will no doubt grant us today—will make 18 other similar projects possible. They are what we call our flagship projects, projects that will give direction and provide the best possible solutions for the future. This will also lead to increased access to health care beyond the current 50 per cent.

Those are my answers to your questions.

● (1000)

**Mr. Daniel Petit:** Thank you.

**The Chair:** Mr. Simard, did you have a question?

**Hon. Raymond Simard:** Yes, thank you very much, Mr. Chairman, and welcome to our guests.

If I understood correctly, you stated earlier that the 2002 study showed that only 55 per cent of francophones received services in French. Is that correct?

**Mr. Hubert Gauthier:** Fifty-five per cent did not receive services.

**Hon. Raymond Simard:** They did not receive services. Has there been any improvement in that regard to date?

**Mr. Hubert Gauthier:** I think we are noticing a movement towards greater access, owing to the investments that have been made. We think that if this tempo is maintained, in a few years access to services will significantly improve.

This is currently just the beginning. Most projects take two or three years to get off the ground and we're often waiting for funding. We are currently waiting for our 2006-2007 funding but, as we know, half the year has already gone by. So it's stop and go and that has been the problem since the beginning.

**Hon. Raymond Simard:** I'm curious about something. You mentioned that there are a million francophones outside Quebec but there are also more than a million francophiles, young people in French immersion, etc. Is that being taken into account. Do you also serve those people?

**Mr. Hubert Gauthier:** Yes.

**Hon. Raymond Simard:** And does that put additional strain on your resources, for example?

**Mr. Hubert Gauthier:** Take Vancouver, for example. I was there two weeks ago. The francophone and francophile population in British Columbia is increasingly exponentially. It's extraordinary to see all those people. There's a good side to that. For example, in the Faculty of Medicine at UBC, there are now young francophones coming from French immersion schools who are enrolled in medicine and who will eventually be able to offer those services to francophones. Clearly the francophone communities in British Columbia and in Alberta are growing steadily because of immigration owing to the economic boom in both those provinces. It's good timing. Two weeks ago I was in Alberta and British Columbia. It is clear that our networks in those provinces are no longer able to do the work because of an influx of people that nobody could have imagined five years ago.

In Alberta there are a significant number of Quebecers and francophones from elsewhere who want services in their language. That's to be expected. However, those services frequently do not exist. I'm using those two examples to illustrate that it is in fact difficult to keep pace in terms of services, with the extent of the development that is occurring in both those provinces.

**Hon. Raymond Simard:** I have one last question.

Earlier, you mentioned continuity. The real problem with all levels of government is that even successful pilot projects only last two or three years.

For example, the previous government had instituted a horizontal delivery service which provided funding not through Heritage Canada but through Health Canada. Is that still the way it operates? Do you still deal with Health Canada?

Mr. Hubert GauthierOui.

Hon. Raymond Simard:It is ongoing, even with the new government?

**Mr. Hubert Gauthier:** Yes.

**Hon. Raymond Simard:** You also expressed a concern about continued funding. Is there anything that the Standing Committee on Official Languages can do to help you? We would not want to see the project shelved after four years. Mr. Petit gave us some examples of successful projects, like the Saint-Boniface Health Centre, which serves as an example throughout the province of Manitoba on the best way to proceed. It is a real success. So how can we help you?

**Mr. Hubert Gauthier:** Treasury Board is about to approve our request for only three years of funding for the organization of our services. So the 2006-2007 fiscal year has been taken care of.

We are concerned about the funding for 2007-2008. We believe that the committee can help us to obtain that funding. It is a first step, but the funding must be continuous if we want to make any headway with the projects outlined in these documents that are being undertaken jointly with the provinces.

Money from the federal government provides a kickstart and attracts more funding. It is not our only source of money but, as Mr. Fortier said, it attracts help from communities, provinces and municipalities. We are concerned about the funding for 2007-2008, which is important. Budgets will be brought down soon — in February — and the committee can help us by making recommendations. And we will raise the issue with Minister Clement.

We, along with our colleagues from the training consortium, have another concern; it relates to the initial five-year agreement that will end in 2008. We would like to know what will happen post-2008. The seven or eight provincial ministers with whom I have spoken expressed the same concern and would like to intervene in order to ensure continued funding. I have letters of support from Manitoba, Nova Scotia, Prince Edward Island, British Columbia, etc.

I said earlier that it takes eight years to train a doctor. The fifth year is about to begin. So what do we do? Do we simply forget about the sixth, seventh and eight years?

It would not make a very good impression on those who have devoted so much of themselves to improve the services. These people are involved in an ongoing process. They need something to take them beyond 2008, and your committee can probably be quite instrumental in doing that.

I would be more than happy to come back to tell you about the advisory committee's results and provide you with the recommendations that have been made for the post-2008 period.

● (1005)

**The Chair:** Thank you, Mr. Gauthier. The committee has heard you.

[*English*]

We are an official languages committee and too often, because we're mostly francophones, we have a tendency to speak in French. It's refreshing to have a few words in English, so I'd like to ask Mr. Patrick Brown to address a question to Mr. Gauthier or to any of our guests in English.

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

I understand an essential part of your work is to raise the visibility of the services you offer that are already available. Certainly that would require a strong communications plan. So I want you to touch on your communications strategy to raise the visibility of the services that are available and the progress you've had on initiatives thus far.

I also want you to touch on your more recent program, the national service brand, and maybe give us details about that.

**Mr. Hubert Gauthier:** First, of course, we're conscious of the issue of visibility, because when you are living in a minority situation.... I've worked as a CEO of a big hospital and I can tell you that francophones, when they come to a large hospital that is primarily anglophone, will not make a fight for services in French, because they fear they will get second-level service, if you will, or hear “stand in line, and we'll get somebody for you”. They've stood in line long enough, and they don't want to do that. So they will compromise and go with the English services, even if half the time they're missing some pieces here.

Therefore, we created what we call the national brand to identify where services are available. It becomes more proactive. Staff have identification, as Dr. Fortier has on him, that indicates that you are a person—a little bit like Air Canada, where you see *français-anglais*, or German, or whatever.... We've created that national service brand so that francophones—as well as professionals, because it's both ways—can be identified, or the professionals are, and the citizens know where that service is available. For us this is an essential part of developing the services where they are available. That's where we have to start.

In Saskatchewan, for instance, and Alberta, when we start identifying the professionals who can give services *en français*, we're finding more than we thought were there; however, the citizens didn't know where they were. They weren't identified. They were not on a website; they were nowhere to be seen.

Now we think part of the strategy is to become more visible, and to value that part of the service so that it comes to be on a par with the services that are offered to the majority.

I lived with staff as a CEO—and some of my staff were French in l'Hôpital général de Saint-Boniface—who would be cautious about speaking French very openly, because they were criticized by their colleagues oftentimes. If they spoke French to a French client, they would be told, maybe by others, “The others don't understand, so maybe this is not very good.”

So you see the pressure that is on staff. You have to spend a lot of energy valuing your staff and saying, this is okay. By the way, this is not only true for francophones; it would be true for aboriginals; it would be true for Asian people in B.C. What we're doing for the francophones is I think value added for the whole system, because people are starting to see how you can do this. I think we're showing the way.

So that's the answer to *la marque de service*, the national service brand: that people can recognize where these services are available and where they are not, and that it is a proactive thing. It's not just a case of putting the onus on the citizen. When you're in health care and have come to the emergency room, trust me, you're not going to make a fight about French services there; you're going to say “treat me”, no matter how you cut it up.

Even though they would prefer—and I have stories.... My mother has been in and out of hospital. I've been taking care of her, and I've heard atrocious stories of her not understanding, but going along, and going back home and not knowing what she has to do next. So we have to go back, and she has more infection. Those kinds of things are what happens when you compromise your services.

I have many stories like that. I think you understand.

By the way, it's not only true for francophones. It would be true for all linguistic cultural minorities. I think we have to pay in our health system a lot more attention to those kinds of things, because we're not a quality system if we don't.

So that is the national service brand.

In terms of the better projects and our best practices, that's why we have printed positive results already. The projects illustrated in this report are probably some of the better initiatives we have created. As well, we have the video you saw. There are eight of those explaining some of the projects, a little differently from what's in this—more about them. Out of the 70 projects, we probably have about 25 that are excellent projects, showing the way to better accessibility results. We've highlighted a few in here and a few in the videos.

● (1010)

I don't know if you are going to be travelling across the country, but I would welcome this committee meeting some of our groups to let them explain what they are doing exactly and why it's a winning combination. It's not only about the national organization; it's about Manitoba, it's about *l'Île-du-Prince-Édouard*, it's about Nova Scotia, it's about B.C., it's about Alberta. And it's about what's going on in New Brunswick too.

**The Chair:** Thank you very much, Mr. Gauthier. Your suggestion is very timely. We've just discussed travelling across the country to assess French language services across the country, so undoubtedly some of your centres will be visited.

**Mr. Hubert Gauthier:** If you need any help on that—

**The Chair:** I'm sure we'll be in contact with you.

[*Translation*]

Thank you.

Your turn, Mr. Malo.

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

Gentlemen, thank you for joining us this morning.

I would like to go back to what Mr. Godin was saying earlier. He raised a rather an alarming situation for women who are giving birth in the Acadian Peninsula. They must travel by ambulance and often need to give birth in the ambulance, which is quite disturbing. Since you have locations more or else throughout the territory, perhaps over time you have located the somewhat problematic zones, like the one described by Mr. Godin. You said yourself that you were partners. I assume that is part of your routine work, you attempt to influence the various provincial ministries of health in Canada so that situations like that are remedied.

I would like to hear your comments on that.

**Mr. Hubert Gauthier:** Indeed, we established ourselves initially to influence decisions, so that francophones do not pay the price of all the reforms we are seeing. You are talking about one case, but I cannot go into detail on that case, because I do not have the necessary information to discuss it. Having said that, we have seen—throughout the country, and not just in New Brunswick—that the reorganizations were not taking into account the needs of the francophone minority when services were closed or grouped together.

For example, in my own province, in Manitoba, when the oncology services are grouped and transferred from the Saint-Boniface General Hospital to another place, it must be clearly stated how the services will be offered in French. The purpose of our networks is to influence that. They have been in place for three years, and that is why I think it is important for the provincial governments, like the Manitoba government—and the Ontario government as well, which we have not talked about much up until now—to formalize the role of these networks in the structure that they are currently redoing. We would like the provincial governments to officially recognize our structures. That would give us more weight in dealing with such matters.

● (1015)

**Mr. Luc Malo:** If I understand correctly, that is the objective of the 17 networks that are currently on the ground, but they are still not fully capable of accomplishing that.

**Mr. Hubert Gauthier:** Not completely. We are currently conducting an operation to have provincial governments officially recognize our networks. That is an extremely important objective. Several are working very well with the provincial governments, but obtaining official recognition is a whole other ball game. That is what we are attempting to accomplish in order to have some influence in the right place at the right time. We do not want to be perceived as an outside group. It is not easy to want to be but not to be a government partner. Work remains to be done, but we are moving closer together in that regard.

Three years ago, we were nowhere on that, but we have made great progress in getting involved in systems in order to influence decisions that may be negative for the general population.

**Mr. Luc Malo:** Apart from that, could you briefly tell us about the specific advantages of the 17 networks on the ground?

**Mr. Hubert Gauthier:** Yes. Among other things, we offer the advantage of having set up projects. In fact, it is one thing to influence government decisions. However that is just one aspect.

The second advantage deals with our recommendations to improve access, which explains the 70 projects. So it is about management, promotion, and moving that along. The third advantage is sending the right person to the right place for the right service.

In fact, a francophone may be in a certain place in a facility whereas the services required are elsewhere in that facility. So what do we do? The whole human resources side is set in motion. The situation is extremely complex because of the unions, the highly unionized health-care environment. It is almost impossible to transfer a person from one floor to another. I know, because I managed a facility.

For example, in Saint-Boniface, the union with which I was working very well is now challenging this. And when we want to say that positions will be designated francophone, the union protests on the grounds of seniority. As you know, the person with the most seniority is not necessarily a francophone. But a francophone is needed.

As a result, the work being done by our networks is closely linked to matching resources and requirements.

Because my facility was accused of not offering services in French, I would jokingly tell the Franco-Manitoban community that the problem was that they did not have the right disease at the right time. You see what I mean. It is a joke, but it nevertheless illustrates that my francophone cardiologist or my francophone nurse might not be on duty when I have a heart attack.

So we have huge problems with matching, and our networks work with the facilities to ensure that this matching work is done. That is another exercise, in terms of human resources, and is extremely important for us.

**The Chair:** Thank you very much, Mr. Gauthier.

It is your turn, Mr. Godin.

**Mr. Yvon Godin:** Mr. Gauthier, to go back to the example you gave about the unions, I think that the union representatives have perhaps learned that from the doctors. I am thinking about the doctor who does not want to deliver a baby even if he is fully qualified to do so, because the specialist will do the delivery for him. Moreover, midwives in Quebec can deliver babies, but the doctor is not qualified and refuses to do so because that is not his job.

**Mr. Hubert Gauthier:** That is another side of the same problem.

**Mr. Yvon Godin:** That is it. At least we agree on that.

I just want to quickly tell you a little story: a story about a little pin. I know that I do not have much time, and I do not want to use it all on this little pin.

I went to Sault-Sainte-Marie, where there is a francophone community. They decided to make a little pin that simply says "Bonjour". They gave me one, and it is true that it works. In fact, when I arrived at the airport, a woman said to me: "Bonjour, Monsieur". I asked her how she knew that I spoke French. She told me that it said "Bonjour" on my pin. Sometimes, it does not take much to identify someone, does it? I wanted to share that story with you.

Let's go back to health in French. I want to focus on training. People must be trained. I do not know what you do in this regard in your discussions with the governments, but I find some things regrettable. I will give you an example. I know a young woman who went to Montreal to take an oncology course. To do that, she had to go and get books from McGill University and translate them herself in order to take the course. So francophones are at a complete disadvantage. I have heard that training means obtaining almost 80 per cent of the books in English, in specialized fields like that one.

In your work, you must not only examine the services, but also determine how young people can access them. In fact, francophones are disadvantaged in comparison with anglophones who have everything available to them upon their arrival. For them, it's a pleasure. If francophones are required to learn in English 80 per cent of the time, they may well be bilingual,but they are not studying in their first language and it is not easy. I know, because these young people are asking us to give them a hand. But we are not taking these courses, they are.

● (1020)

**Mr. Hubert Gauthier:** One of the 70 projects that we managed is in that area. We understood that it was important to train our doctors and nurses in universities in places such as Moncton, Sherbrooke and Ottawa. That is important in itself.

We found that even among francophones professionals who were already working and who had very often received almost all their training in English or the way you describe it... What I am going to say may appear simple, but we organize day-long training sessions on language and terminology matters for professionals. These were accredited courses given on the weekend. My consortium colleagues could give you more details on that, but it is one way of giving people the tools they need to use the right terms when they are dealing with francophones.

**Mr. Yvon Godin:** My question is whether action is being taken. For example, could the books that these students get from McGill not be translated into French so that they can study in their own language?

**Mr. Hubert Gauthier:** I think that you would need to discuss that with the consortium. I do not know all the details about what they do. I must tell you that—

**Mr. Yvon Godin:** We are just back from the Francophonie Summit in Bucharest. People were talking there about war and not about French. There is a problem. Can we get international help for this? There are African countries, France, Canada, for example.

**Mr. Hubert Gauthier:** I can honestly tell you that courses are given in French because of the involvement of the University of Ottawa, the University of Moncton, Collège Saint-Boniface and Collège Sainte-Anne. They are concerned about this problem. However, we know that we live in North America. To take my own example, I did my master's in administration in French, but a lot of the background material was in English. Translation is a never-ending job. We think the priority is to give people the basic tools they need when they are on the job. We have a lot of doctors and nurses who need terminology training so that they can express themselves properly in French. They have received their training in English, in many cases.

**Mr. Yvon Godin:** Since I need to leave now to go to New Brunswick, I would like to thank our guests. This information helps with our work in our regions and on the committee. I would really like to thank you.

**The Chair:** I'm sorry, I will go to Mr. D'Amours for the next question.

**Mr. Jean-Claude D'Amours (Madawaska—Restigouche, Lib.):** I would also like to thank the three of you for coming here to discuss your organization with us. Health care in French is an important issue.

As you know, I am also from New Brunswick. It is interesting to note that the Standing Committee on Official Languages has three members from New Brunswick. That is interesting and very important for us.

From the outset, I understood from your comments that you seem to be looking for the Standing Committee on Official Language to prepare a letter of support for you, which would be sent to Health Canada. Your funding is one thing. We see what is happening with funding, and I do not want to get into that. If we want to guarantee a better future for francophones in the area of health care services, we need to guarantee funding.

Is that the message that you are sending this morning about the budget for 2007-08? If that is what you would like, I do not think that any committee members would refuse.

● (1025)

**Mr. Hubert Gauthier:** When I said that we thought that your committee might be able to help us with the next stages, for 2007-08 and subsequent years, I also mentioned that the Advisory Committee would be submitting a report to Mr. Clement. That might be the opportunity to discuss it here, but in the short term, you know the channels better than I do. Obviously, if signals are sent to the government by a standing committee like this one, that might help move things along. It is a good signal to send. I will leave it up to you as to how proceed.

**Mr. Jean-Claude D'Amours:** Thank you. Your suggestion is duly noted. From what I can see, everyone seems to agree.

It is important to know how to speak French, but before talking about training, Mr. Gauthier, you made a brief comment in response to Mr. Brown's question. You talked about the woman who had a hard time obtaining certain services. That is a challenge, but there is another one connected with that. People who live in rural areas like mine have to go to the pharmacy to pick up their medications. They receive a fact sheet with instructions, but we know that there are people who are unable to read and understand that information. We know what has just been done, but I do not think that that will resolve the situation. I am not asking you for a comment, but you should perhaps look into this. If we give people only half the service and they are not able to take care of themselves, we have a serious problem.

On the question of training for professionals, it needs to be offered in French if these people are to be able to provide service in French. It is already difficult to attract and retain professionals and francophone communities. It is not enough to say that we will train people in French or train francophones to be medical professionals. That is one thing, even if they take their training in English. But they are still francophones. Attracting and keeping professionals in rural francophone regions is always a challenge.

One of my sisters lives in Saint-Boniface, in the riding of my colleague, Mr. Simard. We always need to find new ways. The other day, we had witnesses at the committee, and I asked them to give us ways to attract and retain these people. You may have some ideas on this, since you have connections in the francophone community. Perhaps you have some ideas that could help regions with official language minority communities.

**The Chair:** You have 30 seconds left to answer, since Mr. D'Amours used up all his time.

**Mr. Denis Fortier:** To begin with, it has been clear for years that the way to recruit and keep doctors is to provide training in the regions and create the necessary infrastructure for that training, whether we are talking about nurses, doctors or other professionals.

Second, we need to create partnerships with the community, the community development councils, or CDCs to ensure that we welcome these people when they come to do their training. There is a whole system for that. In Manitoba, I know that there is a learning process under way. Anglophone communities have been doing this for years, and they do it very well. We need to learn from them.

● (1030)

**The Chair:** Thank you very much, Dr. Fortier.

Ms. Barbot, it is your turn.

**Mrs. Vivian Barbot:** This is an important issue, because even in Quebec, where the population is much larger, it is extremely difficult to attract doctors to rural areas. And it is getting more difficult as time goes on. It is probably possible to establish some cooperation — you know Quebec — to see what innovative means are being developed to make sure that people have access to services.

You talked about the *Consortium national pour la formation de professionnels francophones*. The 2003 Action Plan for Official Languages called for an investment of $75 million for training, recruitment and retention. That led to the creation of the *Consortium national pour la formation de professionnels francophones*. I would like to know what ties your organization has with the consortium and what cooperation takes place.

**Mr. Hubert Gauthier:** First of all, when it was decided that there would be three strategies, we decided at the outset that the consortium would cover the training aspect and we would take on the other two. We share office space and are sister organizations. We have the same ultimate objectives, which are to improve health care services in French.

Moreover, members of our board of directors are on their board, and vice-versa. That is the way we work. There are also permanent structures in the areas of research and human resources. With respect to this issue of recruitment and retention, we decided to create joint committees involving both organizations, since both are affected by this issue.

We work very closely with each other. What is done by one organization helps the other, and vice-versa. That is why I would encourage you to meet with representatives of the consortium as well, since it has a great deal of expertise in its area of concern, which is training.

We become involved once people have finished their training. To deal with retention, training environments and basically anything that will help recruit and retain people, we realized that the two organizations need to work more closely together. The idea is not just to train people. After all, if they take jobs in anglophone institutions afterwards, we will be no further ahead.

Our job is to help people after their training, so that they will be in the right places in our communities.

**Mrs. Vivian Barbot:** The goal is to have 1,000 new participants in the health care field by 2008. Do you believe that this is realistic?

**Mr. Hubert Gauthier:** We have reached that goal. Not only have we had the registrations, but the target has even been exceeded.

**Mrs. Vivian Barbot:** Registrations?

**Mr. Hubert Gauthier:** Yes, registrations.

As you know, it take eight years to become a doctor. Nursing requires four years, depending on the place. As we said earlier, we already have 400 graduates. But the number of people registered is higher than what we had expected.

**Mrs. Vivian Barbot:** For both doctors and nurses?

**Mr. Hubert Gauthier:** Yes, in all disciplines.

I have to say that this has been a great success. Young people are registering across the country, despite the uncertainties. The big challenge is really to make sure that students from northern Ontario who go to Ottawa to study return to places like Sudbury, Hearst and Kapuskasing.

**Mrs. Vivian Barbot:** Are there any aspects of the 2001 report that you would have liked to see implemented but which were not?

**Mr. Hubert Gauthier:** Actually, we dealt with three priorities here today.Two other priorities had not been subsidized; one of these is information technology.

The thing that worries us about Canada Health Infoway is that we are not sure if we can measure the state of health in the francophone population. It is very difficult. The problem is that francophones are rarely identified as such. I met people from Health Infoway and I told them that future systems should be implemented in a way that will allow us to identify francophones, so that we can see how things are evolving. We want this to be given greater priority.

The other subject is research. Even though research was not funded, substantial progress has been made. We want to know more about our population's health. We know that it is not as good, but we want to know exactly on what points, and we also want to know what to do about it. Research is helping us to do this. Therefore, even though research is not among the top three priorities, a great deal of work has been done. The CIHR even funded some of our research. These grants help us to move forward, but we would like to see more progress in this area.

Let me come back to the first point, which is networking. As we look at the scope of our current task, as well as the financial support we are getting, we must realize that we cannot do all the things that we want to get done at this time.

● (1035)

**The Chair:** Thank you, Mr. Gauthier and Ms. Barbeau.

Our final question will be put by Ms. Boucher.

**Mrs. Sylvie Boucher:** Good morning.

I want to congratulate you because I think that you are playing a crucial role in improving this situation. Indeed, it is very important for us, as minorities, to receive services in our mother tongue. I believe that this demonstrates the will that these people and these communities have to remain strong and healthy.

I would like you to briefly describe the process. You have a specific project. Could you tell me more about the role of the various stakeholders?

For instance, you collaborate with governments, etc. Please explain how the process works for a specific project, from its conception to its implementation. Now, at the end of four years, I see that you have made quite a bit of progress and that you are active in many places. This is great news for our minorities.

Would you please explain to me how you work with all the stakeholders?

**Mr. Hubert Gauthier:** We have 70 projects. Let me use one of the projects as an example and explain the process behind it. Having access to financial support for the partial funding of these projects was crucial and has acted as a springboard.

What was the process? We advised our 17 networks that we were undertaking a tender process for the projects. This allowed us to reach out to community stakeholders. Dr. Fortier has explained a little about the process on his side. They had a dream to set up a community health care centre and considered how they should get started with the small amount of money that was available to help them set off on the right track. The group developed a project which involved what was, for all intents and purposes, a multidisciplinary team. There was no actual community health care centre initially. Instead, a small multidisciplinary team went from one community to the next. That was what the project was like initially. They submitted their proposal to the Manitoba networks. It was a Manitoban project.

There were also other projects. They had to be prioritized. Following a review of the projects, the network determined which ones would meet a number of their objectives. The objectives were actually clearly identified from the outset: the projects had to improve accessibility, be sustainable and not just a flash in the pan, and provincial approval was necessary. This was an important requirement for approval, because Ottawa indicated it would not interfere in a provincial area of jurisdiction. So, provincial support was necessary. Each and every project, bar none, was approved by the provincial government.

The project starts therefore at a community level, before the province gets involved. A debate then ensues. A whole host of characters gathers around the negotiating table including professionals, regional boards, the provincial government, and the educational establishments. I was involved in the process when I was in Manitoba, and there were some solid debates. Is one project more important than another? Why? What are reasons behind this? You could imagine the type of debate that such questions sparked given that there is never enough money for funding across the board.

Once that stage is complete, the project is then considered at a national level by way of a review committee which goes over the details one last time with Health Canada. Once approved, service delivery contribution contracts are signed with Health Canada. And that is how it works. The groundwork is extremely important.

**Mrs. Sylvie Boucher:** I can see that. Laying the right foundations is crucial, because you have—

● (1040)

**Mr. Hubert Gauthier:** There are four staff members at the SSF. We consult people in the field. Working with them is crucial because they're in the best position to really know what they need.

**Mrs. Sylvie Boucher:** I think that there is a consensus around the table that this is crucial for linguistic minorities. We will have to try and work together to ensure this continues.

**The Chair:** Thank you, Ms. Boucher.

Mr. Simard, it is your turn.

**Hon. Raymond Simard:** Mr. Chairman, I am wondering whether the members of the committee would allow me to tell a short story. It will be very short, and I think that it is important.

Last spring, I was on a flight with a young man who was studying for his medical exams. I spoke to him in English and asked whether he intended to go back to Manitoba. He was a student in Ottawa or Montreal. I told him that there were people in the French-speaking community who were looking to recruit Manitoban students, and that they would stick by them. I referred to Dr. Fortier and explained how he monitors them very closely. He answered me in French and said that Dr. Fortier did indeed monitor them very closely and that he himself was a young student from Notre Dame de Lourdes.

When I asked him, however, if he intended to go back to Notre Dame de Lourdes, a small francophone village, he said that he did, but only if they build a new health care centre. Young people obviously want to work with new equipment and technology and so on. So you need the infrastructure to support this; otherwise, you lose them. When I talk about recruitment, I don't mean getting people to come back to small villages where nothing is available. You do need to have proper facilities.

**The Chair:** Mr. Gauthier, would you like to add anything?

**Mr. Hubert Gauthier:** Yes. The foundations are important, but an indication of continuity is also hugely important. Otherwise, people lose interest. Let me remind you that the $30,000 currently makes millions. You have to understand that the federal government aren't the only ones investing their money here. This is seed capital. A more stable funding formula needs to be found for the future, for post 2008. What is working well today can't be allowed to fall apart tomorrow, regardless of which party is in government.

**The Chair:** Thank you very much, Mr. Gauthier, and thanks to your team. Let me also thank my colleagues for a very interesting meeting.

I wish you the best of luck.

**Mr. Hubert Gauthier:** Thank you very much, Mr. Chairman, for having taken the time to listen to us.

**Le président:** It was a pleasure.

This meeting is adjourned.

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