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Chair

Mr. Guy Lauzon

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● (0910)

[*Translation*]

The Chair (Mr. Guy Lauzon (Stormont—Dundas—South Glengarry, CPC)): Good day, ladies and gentlemen.

Welcome to the Standing Committee on Official Languages. This morning, we are welcoming witnesses from Health Canada: Mr. Marcel Nouvet, Assistant Deputy Minister, and Mr. Roger Farley, Executive Director.

As I have explained, Mr. Nouvet, following your presentation, between five and ten minutes in length, the Committee members will ask you some questions. You can start when you wish.

Mr. Marcel Nouvet (Assistant Deputy Minister, Health Canada): Thank you, Mr. Chairman.

Good day to Committee members. I will be as brief as I can because I know that the questions are the most important part of the process for you.

I would like nevertheless like to use this opportunity to give you a brief overview of the work done by Health Canada in the field of official languages and for the minority communities. You have the presentation in front of you, but I would like to highlight certain aspects of it.

At Health Canada, we are exceedingly proud of our work with the communities. We are proud of the successes the communities have achieved to this point thanks to the funding we have provided, and we are proud of the results we are gradually seeing. We are also extremely proud of our approach to governance, ie, allowing the communities and the organizations that represent them to manage the funds allocated to them.

Furthermore, the Commissioner of Official Languages, in his last two reports, has highlighted the work done by Health Canada under Part VII of the Official Languages Act.

Moving to page two of the presentation,

[*English*]

we're just going to give you the context of Health Canada's efforts in support of official languages minority communities, and we're going to outline the results to date and future steps.

[*Translation*]

Page three deals with Health Canada's responsibilities under the Official Languages Act: these are divided into two components.

As regards the internal component, it is our job to deal with the issue of institutional bilingualism; to ensure that English and French are being spoken in the workplace; and to ensure that each language has a significant number of representatives within the various groups. This component therefore relates to participation in the workplace.

Under Part VII of the OLA, we are required to encourage the growth and vitality of official language minority communities and it is this latter component that I will focus on in my speech to you today.

I will move now to page 4. In the year 2000, Health Canada was, I believe, the first department to create advisory communities with representatives from the Francophone and Anglophone communities. These committees offer advice to the Federal Health Minister on means of enhancing the vitality of the language communities; at Health Canada, the representatives are selected based on their expertise in this area rather than their affiliation with an organization.

I'll now go to pages 5 and 6. What have the Committees told us since 2000? They have tabled reports. Based on these reports and on studies that have been done, it is clear that the minority language communities do not have the same access to health care services as people who speak the majority language in the broader community. And most certainly there is a shortage of health professionals who are capable of working with them in their own language.

I'll now move to page 6. Both communities have made recommendations that move in the same direction. They are seeking funding based on five main elements: community networks; training and human resources development; service delivery models, ie, pilot projects to demonstrate how services can be improved; research; and technology. The Minister of Health received these reports from the Francophones in September 2001 and from the Anglophones in July 2002.

As a result of negotiations with the Anglophone and Francophone communities, financial support totalling $129 million has been allocated, broken down over five years and in three priority sectors. There is funding to cover the cost of creating and operating the community networks. There is support provided for training and retention. There is an error on this page. We refer here to training and the maintenance of language skills, but we should really be talking about the training and retention of health professionals. In Quebec, we tend to focus more on language training. And money has also been allocated to find ways of improving access to primary health care.

I will move now to page 8. On the issue of governance, I have told you that we are very proud of our accomplishments. We are making every effort to leave the governance and the management of these funds to the organizations created to administer the programs. These organizations stand outside the government.

The official language minority communities depend on the Société Santé en français and the Consortium national de formation en santé. I think you heard earlier testimony from Hubert Gauthier, for the Société Santé en français, and Andrée Lortie, for the Consortium national de formation en santé.

The English minority communities have been organized through the

[*English*]

Community Health and Social Services Network, the Quebec Community Groups Network, and McGill University.

[*Translation*]

We are proud of the results we have achieved thus far. Seventeen networks have been created outside Quebec to represent the French language minority communities. To serve the Anglophone community, a provincial health network, ie, throughout the province of Quebec, plus nine regional and local networks covering the entire province have been created. These networks make it possible to create close links among the regional organizations, the service providers and the provincial and territorial authorities. It is vital that we ensure the participation of the provinces and territories because health falls under their authority and it is important that they support the efforts that are being made. Partnerships are currently being formalized for the purpose of ensuring their long-term viability.

Results thus far.

With respect to the training and learning retention initiatives for French language minority communities, as you are aware, 10 universities and colleges are participating in the recruitment program and are promoting healthcare programs for Francophones. In fact, they are exceeding expectations by 33 per cent in terms of enrolments and by 32 per cent in terms of graduates. Thus, they are delivering much more than we had counted on. New programs have been developed and delivered, including on-line distance courses in French, continuing education courses to upgrade the skills of currently employed health professionals, and new post-secondary training programs in French.

We have seen a tripling of the enrolment rate of enrolment for health courses in French. The long-term impact of an increased number of students in the system will only known once the graduates have begun to work. The aim of these initiatives is to significantly increase the number of graduates and ultimately improve the access of people in minority communities to health care. We are focusing on developing our capabilities and research.

Anglophones.

McGill University is the lead organization and is working with the 76 health organizations in the province of Quebec. Anglophones are currently developing initiatives to recruit and retain Anglophone health personnel in the province of Quebec. Huge efforts are being made to help professionals acquire a second language. Anglophones are learning a bit more French, and Francophones are learning a bit more English, which will help them treat English-speaking patients.

With respect to primary care, 70 projects have been funded by Francophone communities to date. Some examples are offered on page 12. In the province of Quebec, 37 Anglophone projects have been funded; some examples are provided on page 12 of our presentation. All these projects are designed in a manner that will improve access, accountability and the integration of services with provincial and territorial services.

Our perspectives.

A formal evaluation of these investments is planned for early next year. Based on this evaluation, we will be able to provide governments with the advice they certainly want from us.

I am now ready to take your questions.

● (0915)

Le président: Thank you very much, Mr. Nouvet. I appreciate your brevity. Time is an extremely important commodity for us

Mr. Bélanger.

Hon. Mauril Bélanger (Ottawa—Vanier, Lib.): Thank you, Mr. Chairman.

Mr. Nouvet, allow me to congratulate you, and Health Canada, for the fine work you have done over the past few years. You indicate how proud you are and you have every reason to feel that way. I have been following these issues very carefully. Of all the departments affected by the elements in the action plan, Health Canada has probably made the most progress.

As you pointed out, you were the first department to create a—

Mr. Marcel Nouvet: No, I don't believe so.

Hon. Mauril Bélanger: I think that you might check with the people from Human Resources. I think that they created a Joint Advisory Committee before Health Canada. I'm only stating that to ensure that the testimony is accurate.

Monsieur Nouvet, I would like to ask you a question on funding. I think that you can tell what I'm going to say. If I'm not mistaken, of the three funding components, one expired before the others.

Am I right? Can you tell us which one?

● (0920)

Mr. Marcel Nouvet: It was the primary care component.

Hon. Mauril Bélanger: Is it because it was funded from another envelope?

Mr. Marcel Nouvet: It was dependent on another program, which expired at the end of the last fiscal year.

Hon. Mauril Bélanger: That's it. If I'm not mistaken, a one year extension, with $10 million in funding, was announced last fall. Am I right? The community, including Société Santé en français, was hoping for a second extension for FY 2007-2008. Am I right?

Mr. Marcel Nouvet: Yes.

Hon. Mauril Bélanger: Can you tell us where the missing funding is for this year?

Mr. Marcel Nouvet: Are you referring to next year?

Hon. Mauril Bélanger: Yes, I'm talking about next year. I think that the money for this has finally been distributed and that the projects were authorized a week or two ago. It was very recent, I believe.

Can you tell us where the missing money is, because we have to provide for bridge funding for another year. Where are the $10 million earmarked for primary care for FY 2007-2008, before the action plan is renewed?

Mr. Marcel Nouvet: First of all, I would just like to say that our priority at this time is to ensure that the funds we've just allocated for this fiscal year are distributed as quickly as possible, and we're doing just that right now. We haven't done this work for the coming year. I think that the representatives of the communities are seeking interviews with the minister and senior civil servants.

At the present time, we don't have a plan for renewing our funding for the coming year. I would add that this past year, when we decided to allocate funds for this year, we announced the decision in November. Right?

● (0925)

Hon. Mauril Bélanger: It was around this time of year, yes.

If I understand the internal administrative and financial regulations, it was defined as a sunset program, and sunset programs can only be renewed one year at a time. Am I right? The government's intent, at that time—and I can speak with some knowledge because I was—was therefore to renew this $10 million envelope twice: once, as was done for the current fiscal year, and a second time for FY 2007-2008. At that time, we were hoping to include this money in the five-year renewal of the Action Plan for Official Languages, which was scheduled for 2008, to ensure that there would be no more breaks in funding and to allow the communities to do their planning.

Mr. Chairman, I feel a little ill at ease because I'm replacing Mr. D'Amours in this forum. But I am certain that if I spoke to him and to other members of the Committee the Committee might agree to adopt a motion encouraging the government to renew this $10 million envelope for FY 2007-2008.

I is my opinion, Mr. Chairman, that there may be a motion to that effect, so that these communities can plan their activities effectively.

Mr. Nouvet, can you tell us how the Department plans to proceed with this renewal? Is this a Departmental initiative? Does it have to come from outside?

Mr. Marcel Nouvet: We have no plans at this moment to renew our funding for the coming year. Our role is to advise the Minister at the proper time and then implement the decisions taken.

Hon. Mauril Bélanger: Mr. Nouvet, I'm somewhat perplexed because you say that the Department has no plan…when in fact there was one. Last year, your plan was to seek renewal in two stages. Has that changed?

Mr. Marcel Nouvet: To speak frankly, last year there were indications that there were plans to renew the funding for the following year. What I understood, what was hinted at, was that the following year we would take another look at the funding for the fifth and final year. Last year, our department focused on allocating $10 million additional for the fourth year of the program, ie, the current year.

Hon. Mauril Bélanger: We'd have to take another look, but I don't know if these documents are still available. Since the regulations stipulate that sunset programs can only be renewed one year at a time, your intention at that time was to seek renewal in two stages and then to include this in the action plan. So I will now speak about the renewal of the action plan after FY 2007-2008.

Is it the intention of the Department to include, in this renewal, the funding needed for this third component, ie, primary health care?

Mr. Marcel Nouvet: For the renewal to start on April 1, 2008 anything is possible, because we're going to conduct an evaluation. Under these circumstances, following the evaluation we plan to do and given the concrete findings we will obtain, I think that we will have options for continuing and improving the program and other options that the government will be able to consider.

Hon. Mauril Bélanger: Thank you, Mr. Chairman.

Le président: Thank you very much, Mr. Bélanger.

Ms. Barbot.

Mrs. Vivian Barbot (Papineau, BQ): Thank you for coming here today.

I'll begin with one comment. In your references to what is happening in the so-called minority Anglophone community in the province of Quebec, one notes a huge disparity between the situation faced by the latter community and the Francophone community outside Quebec. This issue is not addressed anywhere in the report. I think, however, that this would offer an interesting point of comparison because this situation is found both in the networks and in the projects being proposed. So it would have been interesting to know, given an equal population, what this means. I know well that there are regional disparities faced by the more remote regions, but I don't feel this is an element which offers a real insight into the situation of Anglophones vs that of Francophones. This may be applicable to other situations and help us make decisions.

More specifically, page 5 of your report refers to what the communities have said on this issue. You note that this report on French language minority communities demonstrated, first of all, the following:

> There are major regional differences, but as a rule French language minority populations are poorer than the Anglophone majority population.

In regard to the English language minority communities, you say:

> There are major differences with respect to Anglophone access to services in the various regions of Quebec: specific local initiatives are needed.

In other words, you do not provide the same information for the two communities.

I would like to know, therefore, what can be said on the issue of equivalency. What

And on the latter point you say that:

> Unaffiliated physicians are viewed as the most reliable source of information in English; CLSCs and Info-Health are perceived as less reliable.

Can you tell me why this difference exists? As far as I know, unaffiliated physicians are rather few and far between in the province of Quebec.

Mr. Marcel Nouvet: I will try to answer your question, Madame. The situation of Anglophones in Quebec is different from that of Acadians or of Francophones living outside Quebec. Anglophones living in large urban centres— Montreal for example—manage quite easily to obtain services in their language. When they live in more remote areas, their experience is quite similar to that of Francophones. And relative to the people around them—if we refer for example to the Gaspé and the Côte-Nord—they are less educated than the average. This also reflects to some degree the experiences of Francophone minority communities. So the situation is the same, except in large urban centres like Montreal where Anglophones are able to obtain services in English.

There are one million Francophones living in Quebec, and a million people living outside Quebec whose first language is French. The funding for Francophones is greater, however, because their situation still ultimately more problematic than that of Anglophones, since not all Anglophones live in remote areas.

A recent CROP poll—conducted I think in 2005 and organized by Anglophone groups—showed that only 48 per cent of Anglophones in Quebec are able to access the services they need in their mother tongue. So there are always major shortages in Quebec, whatever one might think.

● (0930)

Mrs. Vivian Barbot: Does the shortage take into account the fact that Francophones outside Montreal, outside the large centres, also have difficulty accessing some services? In other words, there is a lack of services, and I imagine that Anglophones have even more difficulty than others accessing these services.

Mr. Marcel Nouvet: We're talking about the difficulty they're having obtaining services in their language. The language issue is important. I think they are able to obtain as many services as Francophones, but not in their mother tongue. And, when they go to see a doctor or nurse, I think that they would develop greater trust if they could speak in their language.

Mrs. Vivian Barbot: Yes.

And what do you think about the CLSCs and Info-Santé; which are the least reliable sources?

Mr. Roger Farley (Executive Director, Official Language Community Development Bureau, Intergovernmental Affairs Directorate, Health Canada): In fact, the observations on this page come from the community itself. They are from the polls conducted on the members in 2001. It is based on these observations that the programs were implemented and that funding was provided. I think we should really refer to the 2001 report produced by the community itself to know where the information comes from.

With regards to access to health care within the Anglophone population, I can provide you with a recent example. The Heritage College in the Outaouais trains nurses who can practice their profession in English. Yet, about 80 per cent of the nurses leave the Outaouais and go to Ontario or elsewhere in the country to practice. One reason they leave is because they don't feel adequately equipped to offer services in both official languages. So, as part of the program instituted in collaboration with McGill University, these students will receive training in their second language adapted to the health environment in French. As such, they will be in a better position to serve the Anglophone population. This measure is designed to retain professionals in Quebec.

McGill University also has language training projects aimed at Francophone professionals, which will help them acquire a certain level of English medical vocabulary in highly specific fields. For example, when someone is suffering or is in pain, they would know the appropriate vocabulary to correctly interpret the person's reactions. This is funding allocated to the benefit of the Anglophone population.

Le président: Thank you Mr. Farley and Ms. Barbot. Mr. Godin will ask the next question.

Mr. Yvon Godin (Acadie—Bathurst, NDP): Thank you Mr. Chairman.

Good morning.

I am having difficulty understanding something. On pages 11 and 12 of the French version, there is a discussion of the results to date. Could someone provide greater explanation on what agencies are being referred to here? I can read under the section on Strategies for Training and Skill Retention in English-Speaking Minority Communities that McGill University is a leading organization working with 76 regional social service and health agencies across Quebec. From what I understand, there are only 70 Francophone projects across Canada.

Under the section Primary Health Care Initiatives, 2003-2004 to 2005-2006 it says that in Canada there are 70 Francophone projects that receive funding, including the national promotion project Active Offer of Health Services in French; the oncology tele-health project in New Brunswick; and the Francophone project on cardiovascular risks in Eastern Ontario. There are 37 Anglophone projects in Quebec as well.

So, while there are 70 Francophone projects across Canada, there are 37 Anglophone projects in one province alone, ie, Quebec. I know that Quebec occupies a large territory, maybe even larger than France, but when all of this is analyzed, can we not conclude that there is an issue of imbalance at some level? I am not saying that there are too many projects in Quebec, but rather, I am asking whether there are enough in the rest of Canada.

I can't speak about the numbers involved, because I risk making a mistake. But I can state more or less that the waiting list is longer in Quebec than in the rest of Canada. In New Brunswick, for example, according to the information we got last night, there is a 31-week waiting period.

Does the 31-week waiting period apply to Francophones in majority Francophone communities? It was only there, in New Brunswick, that there were cuts to their hospital budgets. At the same time they were making these cuts and closing Francophone hospitals, they were building Anglophone hospitals in the south of the province.

According to New Brunswick statistics, were the Francophones affected by this? I would like to hear your comments.

● (0935)

Mr. Marcel Nouvet: The federal government does not have jurisdiction over hospitals, including their construction, openings and closures. This is rather a provincial matter.

Thus, the initiative put into place does not take this issue into account. First and foremost, the initiative aims to create networks that will let us bring to the table provincial representatives, health professionals, institutions and communities, so that they can decide together how they can best improve the health services offered to the people.

They do not discuss hospital openings in these networks.

Mr. Yvon Godin: I understand. I have been around for a long time, and I know that the health system is under provincial jurisdiction.

However, we are talking about the federal government financing 76 health agencies for English-language minority communities in Quebec, while in the rest of the country, outside Quebec, there are only 70 Francophone projects being funded. This is in contrast to the 37 Anglophone projects financed in the province of Quebec alone.

Even if you are paying for the agencies to meet at the same table, is this working outside the province of Quebec? Are there enough agencies? What is the problem?

Mr. Marcel Nouvet: We have provided money to the community agencies. They are the ones that do the screening and decide on which projects to sponsor. We are not the ones who decide which projects to sponsor; the communities arrange this themselves.

In Quebec, for example, when you consider what is being done in the area of training, it is much less costly than what is being done by the Francophones through the consortium. Because in the consortium, it's about training people, taking the students and giving them two or three years of courses. And in some cases, for physicians for example, there is a lot more training than that. So the training is a lot more expensive than it is in Quebec, where the stress is put on language training, which costs a lot less and can be provided a lot more quickly.

Mr. Yvon Godin: But in terms of training, however, aren't Francophones at a disadvantage when they pursue their studies, especially when the textbooks are nearly all in English?

So, as a government, what are you doing to encourage the translation of some of the textbooks? Even in Montreal, I know some people took who courses and had to go to McGill University to consult the English textbooks because there was absolutely nothing in French.

Mr. Marcel Nouvet: Yes, but the courses are not given at McGill University.

Mr. Yvon Godin: No, I'm not talking about McGill. I'm talking specifically about the health care textbooks available in the university library.

Mr. Marcel Nouvet: But the courses given at the 10 participating universities and colleges are in French. On the other hand, I don't know whether the books are in English or French, but as far as I know they are in French.

Mr. Yvon Godin: Now, coming back to an earlier issue, why are there only 70 Francophone projects in the whole of Canada, when there are 37 Anglophone projects in one province alone, ie, Quebec?

Mr. Marcel Nouvet: I think we should ask Société Santé en français who selected the projects. How were the choices made? We should also compare the value of the Anglophone projects to that of the Francophone projects because in my opinion, some projects are much larger in scale than others.

● (0940)

Mr. Yvon Godin: Is it possible to attribute this situation to a lack of federal funding in some regions? In other words, can a lack of funding explain this disparity?

Mr. Marcel Nouvet: No, because on average, Francophones still receive twice as much funding as Anglophones to finance their activities and initiatives.

Mr. Yvon Godin: Yes. But this is a matter of 10 provinces as compared to only one.

Mr. Marcel Nouvet: We are talking about a million minority Anglophones in Quebec and a million minority Francophones living outside Quebec. Yet, despite this, the decision was made to grant two-thirds of the money to Francophones and one third to Anglophones. Therefore, the problems among the Francophones were acknowledged as different and possibly more severe.

Le président: Thank you Mr. Nouvet. This is all very interesting.

Mr. Pierre Lemieux, it is your turn to ask the next question.

Mr. Pierre Lemieux (Glengarry—Prescott—Russell, CPC): Good morning and thank you for coming here today to make a presentation.

To begin with, I would like to say that access to health care is one of our government's priorities. This is a very important issue for minority language communities. The vitality of minority communities depends on access to health care in their mother tongue, as you know. It is a key factor.

During your presentation you said that some funds are allocated for primary healthcare needs, while other funds go towards networking initiatives. We have already spoken briefly on the topic of networking. I note that there are 17 Francophone health networks outside Quebec, one Anglophone provincial health network in Quebec, and nine other regional and local networks covering the province.

Can you explain to us more specifically the concept of networking. What are the goals, strategies? And what are the expected outcomes?

Mr. Marcel Nouvet: In my opinion, networking is the cornerstone of this strategy. It allows the communities to bring to the table not only the health professionals from their regions, but professionals from the provinces and territories as well. The dialogue provides an environment in which confidence can be quickly developed, one that would not exist otherwise. It allows the parties to define their priorities. The federal government is not alone in investing in government services in French. The provinces and territories are doing this as well, and their investments are significant.

We have created a place for discussion where people can meet, talk with one another and see different points of view. Considering its federal-provincial-territorial baggage, it would have been very difficult for the federal government to sit down at the table with provincial and territorial civil servants and tell them that a little money was available and that they had to decide jointly how to spend it. It is better when the provinces interact directly with the communities, without interference from the federal government. The role of the federal government has been to make this small investment, which has resulted in a number of positive outcomes.

A study carried out by the Francophone advisory committee will be published in the near future. The study shows that in Nova Scotia, New Brunswick, Prince Edward Island, Ontario, Manitoba, British Colombia and the Yukon, the relationships between the provinces, territories and communities are now rated as good or very good.

When people listen to and understand each other, they always manage to find solutions. The federal government is also investing in training. An example of this is the French courses being offered to the people of New Brunswick. Thanks to this initiative, the provincial government and the University of Moncton have decided to build a centre to deliver this training with their own money. The cost has nearly reached $3 million. This ongoing dialogue between the provinces and the communities is helping to form partnerships. This could not have been achieved by public servants.

Mr. Pierre Lemieux: As for me, I love the fact that we're working together. We are interested in health matters, like the provinces, but we need communities to deliver the services.

In your opinion, is it possible to assess or assign worth to the networks? What sort of feedback are you getting from the communities?

● (0945)

Mr. Marcel Nouvet: In the beginning, this networking initiative caused a lot of suspicion among the provinces and territories. Of course, the provinces' fear was that the federal government would spend a little money, then withdraw and forget about the project completely. When this happens, the provinces find themselves having to deal with the high expectations of the communities.

The list that I have before me shows that at least half of the provinces and territories see this as a positive initiative. In Manitoba, for example, the cabinet adopted a ruling indicating that it wanted the people to consult the local community network before doing anything affecting the administration of health care to Francophones.

I think the networks are exciting. They have brought the communities and provinces closer together. I attended a provincial-federal conference two years ago. The provincial and territorial MPs talked to the Health Department very positively about the work that is being accomplished thanks to these investments. It is clear that everything that is being achieved is being done with the support of the provinces. Because of the networks, the provinces now have the confidence that they will be able to greatly improve their health care services. Next year's evaluation will provide more proof that this is happening.

M. Pierre Lemieux: Thank you.

Le président: Thank you, Mr. Lemieux.

We now turn to Mr. Simard to ask the next question.

Hon. Raymond Simard (Saint Boniface, Lib.): Thank you Mr. Chairman.

Gentlemen, welcome to the committee. I apologize for having missed your presentation.

We recently welcomed Société Santé en français representatives to speak before the Committee. They discussed the new model they had created in partnership with Health Canada.

I have three questions for you.

It is not easy to create a new relationship with a non-governmental group. Can you begin by discussing the challenges that exist in such a relationship? If the formula proves to be working well, can we apply it to other departments?

All governments, including the former liberal government, demand results. They are ready to invest so long as there are concrete results. The Société Santé en français and Consortium national de formation en santé were evaluated midway through the project. Taking this evaluation into consideration and the progress made since that time, do you think this model is working well? Would you be ready to make a recommendation for renewal and improvements to the program?

Mr. Nouvet, I am sure you have seen many projects in your 20 or 30 years of service with Health Canada. We are hearing extraordinary things about these projects. I know that it is working well in Manitoba. When the people come to see us, their testimony is very positive.

In your opinion, is the program worth renewing?

Mr. Marcel Nouvet: I will start with your last question, because it is the hardest one to answer.

I told you that we at Health Canada were very proud of what we had accomplished over the last four or five years. I can't tell you what kind of recommendation we will make. We will be providing options when asked to do so. It will be up to government to decide. It is difficult for us to tell you what we are going to recommend to the minister.

Communities wanted to know, before the beginning of the five-year plan, what officials would recommend to the minister. We said that we really could not tell them what our recommendation would be, but that we had heard their request for some $500 million over five years. We told them that we could not tell them what would result from it. Actually, we came up with significant amounts, but they were lower than the communities had hoped for.

As far as I am concerned, the creation of a new model of governance was arduous work. I have done many things over the course of my career within the federal government, and I can assure you that it is one of the three, four or five most challenging initiatives I have ever been involved in. The public service has a culture which is based on cautiousness and, at the end of the day, the status quo. It does not like change. The fact that we were going to be shaking things up, that we would no longer be managing projects, but that they would be managed by the communities themselves so that they could take ownership of them and make their own choices, all of that made people uncomfortable. Some people feared perhaps that by losing that control, they would no longer know what to do nor whether the money was well spent. We experienced a shift in culture because we needed to create a climate of trust.

In general, the public does not appreciate public servants. I am sure some community representatives support the people helping decision-makers make decisions, but at the end of the day, there is a bias against public servants. When they find themselves caught up in the bureaucracy, which exists for good reason because it is after all tax payers money that is being spent, things grind to a halt due to the culture and the checks and balances which must be applied to ensure money is well spent. That reinforces the bias people may have against the bureaucracy.

After two years, a number of bumps in the road and lively meetings with francophone communities, they know now that we are acting in good faith, that we are trying to break down barriers, but that we must exercise some control. We have struck the right balance and the communities trust us. That is my view of the situation. We should ask Hubert Gauthier and Andrée Lortie what they think. I think that we have reached some common ground.

I don't know if I am addressing your second question. I am impressed by what the communities have done. Some may say it was Health Canada's doing but that would not be true. The federal government provided the money, and the communities decided on how to spend it. Incredible things are being done. For one thing, five or six provinces now listen to these communities and get along very well with them.

There are some examples I can give you. Notre-Dame-de-Lourdes is a health services centre which will soon be built. The federal government's investment was $30,000. The total value of the project is $3 million. With just $30,000 in seed money, the communities managed to get funding from the provinces and their own communities in order to build a $3 million centre. That is exactly what happened with the training centre in New Brunswick which I discussed earlier. A small amount was invested in training and all of a sudden, the university and the province decided to work together to build something.

● (0950)

The Chair: Mr. Petit, you have the floor.

Mr. Daniel Petit (Charlesbourg—Haute-Saint-Charles, CPC): Thank you for being here this morning on behalf of Health Canada.

The question I have for you may be general in nature but I would like to begin by saying a few words just to be clear. You said that the federal government supports linguistic minority communities, be they francophone or anglophone, in terms of health care. I come from the province of Quebec, where there are other francophone minority groups. I am referring to Indian reserves. Some Indian tribes—for instance, the Hurons in my area—live close to downtown and have access to services in French. The other Indian nations in northern Quebec which speak French are having some difficulty obtaining services in French. Although we are in the majority, we are still having a hard time accessing services. Can you imagine, there are Indian nations living close to Lake Mistassini!

Of course, it is an issue under provincial jurisdiction, but there is a minority group which speaks my language and is having a hard time obtaining health care service in French. That is not the case when people live in cities, however. Two major reserves can easily access services: the Huron-Wendat, in Quebec City, and the Aboriginal people in Kanesatake, in Montreal, because they are close to two big cities. When you go into northern Quebec or towards New Brunswick—there are a few Indian nations in Quebec near New Brunswick—things are different. We know full well that to be able to obtain services in one's own language—in their case it is French—leads to enhanced vitality in a community.

What is your goal in providing funding. How do you react?

● (0955)

Mr. Marcel Nouvet: That is an excellent question, and my colleague has just suggested an answer.

My understanding of the matter is that the Official Languages Act requires the federal government to undertake special measures to help official language minority communities. These communities comprise English speakers in Quebec and French speakers and Acadians living in a province other than Quebec. This has been our focus. If I were a member of the Quebec National Assembly, it would be my responsibility to ensure that Quebeckers had access to health care services, which fall under provincial jurisdiction, in the language spoken by the majority. I do not believe that to be a matter of federal responsibility. Perhaps I am mistaken, but I understand the federal government's responsibility to be towards those in a minority situation, like English speakers in Quebec.

Mr. Daniel Petit: Mr. Nouvet, health care services are said to constitute a key element in the development of official language minority communities. Could you tell us what has been accomplished thus far on this front? Could you define some of the challenges for us? I am of course referring to the English language and French language minority communities that you just described.

What are the current and future challenges for Health Canada?

Mr. Marcel Nouvet: If your question is what challenges do these communities face, I would say, as they have already said, that it is twice as difficult for them to get services in their mother tongue as it is for the majority. It is difficult for people to seek treatment when they do not have a command of the official language that is being used by the health care provider.

In addition, it should be remembered that the primary focus of the Official Languages Act is not actually health care, it is how to ensure the development of official language minority communities. I am talking about French speakers, perhaps because I myself am a French speaker. The bottom line is that if there are less and less services available in French, and if people cannot study in French, they will end up working in English either for the English language community or for French speakers who have been assimilated. It is something of a vicious circle and one which will quickly undermine French language communities.

The communities have been using their funding to try to increase the number of professionals who receive their training in French. It has been shown that those who study in French are more likely to work in French. They have also developed vibrant community networks in an attempt to facilitate working relations with the province.

Four years on, it is, in my opinion, difficult to get an exact measure of the results. At a recent advisory committee meeting, we heard that the French language communities were more satisfied with the services than they had been previously. That being said, we all acknowledged that it is very difficult to prove this assertion as it is primarily based on anecdotal evidence.

The Chair: You have five minutes, Ms. Brunelle.

● (1000)

Ms. Paule Brunelle (Trois-Rivières, BQ): Good morning, gentlemen.

I have been told, rightly or wrongly, that although Health Canada has 10,000 public servants in its employ, it does not actually run a single hospital. Yet it is in hospitals that the real problems are to be found. Furthermore, I noticed that the results that you shared with us actually only concern primary care. Like my colleague from the NDP, I am concerned by the difference between the number of projects in Quebec compared to the rest of Canada.

You told us that the Société Santé en français is responsible for choosing the projects. I would like you to elucidate further. Do the communities themselves launch the projects? Why is it that, proportionately, there are so few projects in French language minority communities outside of Quebec? How is the funding allocated?

Furthermore, the official languages interim report informs us of a three-million dollar loss attributed to funding delays. I would like you to explain how this can be justified.

Mr. Marcel Nouvet: I would be delighted to address this question. When I listened to the debate during the last election campaign I was at a loss as to why a clear answer could not be given to this question.

Health Canada runs hospitals that serve the first nations communities. We therefore do have staff working in hospitals. We also employ nurses who work on reserve and who should, as a rule, be able to provide services in both official languages. A good half of Health Canada's budget is spent on providing these services. In addition, another significant chunk of the budget is spent on regulating and testing new drugs, and so forth. That explains why we have such a large staff.

Allow me now to address project selection. The Société santé en français, which has a very small team and modest offices here in Ottawa, depends on 17 networks. All of the networks are represented on the steering committee. The committee started by defining its project selection criteria. They then asked the networks to develop and submit project proposals. Bearing the criteria mind, the networks went to work in the communities to try to develop sound proposals for the Société santé en français. The selection was made based on the criteria developed by all stakeholders. Some projects were rejected and others were approved.

Ms. Paule Brunelle: Given that this is an area of provincial jurisdiction, you have to negotiate with the provincial governments. How does that work?

Mr. Marcel Nouvet: No request is reviewed by the Société santé en français and no investment is made in a project unless formal approval has been obtained from the province. Nothing can be done without first having the support of the province.

That is why working together within the networks is so important.

Ms. Paule Brunelle: You enjoy a good relationship with the provinces. However, you mentioned earlier that some provinces are concerned that the government will provide limited funding and then turn on its heels and walk away. Is that a problem?

Mr. Marcel Nouvet: It is a problem in some areas, but in others it is working very well. I am certain that the success stories will pave the way for the others to follow suit.

Ms. Paule Brunelle: What are your views on the three million dollars in program funding that have not yet been spent?

Mr. Roger Farley: There are a number of administrative problems related to this three million dollars. There was $30 million for all of the projects. Ten million dollars were earmarked for the English language community and $20 million for the French language community. As of September 30, the entire amount had been spent.

Ms. Paule Brunelle: I still have a little bit of time left. You said that you manage the on-reserve hospitals. How many hospitals are there?

Mr. Marcel Nouvet: We will have to send you this information.

Ms. Paule Brunelle: Are there any in Quebec? I am thinking of the problem Mr. Petit raised.

Mr. Marcel Nouvet: No, I do not think that there are any in Quebec. Did you know that we are responsible for providing nursing services and front-line services on all reserves? These services should be provided in both official languages. If there are ever any problems on this front, please let us know.

● (1005)

Ms. Paule Brunelle: Do you have a formal, written agreement with the Government of Quebec regarding the services you provide?

Mr. Marcel Nouvet: I think that, in general, the provinces are happy that on-reserve health care is a matter of federal responsibility. This could be debated, but overall they are happy that the federal government assumes this responsibility. Consequently, there are no specific agreements on this.

The Chair: Thank you Mr. Nouvet, thank you Ms. Brunelle. I apologize for forgotting you.

Mr. Godin.

Mr. Yvon Godin: Let us turn our attention back to Mr. Petit's example. I am a little confused. You said that reserves come under federal jurisdiction. There are only two federal hospitals in Canada. Yet, when Mr. Petit was talking about reserves, you told him that health care came under provincial jurisdiction.

Mr. Marcel Nouvet: Are you talking about health care?

Mr. Yvon Godin: Yes, what exactly did you say to Mr. Petit?

Mr. Marcel Nouvet: I said that it was a matter of provincial jurisdiction.

Mr. Yvon Godin: You said that it was a matter of provincial jurisdiction.

Mr. Marcel Nouvet: There are always exceptions in life.

Mr. Yvon Godin: Indeed there are, as we see every day. At any rate, do not worry. Although public servants sometimes suffer something of an image problem, the polls always say that politicians have a worse problem than you do. There are always exceptions to the rule.

Mr. Marcel Nouvet: It must be because we give advice to politicians.

Mr. Yvon Godin: I am frittering away my time.

What is your answer to Mr. Petit's question on reserves? I want to know whether they fall under provincial or federal jurisdiction.

If the reserve to which Mr. Petit referred is indeed under federal jurisdiction, does it follow that there will be not just a bilingual nurse, but hospital services available in both official languages?

Mr. Marcel Nouvet: Let me explain my understanding of the matter. Aboriginals who live on reserve receive health care from an on-reserve nurse. The federal government foots the bill. The federal government also covers any transportation costs related to transferring a patient to a provincial hospital. However, the province pays for the services provided to the patient at the provincial hospital.

Mr. Yvon Godin: That is fine, but are they entitled to service in the official language of their choice, because federal legislation provides for this?

Mr. Roger Farley: Quebec has amended its health care act. Measures have been introduced for each regional health board to set up a committee tasked with ensuring that services are provided. Each board has to develop a plan to ensure that health care services are provided in English, the minority language in Quebec.

Mr. Yvon Godin: My other question concerns the community groups. The federal government does provide funding, but if it does not arrive on time, or if it arrives at the last moment, the communities become concerned. It is like when the government waits until fall when the ground is frozen, before providing the funds for roadwork. The same thing happens to the communities.

I want my message to be understood. I know that it is not just up to you and that the government decides when the monies are released. Nevertheless, the communities are working very hard at grassroots level yet, at the 11th hour, they are left waiting and wondering whether they will be able to pay their phone bill or whether they will have to close their offices. It is difficult to do a good job in such circumstances. But, that is what happens most of the time.

Some communities in my region have been worried of late. There is another program that is supposed to provide funding for advertising spots on health in French. On Friday, they did not even know if they would be getting the funding.

Is this problem here to stay? Is the federal government cutting back on health care spending?

Mr. Marcel Nouvet: Those cases involve contribution agreements. Contribution agreements are managed very tightly. The point is to protect taxpayers' money. These procedures are...

Mr. Yvon Godin: I understand that you must monitor things, but do people have to wait until the very last minute?

Mr. Marcel Nouvet: In what situation?

Mr. Yvon Godin: When funding is granted. When one budget is ending and a new one comes in, the communities are the last to know.

Mr. Marcel Nouvet: The amount of $10 million, which was earmarked for this year, was announced last November. We knew the process would take time. Once funding is announced, you need the formal approval of the President of Treasury Board. This takes time, since submissions must be prepared and so on.

We had agreed with community representatives that they could start to prepare their projects so that as soon as the money became available they could implement the projects and avoid the start-up work at that stage. This is what happened. Officials regretted the delays, and of course the communities did, as well. Our hands were tied until we got Treasury Board approval. When we received the authorization, the communities had been ready to proceed for a few months.

● (1010)

Mr. Yvon Godin: Fine. Thank you.

The Chair: Thank you, Mr. Godin. This concludes our second round and we will now begin the third one.

Mr. Bélanger, you have the floor.

Hon. Mauril Bélanger: Thank you, Mr. Chairman.

I would like to make a few comments before putting my question. I am both disappointed and pleased to learn that, based on their own evaluations, the percentage of Quebec anglophones who say they do not have access to services in their own language is 48 per cent. This percentage is strangely similar to that of the francophone community outside Quebec, which, at the time of the study, was 50 per cent.

Of course, I admit that there are differences, but also similarities, such as when the Jefferey Hale Hospital in Quebec City was closed. I have travelled in certain regions, such as the Gaspé Peninsula and elsewhere in Quebec, and their situation is different from that in Montreal. The communities clearly said this.

As for the number of organizations, this is a choice that the communities have made themselves. I believe there are four networks in Ontario. I am familiar with the one in Eastern Ontario. Four of the 17 networks in Canada, apart from Quebec, are located in Ontario. The one in Eastern Ontario includes over 50 organizations. We have to consider the real numbers when we compare the number of organizations in the English community in Quebec to the number in francophone communities outside Quebec. But I think that on the whole the stories are similar, except that they chose to structure them differently.

As for cooperation between the Société santé en français and the provinces, I admire the work they do. Unless I'm mistaken, a deputy minister of health from New Brunswick was a member of the board, but I don't know if he still is today. This is proof that there was good co-operation among the three parties: the communities, the provinces and the federal government. This should be known.

As for the positive initiatives, I believe that construction has begun on the Centre de santé Saint-Thomas in Edmonton. It will be a magnificent centre which will provide health care services for seniors.

I simply wanted to clarify a few of the things we heard.

I will now briefly come back to the issue of training. In the agreement which was signed in 2004, which transferred 41 billion additional dollars over ten years, there was money to train 1,000 people in ten years so that their credentials could be recognized. Money was also included for people who had trained as doctors abroad and who had come to live in Canada, but who could not work in their profession.

Can you tell us how that aspect of the agreement, which was signed with all the provinces and territories, will be implemented?

Mr. Marcel Nouvet: That does not fall within my sector. I really do not have any details.

Roger, can you respond?

Mr. Roger Farley: As far as the agreements with the provinces are concerned, we are in the process of developing a co-operative process in the health care sector, between the Consortium national de formation en santé and the Human Resources Program. A project valued at a million dollars was presented by the consortium under the program to provide additional training for physicians who trained abroad, which means that they would be able to practise in Canada. The program is not up and running yet, but there have been discussions and commitments have been made.

Hon. Mauril Bélanger: If I may, as far as this subject is concerned, minority francophone communities were concerned because professional organizations, in their efforts to recognize foreign credentials, seemed unaware that the same should happen for francophones, that is, all the work that was being done by professional organizations was almost exclusively in English.

Are you aware of this concern? If so, will the Department of Health do anything?

● (1015)

Mr. Roger Farley: Yes, we are aware of this concern, as Mr. Nouvet mentioned.

As far as the francophone community is concerned, they are embarking on another round of strategic planning for the 2008 and 2013 period, that is, for the next five years. One of the challenges which was highlighted is precisely the co-operation between the francophone community that is, the networks and the consortium, and the professional organizations.

One of the projects represented by the Société Santé en français for 2006-2007, which will end on March 31, involves the Canadian Medical Association.

Le président: Thank you, Mr. Bélanger.

Hon. Mauril Bélanger: Allow me to...

The Chair: No, I am sorry, but it is Ms. Boucher's turn.

Mrs. Sylvie Boucher (Beauport—Limoilou, CPC): I am sorry, Mr. Bélanger.

The mandate of Official Language Community Development Bureau is to work in partnership with organizations which represent the communities.

In your dealings with the partners, I would like you to explain how the organizations are held accountable, and how outcomes are evaluated.

Mr. Marcel Nouvet: We have very detailed contribution agreements. Under these agreements, for instance, communities must produce quarterly progress reports and financial statements. Funding is provided on a quarterly basis, I believe, once the reports are received and reviewed. So, the process is extremely tight.

People have to explain from the outset what they intend to achieve and how they intend to spend the money. They then have to send us regular reports in order to receive the next chunk of funding.

Mrs. Sylvie Boucher: So you can see where most of the money is being spent?

Mr. Marcel Nouvet: Yes. For instance, we receive reports from the Société Santé en français which is responsible for conducting audits each year. It does not necessarily audit every single network, but at least two per year. There are criteria for choosing the networks which will be audited.

Mrs. Sylvie Boucher: So that is one of the evaluation methods?

Mr. Marcel Nouvet: That is the audit.

Mrs. Sylvie Boucher: All right. And what about the methods used for evaluating outcomes?

Mr. Marcel Nouvet: We are in the process of conducting a trial evaluation, that is, an initial evaluation to see whether, generally speaking, we are on the right track and whether the investment will produce the desired results. We think so. I gave you examples of specific things which are happening within the networks, including the fact that registrations are up by 33 per cent. The final evaluation will be conducted next year and will allow us to better measure outcomes than the current evaluation.

Mrs. Sylvie Boucher: Fine. Thank you.

Mr. Marcel Nouvet: From the outset, we agreed with communities on very specific things. Ultimately, clients had to be even more satisfied and there needed to be more professionals working in the language of the minority. We will measure these things. However, that will take time. In five years, we will have accomplished certain things, but not everything. There will always be people living in a minority situation who will have trouble finding services in their language, but by then they should be fewer. And people should at least have the hope that things will change.

● (1020)

The Chair: Thank you, Ms. Boucher.

Thanks to Mr. Godin's generosity, we will now ask Mr. Simard to ask a 30 second question.

Hon. Raymond Simard: Thank you, Mr. Chairman, and thank you to my colleague Mr. Godin, for sharing his time with me.

Mr. Nouvet, a few moments ago, you said that this new relationship called for a change in culture. You did not say whether that had actually happened.

I remember the time when senior officials in the department were cynical and closed-minded, I must admit, even on the policy front. The minister was not convinced it was a good thing.

Has there been a change in culture within the department? Has the minister been made aware of the validity of this program?

Mr. Marcel Nouvet: The change in culture has begun and is heading in the right direction. I think there will always be a little bit of friction here and there, but the situation has been calm for nine months now. Conversations are positive and courteous. We do not have to meet at the last minute every month to try and solve any conflicts. Today, both organizations are working together harmoniously. So I do think there has been an evolution.

As for the minister, he is very bilingual. Everything he has said until now is positive. I believe his support was essential to make the submission to Treasury Board this year.

Le président: Thank you, Mr. Nouvet, Mr. Farley and all members for this very interesting meeting. Congratulations on your excellent work.

We will now suspend our deliberations for two minutes and then go in camera.

[The meeting continues in camera.]

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