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Chair

Mrs. Joy Smith

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● (1530)

[*English*]

The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)): Good afternoon, ladies and gentlemen. Thank you for being so prompt today. It's very much appreciated.

We have business that we need to do today. For the first hour, I would like to welcome the Minister of Health, the Honourable Leona Aglukkaq.

It's so nice to have you here, Minister, to present and to answer questions. The committee is quite looking forward to listening to you today. Welcome.

Following the hour of the minister's presentation and the questions, we will then have the departmental officials stay and you'll be able to ask all the questions you want at that time.

Committee, please be aware that at 5:15 we're going to sit in camera to discuss some future business. There was a request to do this so that we could be organized for the next meeting.

Having said that, I would like to ask our minister to make a 10-minute presentation. Then we will open up for questions. Thank you.

Hon. Leona Aglukkaq (Minister of Health): Thank you very much. Members of the committee, *bonjour*, *uplaakut*, good afternoon.

I'm here today with Morris Rosenberg, Deputy Minister of Health Canada, and Chief Financial Officer Alfred Tsang; and from the Public Health Agency of Canada, Chief Public Health Officer Dr. David Butler-Jones and Chief Financial Officer James Libbey.

Please let me begin by congratulating you, Madam Chair, on your re-election as chair. Being elected chair means being honoured by your colleagues, and I was very honoured to meet with some of you this afternoon as well. In my opinion, among this group of dedicated members, that's indeed a high honour to be selected by your peers.

While I've been meeting one on one with opposition health critics, today marks my first time at this table. Let me say what a pleasure it is to be together with you around this table instead of being seated across and divided by an aisle. It is in times like today that Canadians need cooperation among their elected representatives, rather than division, more than ever.

Let me tell you, as health minister, it is my intention to be open, to listen, and to build effective relationships with stakeholders and colleagues, as well as with my critics. While I may be new in this role at the federal level, I come to this table as an experienced health minister from my time in the government of Nunavut.

As minister responsible for the north, I bring to this table and this House a very unique perspective. I believe that national strategies need to be truly national in scope. Our vision needs to extend north of 60 if we want it to be truly national.

In my time as Nunavut's health minister, I was proud to work toward establishing community-based health programs, advancing a territorial public health strategy, developing a long-term health human resources strategy, and expanding culturally relevant training programs for traditional midwifery, social workers, and nursing, just to list a few.

Having worked on these issues, I know that working for a healthier population means a combined effort among governments at all levels, with first nations and Inuit and with the medical and research communities. Of course, I'm proud to be here before you today, just weeks after our government made important investments in Budget 2009.

As health minister, I'm enthused about new investments in health care across Canada. For example, an additional $1.4 billion is being invested in the Canada health transfer, for a total of $24 billion. This meets our commitment to increasing the transfer by 6% annually until 2013-14. In addition, $440 million was announced to improve health care delivery and infrastructure for first nations and Inuit. And $500 million was announced to make greater progress toward a future where health care for all will become safer, more effective, and affordable, thanks to greater use of electronic health and medical records.

In both these cases, I know that investment serves only part of what's needed and that partnerships with stakeholders are ultimately what will drive us to the health care success we wish to achieve. But of course as a former and current health minister, I know full well that health means more than health care. For too long the focus has been on treating illness and constantly increasing health care spending. Rather than focusing so much on treating the sick, we need to focus more on keeping people well.

Without question, treatment can, must, and will always be there for people who are sick, but imagine our country if people worked more to keep well. That means people maintaining their personal health by living healthier lifestyles and health professionals being better educated on how to help people do that.

While we can't make choices for Canadians, it is our role as government to inform the choices and encourage conditions that lead to healthy choices. That's why our government has renewed *Canada's Food Guide to Healthy Eating*. That's why we publish the physical activity guide for Canadians, fund the child fitness tax credit, and work with partners to eliminate barriers to healthy choices. And it's why we remain dedicated to restricting tobacco marketing and other inducements aimed at youth, to continue driving down smoking rates even lower than where they sit today.

● (1535)

As health minister and as a parent, I sincerely commit to working with you and other governments, first nations and Inuit, and all stakeholders so that the next generation of Canadians grows to be healthier than their parents and not less.

For Canadians who want to live healthier, let it be clear that our government is here to help; and for Canadians who have concerns about the safety of products on store shelves, in their medicine cabinets, or in their kitchen, our government is here to protect.

We remain committed to an approach where we make legislative changes based on active prevention, targeted oversight, and rapid response. For example, on January 29, I tabled Bill C-6, the proposed Canada Consumer Product Safety Act. With this legislation, we are proposing a change to an existing law that is outdated and out of step with modern times.

We want to provide for better oversight of consumer products in Canada, including toys and cribs. We want to be able to act sooner and order recalls when necessary to protect Canadians from potentially harmful products that could cause injuries.

We want to encourage compliance, with higher fines and penalties for violators. For example, the bill proposes increasing the maximum fine from $1 million to $5 million. To make it work, we are committed to doubling the number of consumer products inspectors.

In proposing these improvements, we are listening to the views of stakeholders to ensure our approach is clear, balanced, effective, and fair.

In addition to taking action for safer products, our government is also committed to ensuring the safety of our food supply. That's why, alongside the Canadian Food Inspection Agency, the health portfolio stands ready to support the independent investigator into last summer's listeriosis outbreak. We are eager to receive her report, to increase our knowledge and put it into action as needed for the benefit of Canadians.

Making good on our commitment to translate knowledge into action is also exemplified by the progress we're making through the chemical management plan. So far, our researchers have examined 70 chemical substances that were in use long before the dawn of our modern regulations. Industries have the challenge to show that the chemicals they use do not pose health concerns and are being managed appropriately.

As a result of our reviews, several new actions have been proposed to better protect the health of our families and our environment. I want to take the time right now to thank my predecessor, the Honourable Tony Clement, for the leadership he brought to this plan. This of course included moving forward to ban the sale, importation, and advertising of polycarbonate baby bottles containing bisphenol A. Through this regulatory decision, our government put families first. It represented a world first, and it clearly showed how the chemical management plan has made Canada a world leader in the safe management of chemical substances. Through our action, we're protecting the health of Canadians.

This is the same goal we're seeking from the drug safety and effectiveness network, funded by $32 million, as I announced in January. Thanks to this network, Canadian researchers will be supported in working together to examine safety and effectiveness of drugs being used by Canadians. The network's coordinating office will be housed at the Canadian Institutes of Health Research. Through CIHR, the health portfolio is making strong contributions to the government-wide commitment to science.

Science helps inform policy and establishes priorities for our future, and to make sure we train the next generations of health researchers, I'm happy to note that Budget 2009 provides an additional $35 million for the CIHR, for the Canada graduate scholarships program. This comes in addition to new support from these estimates for leading-edge research into hepatitis C and childhood obesity, which I know is a subject on which many members of this committee have worked hard in the recent past.

● (1540)

Indeed, these estimates reflect our government's seeking to achieve, through the actions of the health portfolio, safer products for Canadians, stronger research for more effective policy, and stronger support for improved health care and healthier choices, all for a healthier population today and an even healthier generation tomorrow in communities across Canada, including first nations and Inuit.

As health minister, and along with you, I commit to strive toward this goal.

Thank you all for the time to speak, and now I look forward to your questions.

The Chair: I want to thank you so much, Minister, for your presentation.

We're now going to be going into our line of questioning. I just want to remind you that we'll have the Liberal side for 15 minutes, the Bloc for 10 minutes, the NDP for 10 minutes, and the Conservatives for 10 minutes, and then we'll recycle following that. I'm just talking about the first round.

The second round, as you know, is five minutes.

Dr. Bennett, you have 15 minutes, and I understand you're sharing your time.

Hon. Carolyn Bennett (St. Paul's, Lib.): Thank you very much.

Thank you very much, Minister. Your amazing reputation as someone who truly understands the difference between health and health care precedes you. My line of questioning will be about the problem you've inherited in a government that has chosen health as part of this strategic review and that now has a reputation for having put many community organizations and programs at huge risk. Given that all of the grants and contributions are now sitting somewhere where the Prime Minister's Office can look at them, we are particularly concerned that the ideology and other interests are not exactly.... Or perhaps “strategic review” is just code for the Prime Minister's Office getting to pick and choose. All of this means that community organizations and programs have never been more insecure.

In fact there is a reputation in your department, Minister, for things being promised year after year, going through the proper channels, going all the way up through the department, and then being killed on the desk of the previous minister. This has created huge insecurity, and it means there are tons of programs out there right now for which people do not know whether or not they will be getting money on March 31. So I would like to go through a little checklist, and maybe you would be able to say yes or no to whether these people would be able to expect their money. It seems to me everything in your estimates that has the word “grant” or “contribution” has big brackets, with millions of dollars now missing because of the strategic review, as it is there on page 138, grants, “(4,873,071)”, with a big bracket.

I think you must be upset that the healthy eating program is gone. The aboriginal wellness program is gone. The centres of excellence for women's health seem to be on some lifeline, having maybe extracted one year. The centres of excellence for children's well-being we still don't know about. The Health Council of Canada still does not have any funding after March 31. HIV/AIDS groups across this country don't know if they're getting their money or not. You got a terrible report on the national pharmaceutical strategy.

What are you going to do to make the people who actually do the work in the communities feel secure that you as the new minister understand the importance of these things like women's health, children's health, and particularly research? It is astounding that in the name of increasing efficiency and effectiveness, granting councils can end up with less money when their only job is to get money out the door. I would like you to tell us how you're going to make the community organizations feel more comfortable about what their life after March 31, 2009, or March 31, 2010, will be like.

● (1545)

The Chair: Madam Aglukkaq.

Hon. Leona Aglukkaq: Thank you, Dr. Bennett, for your questions. I sense your frustrations and I look forward to working with you to address some of your concerns and some of your questions.

We're not here to really discuss Budget 2009 or get into the specifics of the strategic review. But what I will say is that under Health Canada—the Public Health Agency—the Canadian Institutes of Health Research have undertaken the review to better align programs, to do science research and support Canadian health. I'm a strong believer that we need to do some reviews in the delivery of how we manage programs. As an example, the legislation I introduced in the House is 40 years old, and that went through a review. It was necessary to introduce legislation that is keeping up with time. It's just good business periodically to do reviews of our programs on a regular basis as we try to serve Canadians. Basically, as a result of these reviews, the government is refocusing its programs to better deliver on its core federal role in health, realigning existing resources and programs to improve management of risks to human health and so on. I would be very happy to return to this committee in the spring to discuss this in more detail with the honourable member. As it is right now, we're focusing on the implementation of some of these changes that we're proposing, but I can also say that for some of these programs in HIV/AIDS, the Health Council, there is ongoing funding to support those important initiatives, as outlined by my colleagues. I'll leave it at that.

Hon. Carolyn Bennett: I look forward to that, and I think if you look at the transcript, you can maybe table or send to us the yes or no answers on the centres of excellence for children's well-being. The Health Council of Canada actually has a new program, probably the most important recommendation of the Romanow commission, exactly how the HIV/AIDS funding would be broken down.

I guess one of the other things that bugs me is that we aren't going to be asked as a committee to look at the statutory review of the Assisted Human Reproduction Act and yet we've never received the regulations for this, other than for chapter 8. I want to know what on earth the agency can be doing when it doesn't even have any regulations and it's now time for us to review the act. It looks like you've transferred $75,000 to CIHR out of the budget of the agency, and I would like to know how this agency can even be acting or doing anything if we still don't have the regulations.

● (1550)

The Chair: Madam Minister.

Hon. Leona Aglukkaq: I'm going to defer to Morris to answer that.

Mr. Morris Rosenberg (Deputy Minister, Department of Health): Thank you, Madam Chair. On the latter part of Madam Bennett's question, on the transfer from the agency to CIHR, the purpose of the transfer of $75,000 to CIHR from Assisted Human Reproduction Canada is to support specific research in the areas of assisted human reproduction and reproductive technologies. The goal of the program is to facilitate the dissemination and uptake of research results through appropriate knowledge translation strategies and activities, based on the best evidence resulting from the completion of grant research. The specific research will be focused on the area of assisted human reproduction and reproduction technologies. I can give you more detail on that if you want to have it. This would include things like artificial insemination, ovarian stimulation, gamete intrafallopian transfer, zygote intrafallopian transfer.

Hon. Carolyn Bennett: I guess the issue is, this is an agency that is supposed to be regulating, and having couples who are having difficulty forming families feel more comfortable that this is an area that now is regulated, we decided we needed a law for it. We don't have a law and we don't have the regulations, and now we're being asked to review the law. I hope the minister will get us the regulations before we have to review the law.

Hon. Leona Aglukkaq: Thank you.

The Chair: Madam Minister, did you want to comment on that, or do you want Ms. Murray to ask her question?

Hon. Leona Aglukkaq: I can comment that the government has brought an appeal before the Supreme Court of Canada to address any questions regarding the constitutionality of the act, and out of respect for the authority of the Supreme Court of Canada, Health Canada will not pre-publish the regulations, from what I understand, until the question before the court has been resolved.

The Chair: Mr. Rosenberg, did you want to make a comment on that as well?

Mr. Morris Rosenberg: I can elaborate on that a little bit, just by way of context. As the committee may be aware, the Government of Quebec brought a constitutional challenge, by way of a reference to the Court of Appeal of Quebec, some time ago.

The Court of Appeal of Quebec issued its decision in 2008 and found that parts of the Assisted Human Reproduction Act were unconstitutional. We have challenged that. We have appealed the ruling of the Court of Appeal of Quebec. We think it's important, given that there is uncertainty in this area, to get guidance from the Supreme Court of Canada.

We will be continuing to work up our regulatory projects in the meantime. We are moving forward quickly. We have filed our factum. A number of provinces have intervened. They will be filing theirs. I believe the hearing will take place over the next few months.

Typically, Supreme Court decisions take about—no guarantees—six months. We want to be in a position very quickly to move after that.

The Chair: Ms. Murray.

Ms. Joyce Murray (Vancouver Quadra, Lib.): Thank you.

Minister, I'm going to ask just a couple of questions in order to understand your government's and your department's approach to research. There are some seemingly contradictory statements.

On the one hand, we hear that you want to work well with the research communities. On the other hand, there are some pretty major reductions to the granting councils. Also, we see in the strategic review that $6.3 million was refocused in regard to research towards advancements in science, so I'm not sure how you refocus by cutting $6 million.

But it's the Genome Canada funding that I'm most interested in. I see in the supplementary estimates that you're asking for an additional $4 million for the genomics research and development initiative. Meanwhile, Genome Canada, which was expecting $120 million, was very disappointed to see no additional funding. They believe that only research that's well under way can continue and that nothing new can start. “It's like we fell between the chairs,” said the president.

Could you tell me if this $4 million is making up for the $120 million that is being cut from future funding for Genome Canada? Or what is that budget for?

The Chair: Madam Minister.

Hon. Leona Aglukkaq: Thank you, Madam Chair.

Our government is making strategic investments in the health and safety of Canadians. This includes health research. For example, in that area, Genome Canada has stated they are pleased with the federal government's 2009 budget. It's an industry lead.

On the specific question on the $4 million, I will ask my deputy to explain that allocation in more detail. Thank you.

● (1555)

The Chair: Mr. Rosenberg.

Mr. Morris Rosenberg: Thank you.

Just to be clear, the federal genomics initiative is I think what the question refers to, and that is not Genome Canada, which has a responsibility that is under the Industry portfolio.

The federal genomics initiative is a horizontal research initiative that includes Health Canada and the public health agencies, as well as several other departments, including the NRC, Fisheries and Oceans, Natural Resources, and Environment Canada. The initiative supports research and development performed in federal government labs, and that should be distinguished from Genome Canada, which supports large-scale initiatives performed in universities and in industry.

That being said, we do, at Health Canada, collaborate with Genome Canada scientists. The new projects—to understand the molecular basis of nutrition, radiation impact, environmental toxicology, markers for carcinogens, and hepatitis C treatment—will be undertaken under this genomics research and development initiative. That is what the $4 million is about.

Ms. Joyce Murray: So we may expect to see Genome Canada having its funding continue. Certainly, I know a lot of researchers out at UBC who feel that's an important investment. Otherwise, we'll see very talented people moving to the United States.

I wanted to raise a second issue, and that's harm reduction. Again, there is a nod to science and research and scientists. As we know, by far the majority of peer-reviewed research supports harm reduction. Insite in Vancouver saves lives, but I didn't see anything in the supplementary estimates to fund, to support, or to in any way continue with that harm reduction program.

Minister, do you have the same view as your predecessor, which was that Insite and harm reduction are an abomination, or is this something you support? Might we see you taking a different approach?

The Chair: Madam Minister.

Hon. Leona Aglukkaq: Thank you, Madam Chair.

A notice of appeal was filed, as the member knows, with the B.C. Court of Appeals on June 30, 2008. This appeal is set to be heard early this year. As the matter is before the courts, my comments on it are limited. We have to respect the court process.

I want to be clear that we agree that injection drug users are in need of assistance. Our government has invested $100 million over five years to improve access to treatment for drug addiction. Of this, $10 million was set aside for Vancouver's downtown eastside. The funding has created 20 new transitional recovering beds to help individuals with drug addictions. I understand that facility was opened last week.

The focus of our national anti-drug strategy is on prevention and treatment of those with drug dependencies. We care about preventing people, especially our young people, from becoming addicted to drugs in the first place. That's the approach we're proud of taking to Canadians.

Thank you.

The Chair: Thank you, Madam Minister.

Monsieur Malo.

[*Translation*]

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

Welcome, Minister. Congratulations on your election and your appointment to the Cabinet.

Before discussing the estimates, I would like to get back to something you mentioned in your presentation. You said you wanted to continue, through different initiatives, to drive down smoking rates even lower than where they sit today. However we can see in the 2007-08 Public Accounts that the contribution in support of the Federal Tobacco Control Strategy was reduced by about $13 million. This means that out of an estimated total budget of $15.7 million, only $2.8 million were spent.

How can you reconcile these two facts?

● (1600)

[*English*]

Hon. Leona Aglukkaq: Thank you, Madam Chair.

First of all, I'd like to make it very clear that our government and the Prime Minister are 100% committed to cracking down on all tobacco products marketed to children. This was a clear commitment made by our Prime Minister in the last election. This is why we'll be taking action to set a minimum package size for cigarillos so they are less affordable for children, to prohibit flavours and additives that would appeal to children, and to ban all tobacco advertising and promotion in print and electronic media that may be viewed and read by youth. We will not tolerate tobacco being marketed in ways that are enticing to children. That's my general comment around tobacco.

I would also like to state that Health Canada transfers, under the Canada Health Transfer Act, $22.6 billion on an annual basis to deliver health care services, prevention programs, promotion programs, and so on, in addition to what we invest at the federal level.

The Chair: Thank you, Madam Minister.

Monsieur Malo.

[*Translation*]

Mr. Luc Malo: Perhaps Mr. Rosenberg can explain why these $13 million were not spent.

Mr. Morris Rosenberg: Unfortunately, I cannot give you any details today. However I can find the information and send it to the committee in the next few days.

Mr. Luc Malo: Excellent. Thank you very much.

Coming back to the supplementary estimates, I can see that in the case of the Patented Medicine Prices Review Board, nearly double the anticipated budget will be spent. The Board will be getting an additional $4.7 million.

Can you give us an explanation of this rather substantial increase? How will the money be used?

Mr. Morris Rosenberg: I can try. Before answering the question, I have to say that representatives of the Patented Medicine Prices Review Board will appear before the committee on Thursday afternoon. They will surely be able to give you more details.

Generally, the workload deriving from conflicts between pharmaceutical companies, which require a more formal procedure, has been quite high in the past few years. So operating costs have increased accordingly.

Mr. Luc Malo: We will then keep all of our questions for Thursday and determine with the board representatives how these funds directly contribute to the mission and objectives of the board. There are many issues in this area. Many stakeholders are wondering if the board's mandate is being extended. We will discuss these issues with the board next Thursday.

As for the Assisted Human Reproduction Agency, you said, Madam Minister, that you are waiting for the Supreme Court decision to figure out the situation and that you do not want to prejudge the court's decision.

However Mr. Rosenberg said that even so, money would be spent in order to establish regulations which may never be enforced.

If you are spending money on this file, are you not prejudging the Supreme Court's decision?

● (1605)

[*English*]

The Chair: Madam Minister.

Hon. Leona Aglukkaq: Thank you, Madam Chair.

The deputy was quite clear that the government is currently appealing a Quebec court decision and will not proceed with further regulations until the matter has been resolved. But in the meantime, Health Canada is continuing to work to develop regulations in assisted human reproduction. Canada continues to provide information and respond to some concerns.

I don't know if there's more to add to that question, because I think the deputy addressed it earlier.

Thank you.

The Chair: Thank you, Madam Minister.

Monsieur Malo.

[*Translation*]

Mr. Luc Malo: Mr. Rosenberg, how will these amounts be spent in detail? Exactly how will these $12 million be used?

[*English*]

The Chair: Mr. Rosenberg, would you like to make a comment on that, since the question was directed to you?

Mr. Morris Rosenberg: Thank you.

I want to be clear that we're talking about the same thing. My comments earlier were about a $75,000 transfer from the Assisted Human Reproduction Agency of Canada to CIHR.

[*Translation*]

I said this money will go to research, not to regulation.

Mr. Luc Malo: How will the total amount of $12 million allocated to the Assisted Human Reproduction Agency be spent if you have to wait, as the Minister said?

Mr. Morris Rosenberg: Madam Chair, the agency has already been established. Under section 8, some regulations are in place. The agency gives advice to people and shares information. It is therefore active but not at the level it will be once the complete regulations are in place. The agency is nevertheless working and this is how money is spent.

All agencies funded by Health Canada will appear before the committee, including this agency. Mrs. Wilson will then be able to explain that to you in more detail.

[*English*]

The Chair: Could I just intercede here, Mr. Rosenberg? That agency will be coming to the committee on Thursday.

Monsieur Malo.

[*Translation*]

Mr. Luc Malo: If, as you said, representatives of the Assisted Human Reproduction Agency will appear before us on Thursday, then, Madam Chair, we will be able to ask them how these funds are being spent. Thank you for this information.

Can you tell the committee how the additional funds allocated to facilitate the approval process for natural health products will be refocused? How many of these products are still to be approved? Manufacturers have many concerns in this regard. Can you explain to the committee how the additional funds will be used to facilitate or speed up the approval process for natural health products?

[*English*]

The Chair: Madam Minister.

Hon. Leona Aglukkaq: Thank you.

Just for clarification, I'm assuming the member is referring to the processing of natural health products permits? Yes.

Madam Chair, our government tabled amendments to the Food and Drugs Act to modernize and strengthen it last year. During the election, we promised to bring this legislation forward again, and we will be doing so in the near future. I say this just for clarification.

This legislation is also about ensuring that food is safe. It's also about strengthening our abilities to protect Canadians from harmful drugs and ensuring that natural health products are widely available, safe, and effective. So legislation will be coming forward for all members to debate when the time comes.

In terms of natural health products, this government is committed to eliminating the backlog of product applications by March 2010. We will be releasing online the progress report on the processing of those permits for natural health products. I believe it is supposed to be posted either today or tomorrow, but it will be posted this week sometime. It will indicate how many permits have been processed. From what I understand, there will be online applications to speed up the process. Last year, we were very backlogged, but on average we're now processing about 200 applications in response to that backlog.

I can give you the details on all of that, or you can wait for the report to be posted online. I think it's posted on the website today.

● (1610)

The Chair: Thank you very much, Minister.

Ms. Wasylycia-Leis.

Ms. Judy Wasylycia-Leis (Winnipeg North, NDP): Thank you, Madam Chairperson.

Thank you, Madam Minister. Congratulations on your election and your appointment to this very important portfolio in the Government of Canada.

I want to start by talking about what you consider to be the core responsibilities of the department. It seems to me that nothing is more important and central to the core of your department than the preservation of our national public health care system. Yet, as you know, we are facing a serious erosion of that system, with user fees popping up all over the place and private for-profit clinics multiplying before our very eyes.

I would like to know from you, Madam Minister, how you intend to.... I would imagine that having been a minister in the Nunavut government, you're aware of the importance of having access for all people in this country, so that they are not denied services they need because of money or geography. So you probably understand the importance of a non-profit health care system. I would like to know what you are doing to ensure that.

So my questions on that front are threefold: number one, have you sent notices to the provinces whose transfer payments for health care were cut back in this budget? Have they been assured that in fact that money has been put back and they don't have to worry about meeting the difference this year?

Number two, are you prepared to come before this committee and actually talk with us about the Canada Health Act, which must be reviewed by this committee? It is something on which we had great trouble in the past getting the minister to address before this committee—yet it goes to the heart of everything that we believe is important in terms of our medicare system.

Number three, would you analyze and go over this extensive report by the Canadian Health Coalition, entitled, *Eroding Public Medicare*, which documents, over several hundred pages, just how deeply our system is being eroded and how people are being denied access?

Finally, would you just comment on whether or not your government's previous commitment to P3s is now being reassessed by your department, given the most recent information showing that the Brampton Hospital will actually cost $194 million more than what had been stated publicly, costing at least $200 million more over its 25-year lease?

Those are four questions just on that issue. Then I'd like to ask something on pharmaceuticals.

The Chair: Madam Minister.

Hon. Leona Aglukkaq: Thank you.

I'd like to thank the member for her questions.

Sometime, I'd also like to invite the committee to Nunavut to see some of the challenges in delivering health care.

I recognize the members' concerns, and I want to be very clear with my colleagues here that our Prime Minister and this government are 100% committed to a publicly funded, universal health care system, which represents the principles of the Canada Health Act. I'm in support of that. This government also believes that many innovations and experiments can occur within a publicly funded health care system in a manner that is consistent with the requirements under the Canada Health Act.

The act requires provincial and territorial insurance plans to provide coverage for medically necessary positions and hospital service, without charge at the point of service. So for the most part, provinces and territories' health care insurance plans are in compliance with the act.

With regard to the funding to the provinces, at the provincial level I received the funding under the territorial level, the Canada health transfers, and in every year that funding increased. Our government has committed—

Ms. Judy Wasylycia-Leis: Would it be okay if I just seek clarification on that?

● (1615)

The Chair: Could we please let the minister finish?

Madam Minister.

Hon. Leona Aglukkaq: I'll be done in a second.

Our government supports the health care and the transfer, and in 2009-10, the Canada health transfer will grow by $1.4 billion, to a total of $24 billion from $22.6 billion. Again, this support will continue to grow by 6% annually, reaching over $30 billion in 2013-14. My officials can provide more information on the details of the health transfer.

Ms. Judy Wasylycia-Leis: I appreciate that very much.

My question was quite a bit different. My question was on the acknowledged shortfall that about half a dozen provinces were subject to in this last budget. It's been acknowledged by your government. I simply want to know if you have let those provinces know that the money will be restored. That was one question, yes or no.

Second, will you agree to come to this committee and deal with the Canada Health Act annual report, which we are obligated to review and for which we expect some dialogue with the minister? Just yes or no on both questions.

Hon. Leona Aglukkaq: Thank you.

Transfers to provinces have grown. In terms of the breakdown, I'll ask my officials for information.

Ms. Judy Wasylycia-Leis: Just yes or no, whether the provinces received notice, that's all.

The Chair: Madam Minister, did you have anything else to say?

I would ask that all members listen very carefully, and I'll make sure you get all your comments in. I would ask you to be respectful, let the minister finish her comments, and I'll make sure you have time to ask your questions.

Ms. Wasylycia-Leis.

Ms. Judy Wasylycia-Leis: I think I'll go on. I'm not going to get an answer to that question. We didn't get a commitment from the minister that she will come, so I will try a motion again before the committee on the Canada Health Act.

Let me ask about the pharmaceuticals strategy, which has now been in the works for over five years, the national pharmaceuticals strategy that federal-provincial ministers agreed to. We're no further ahead; nothing has happened.

We just received another report from the Health Council, *A Prescription Unfulfilled*, where they clearly make the point that at a time of economic recession nothing is more important than people being able to access the drugs they need, yet we have not had one whiff of commitment from this government about how they're planning to proceed. The latest provincial offer was for a 50-50 cost sharing on catastrophic drugs, 50-50 cost splits to meet the cost of drugs for rare diseases.

I would like to know where the federal government is on those two ideas and with respect to the national pharmaceuticals strategy. This is rather urgent and important.

Hon. Leona Aglukkaq: Thank you, Madam Chair.

I've been around the federal-provincial tables for the last four and a half years. There has been no agreement in terms of the national pharmaceuticals strategy around that table. We've had a number of discussions around how to try to deal with the issue.

I want to be very clear that our Prime Minister is committed to upholding the Canada Health Act. I think it also needs to be very clear that the provinces and territories deliver health care, including deciding which prescription drugs would be included in their formularies. This is a provincial-territorial responsibility funded through the Canada Health Act. We are committed to working with the provinces and territories to make our health care system more efficient, and by working together with our partners, but we can find savings that can be redirected to public drug plans. I will continue to work with my provincial-territorial colleagues on that very issue, as I recognize it is an important subject. But in the last four years we have not made any decisions on how to proceed with that matter.

Thank you.

Ms. Judy Wasylycia-Leis: Thank you, Madam Chair.

I'm tempted to ask whether there is at least a national pharmaceutical strategy somewhere at work in the bureaucracy, but maybe we'll come to that another day. Maybe I could suggest you look at *Life Before Pharmacare*, which was the report by the Canadian Health Coalition, written after they conducted extensive hearings across the country. It documents what happens to workers when they lose their jobs and they don't have access to pharmaceuticals and why this issue is growing in importance today.

Let me just ask three short questions. First, can the organizations dealing with services for HIV and AIDS be guaranteed that they will not receive any more cutbacks this year, since they had a huge cutback last year? Second, further to the Bloc's question and the $12.9 million that was not spent under the tobacco strategy, I'd like to ask where that money went and why it was not used to deal with the tobacco strategy for first nations, to help deal with a serious problem at that level. Thirdly, the CIHR funds were cut in this budget, down from $998 million to $932 million. Is there any chance that could be reconsidered for some of the organizations, like juvenile diabetes, that have been begging this government for some assistance? Would they be able to have access to some of that money?

● (1620)

The Chair: Madam Wasylycia-Leis, we're just about out of time. Could we give the minister some time to answer some of your questions?

Madam Minister.

Hon. Leona Aglukkaq: Thank you.

I look forward to meeting with my colleague later today to perhaps discuss some of these in more detail without the time restriction.

The government has demonstrated very clear leadership around HIV/AIDS federal initiatives. Last year we invested more than $84 million towards HIV/AIDS research initiatives, and that is the most that has ever been spent in the history of this nation. The government investments will support the Canadian HIV vaccine initiative; community groups will also receive more funding than ever before to support that; and our Prime Minister has demonstrated leadership through our investments of $130 million over five years, in partnership with the Bill and Melinda Gates Foundation. I believe the commitment towards this initiative is clear, and we are committed to this program on an ongoing basis.

Thank you, Madam Chair.

The Chair: Thank you, Madam Minister.

Dr. Carrie.

Mr. Colin Carrie (Oshawa, CPC): I'd like to talk a little bit about product safety. Lately, it seems like we're seeing an increase in the number of recalls; we've heard about the lead paint in children's toys, about crib recalls. I just got another e-mail today from a constituent in Oshawa, where I'm from, and I think people are really concerned about the safety of these consumer products in an era of globalization. I was wondering if you could elaborate on what the Government of Canada is doing to ensure that these products are safe.

Hon. Leona Aglukkaq: Thank you for that question. Protecting and promoting the health and safety of Canadians, their families, and communities is a priority of this Conservative government. Canadians should have the confidence that the products they buy are safe, and that is why we are reintroducing the Canada Consumer Product Safety Act. This is about equipping our government with the tools needed to act quickly and effectively to protect Canadians. This also includes an increase in the frequency of sampling and testing and a doubling of the number of inspectors.

The legislation was also outdated. We needed to reintroduce it to modernize it; it's about forty years old. I call on the opposition members to support our legislation and to help protect children and Canadian families.

Thank you.

Mr. Colin Carrie: I was wondering if we could clarify something that Madam Wasylycia-Leis mentioned about the transfers. I believe the transfers are going through and every province and territory is going to be getting what they are expecting. Isn't that true?

Hon. Leona Aglukkaq: Budget 2009 proposed adjustments to the Canada health transfer, which refer to the details in the Budget Implementation Act, and a letter from the Minister of Finance to the provinces and territories was sent out on Friday, February 6, 2009. The adjustments are intended to ensure that the transfers take place. That's where that is at.

Thank you.

The Chair: Mr. Brown.

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

Madam Minister, I thank you for your presentation today.

Recently I had a doctor in Barrie, Dr. Craig Curphey, call me about the natural health product approval process and how sometimes it can be difficult. I want to ask, Madam Minister, if there's any work being done by the government to make that process for the approval of natural health products easier in Canada.

● (1625)

Hon. Leona Aglukkaq: Thank you very much for your question.

The issue of the natural health products process, the whole backlog of the process, is one that our government has been trying to address. Our government is committed to eliminating the backlog by March 2010. As it is right now, I believe, tomorrow or this week we're releasing a report on the progress made in the natural health product application process.

I'm just going to read the notes as to where we are with that.

There have been no backlogs in site licences, or establishment licences, and there were 804 establishments licensed as of February 4. We're on target to reduce the backlog in licence applications by 2010. More than 10,000 licences have been issued. The rate at which product licences are issued is steadily increasing, and progress is continuing in that area.

We've also made a number of business process improvements to reduce the backlog. We're launching a natural health product online system shortly, where licences will be issued within days—a fast-track approach for review of low-risk natural health products. That will be online.

We're batching applications of similar product types to allow for faster processing. Also, we're simplifying and streamlining the applications and review process by working with the industry. We're delivering workshops to assist industry in improving the quality of applications, standardization, labelling requirements, and standardizing general claim requirements.

We're providing a quarterly progress report on backlog reduction to be posted online—October-December 2008, as an example. It will be posted this week.

We're launching a database for consumers and users of natural health products, so that they know which natural health products have been licensed by Health Canada. The rate of licensing is greater than the rate of review, and it's important information.

That is where we are at. We're making progress in the area and will continue to work with industry to ensure that we're addressing their concerns.

Thank you.

The Chair: Thank you, Madam Minister.

Mr. Uppal.

Mr. Tim Uppal (Edmonton—Sherwood Park, CPC): Thank you, Minister, for taking the time to be here with our committee.

Approximately 7,500 laboratories across Canada conduct research dealing with human pathogens and toxins. Currently, the *Laboratory Biosafety Guidelines* are mandatory for only 3,500 laboratories that import human pathogens and as such are subject to the human pathogens importation regulations regime. For the remaining 4,000 laboratories, which use only domestically acquired pathogens, the *Laboratory Biosafety Guidelines* serve as a guide but are not mandatory.

Minister, what is being done to increase and ensure laboratory safety in Canada and to standardize Canadian biosafety guidelines?

Hon. Leona Aglukkaq: Thank you, Madam Chair.

First, I'd like to say that the Human Pathogens and Toxins Act will ensure a more secure environment for handling pathogens and toxins for Canadian research. I'm introducing a bill that will strengthen safe handling practices for most dangerous pathogens and toxins. It will also balance the requirements for biosafety and biosecurity with strengthening scientific research in Canada. I'm proud that legislation will be introduced that reflects what government has heard from our partners, and we'll continue working together in order to safeguard the health of Canadians.

The Government of Canada is moving forward to fill the significant gaps in the safety and security of that area, as I mentioned before. Currently, only facilities that import human pathogens and toxins must follow the *Laboratory Biosafety Guidelines*, while non-importing facilities only operate under voluntary guidelines. Canada also requires improved security regarding these agents. The Human Pathogens and Toxins Act will address both these gaps to mitigate the potential risk posed by the inadvertent or deliberate release of dangerous human pathogens and toxins.

Thank you.

● (1630)

The Chair: Thank you, Madam Minister.

Ms. Davidson.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): Thank you very much, Madam Chair.

Thank you very much, Minister, for appearing before us today.

I have a quick question on health human resources. We know that in Canada we've been experiencing shortages in the human resources area, and we know that internationally trained physicians and professionals are experiencing challenges in having qualifications recognized. I also noted in your address to us earlier that in your time as health minister in Nunavut you had developed a long-term health human resources strategy. Could you elaborate a bit on that? Are there things there that you could bring to the table to help us federally, as well as you did in the territory?

Hon. Leona Aglukkaq: Thank you for that question.

The experience we had in Nunavut was that it was a challenge for us to address the shortage of health care professionals. Nunavut faced the same challenges as any other jurisdiction in Canada to address the whole issue of the shortage of health care professionals, recognizing that the approach we took was to try to train our own within our own territory and reflect programs that were culturally relevant to the people who would be served in that territory, to try to deliver programs and services in the home, in smaller communities, and to develop some mobile programs where we were able to take the training to the community level.

In the last four years we've made a lot of investments in Nunavut to train in Inuktitut, to train using traditional practices such as midwifery programs, to incorporate the knowledge of traditional midwives into the health care system, to train in the area of nursing programs in our territory reflective of the model of health care delivery that we use in the north.

We have one hospital in 25 communities. The jurisdiction of Nunavut is huge. How we deliver health care is quite different from other jurisdictions; we have limited access. Technology was also introduced as part of the teaching tools, with telehealth investments in every community.

So there are different models, but it involved the design of a health care system with the health care delivery people. The nurses were there at the table to design it along with us to address some of the challenges they face in remote communities in the delivery of health care. Nurse practitioners are our front-line workers, so trying to design programs that would support keeping them at the community level was very important to us.

So it was not a top-down approach; it was a bottom-up approach, a 15- to 20-year strategy involving tapping into high school graduations, supporting the students through the school system, maintaining them once they got into the system. It was quite long term.

We're facing the same challenges as every province and territory face in their jurisdictions in competing for a very small pool of skilled people in our country today, whether it be nurses, doctors, and so on. In my work and travels to various jurisdictions, we're struggling with this. My view is that, collectively, provinces and territories need to tackle this head-on. How do we come up with a strategy at a national level that would support each other instead of having provinces and jurisdictions compete against each other with that small pool?

We need to recognize the issues and concerns that have also been raised by provinces relating to credential recognition and to the lack of mobility within Canada of our health care professionals because of the processes that are in place. Some have expressed an opportunity to look at that, that there are ways to make it easier for our health care professionals to move around in our country, and at the same time to support our students and our nurses to have that choice to travel to jurisdictions.

So it's a huge challenge, and I'm open to discussions on that. I look forward to working with my colleagues, as well as stakeholders, on how we can perhaps address that, to address the issue of the shortage of health care professionals in our country.

● (1635)

The Chair: Thank you, Madam Minister.

Our time is up now for this session of 10-minute rounds.

Madam Minister, I know you said you needed to be here for an hour and then you had another commitment and the officials would stay for the duration, until 5:15, at which time we'll go in camera for our business. So it's just what you can do.

It has been a pleasure having you here. I don't know about your time, but my understanding is that you do have to get to another event.

Hon. Leona Aglukkaq: I would like to thank my colleagues here, and I look forward to working with you. I would also like to say that I'm open to listening to your views and concerns. I think it's very important that there be a continued open relationship to discuss some of these challenges we face in our country. I'd like to thank the members for their questions and comments.

At any time, please feel free to speak to me on various issues. I look forward to working with you. I would also like to invite the committee members to Nunavut. I would love to host a health committee meeting at any time in Nunavut so we can learn about a part of our country that's very unique. I look forward to sharing that information with my colleagues.

Qujannamiik .

The Chair: Thank you so much, Madam Minister.

We will continue our questioning upon the minister's departure from the committee meeting. We will then start our second round, which will be five minutes in duration.

The officials will kindly stay, so you can direct your questions to them. We will have the same order, which is Liberal, Bloc, NDP, and Conservative, but just remember you will have only a five-minute time slot.

I would like to begin with Ms. Duncan.

Ms. Kirsty Duncan (Etobicoke North, Lib.): Thank you.

I'm going to address three questions in three very different areas.

First, why is public health funding being used for security for the Olympics, and what health promotion will be done with moneys for the Olympics?

Second, we know today that if we have healthy children and keep them healthy, we have healthy adults. So if we can reduce obesity in children we can potentially reduce some cancers, diabetes, heart problems, etc., in our adults. I'm wondering what moneys have been directed to the prevention and remediation of childhood obesity.

Finally, what moneys have been directed to pandemic preparedness in Canada? The World Health Organization still considers pandemic flu one of the most pressing health issues facing the planet and it warns against complacency. What money is available for addressing the limited shelf life of Tamiflu? I believe the stock of it might reach its shelf life this year.

Thank you.

The Chair: Who on the committee would like to answer?

I know that Dr. Butler-Jones has had quite a bit of background on this. Would you like to start first on this issue?

Dr. David Butler-Jones (Chief Public Health Officer, Public Health Agency of Canada): Certainly. Thank you, *madame la présidente*.

I'll start on those questions, and then...because it's a partnership between us and Health Canada on this—and CIHR, for that matter, on the research and evidence side.

The short answer around the public health funding and the Olympics is that we're very much involved in issues of health security and preparation for the Olympics around both bio-terrorism as well as other events. If there were a pandemic, say, or even a seasonal flu or an outbreak during the Olympics, we would have our portable lab on site and be working very closely with the provincial health authorities around dealing with such broad-scale public health events. It's for those kinds of purposes that we're engaged.

On the health promotion side, a number of things are going on. Again, most of this, obviously, is in partnership with the provinces and territories. Specifically in B.C., there's ActNow BC, which has a whole-of-government approach to physical activity, nutrition, etc.

We have agreements with the provinces around healthy living. Most now are in place and are being talked about and worked on. There's funding for ParticipAction, and there's also the work generally that we're doing around fitness, lifestyle, and even the kind of community approach as to how we deal with it.

In terms of childhood obesity, that's clearly an issue. I've said it before, and it continues to be a challenge, that the risk is that if we're not successful in this, this generation of children may be the first to not live as long or as healthily as their parents. Fundamentally, it's a multi-sectoral issue in terms of the roles we play, working with both the food industry, etc., as well as with the provinces and territories. There are a number of mechanisms in place in terms of trying to address this more effectively across the jurisdictions. It's not like there's any one part of a system that can address it effectively.

Really, it's gratifying that people are actually talking about this. We kind of lost ten years, but people are actually starting to pay attention. Every jurisdiction now has an initiative or a focus on this. When Morris and I go and meet now with our P/T colleagues and with deputies, or at ministers meetings, these kinds of public health issues are on every agenda. Five years ago, it was rare to see that even talked about.

Morris?

● (1640)

The Chair: Ms. Duncan, did you have...?

Ms. Kirsty Duncan: I would like to hear about the pandemic preparedness.

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

Yes, we continue to work on that. As the committee will probably remember, we do have a national plan for the health sector, as well as an international plan. We have a North American plan in place that continues to be revised.

We're unique in the world, still, in having a vaccine contract with a domestic manufacturer to produce sufficient vaccine for the total population. We also have in place stockpiles of antivirals, both held jointly with the provinces and territories as well as our own federal stockpile, that should be sufficient to treat anybody who needs treatment in the interim, until we have the vaccine in place, and for those for whom the vaccine is not effective. Planning at every level is taking place.

In terms of the shelf life, yes, some are starting to expire now. We're in active conversations with the provinces and territories about how we deal with that.

We're also adding to our national stockpile and looking to replenish some of the existing stock with new stock, including adjusting the kinds we have—adding, for example, amantadine, as we recognize resistance, and increasing the amount of Relenza—as well as having more pediatric doses in place.

The Chair: Thank you, Dr. Butler-Jones.

Mrs. McLeod.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): I would like to focus in on the aboriginal population within Canada, which certainly experiences significant health inequities, such as diabetes rates and cancer. I'd like to understand what the government is doing to look at improving health outcomes.

Closely related to that, when the Government of Canada works in isolation from the work of the provinces, how are they connecting in terms of improving the health of aboriginal citizens?

So I'd like to understand not only what we're doing independently but also how we're starting to coordinate.

Mr. Morris Rosenberg: Thank you for the question.

Madam Chair, with respect to the coordination, we have two initiatives under way currently, one with British Columbia and one with Saskatchewan, to work toward more integration of first nations health services into the provincial health system. We're a bit more advanced with B.C. than Saskatchewan.

We are in discussion with a number of other provinces to try to move in that direction as well, on the assumption that we will have more economies of scale and better service if we pool our resources with the provinces. We also recognize that services need to be provided in a culturally appropriate way for first nations. In the 2008 budget, $154 million, over five years, was provided to support greater integration with provinces and first nations health systems.

In this past budget there is $440 million for health programs and infrastructure. To break that down, $330 million is provided to stabilize the non-insured health benefits and primary care programs, and $135 million will be used to fund the construction and renovation of health services infrastructure in first nations communities, including health clinics and nurses' residences. We expect this funding will support more than 40 new projects and approximately 230 renovation projects over the next couple of years.

● (1645)

Mrs. Cathy McLeod: Thank you.

The Chair: You have a bit more time if you would like to ask another question, Ms. McLeod.

Mrs. Cathy McLeod: Certainly closely related to that, we did hear the minister talk of health professional shortages. Perhaps in line with the aboriginal community, are there specific things you are looking at in terms of health professional shortages?

The Chair: Mr. Rosenberg.

Mr. Morris Rosenberg: Thank you for the question, Madam Chair.

Specifically with respect to first nations, since the beginning of the aboriginal health human resources initiative, which was put in place, I believe in 2004, the government has been working with partner organizations and the National Aboriginal Achievement Foundation to increase the number of aboriginal students pursuing health careers, including nursing and medicine. Funding under that initiative has more than doubled the number of aboriginal health care students who are receiving support. In the last four years of the program, over 1,000 bursaries and scholarships have been awarded to aboriginal health care students, many of whom are studying nursing and medicine.

While increasing the number of doctors and nurses is critical, it's also important to ensure that medical and nursing students are receiving training that will increase cultural competencies in their future practice. Through this initiative, a framework for cultural competency has been developed collaboratively by the association that represents all 17 of Canada's medical schools, that is the Association of Faculties of Medicine of Canada and the Indigenous Physicians Association of Canada. Work is now under way to integrate this framework into medical school curricula. There is similar work under way to address the same issues with respect to the curriculum for nurses.

The Chair: Thank you so much.

Very briefly, Ms. McLeod, you still have another quick question.

Mrs. Cathy McLeod: Okay. While primary health care is near and dear, mental health issues continue to be a grave concern for Canadians. I'd like you to perhaps talk briefly in terms of improving the mental health well-being of Canadians.

The Chair: Could you quickly respond, Mr. Rosenberg? I gave her some time within her time limit. Could you quickly make some comments on that?

Mr. Morris Rosenberg: I'll mention two things. One is the establishment of the Mental Health Commission of Canada a couple of years ago. I believe the government put in $130 million over 10 years. And then last year the Mental Health Commission received funding for a number of demonstration projects dealing with homelessness and mental health.

The Chair: Mr. Dufour.

[*Translation*]

Mr. Nicolas Dufour (Repentigny, BQ): I will follow the same line of questioning as my colleague, Mrs. McLeod.

In her last report, the Auditor General noted that it is difficult to define and measure indicators to assess the health of first nations and the Inuit. In your opinion, what should be done in this regard in order for the federal government to adequately fulfill its responsibilities to first nations and Inuit people?

[*English*]

The Chair: Who on the committee would like to answer that question?

Go ahead, Mr. Rosenberg.

[*Translation*]

Mr. Morris Rosenberg: We have received the report dealing with indicators and we have accepted the Auditor General's recommendations for improving our health indicators. Progress has already been made in this regard. Obviously, first nations health indicators, for which the federal government is responsible, are an important priority. So we are working to improve the way results are measured for this population.

● (1650)

Mr. Nicolas Dufour: You are saying that you already started working on the implementation of the Auditor General's recommendations.

[*English*]

Mr. Morris Rosenberg: Madam Chair, if I may, I would like to introduce Anne Marie Robinson, the assistant deputy minister for First Nations and Inuit Health Branch, who may be able to elaborate a little bit.

The Chair: Please go ahead.

[*Translation*]

Ms. Anne-Marie Robinson (Assistant Deputy Minister, Department of Health): Madam Chair, thank you for the question.

I will answer in English.

[*English*]

We're working closely with our partners, the Assembly of First Nations and the Inuit organizations, to ensure that as we develop these new indicators, they're culturally appropriate. As the deputy said, we do accept the findings of the report. Also, going forward, as the deputy said, one of our key strategies is to make sure that our health care services are aligned and integrated with provincial services. So we're also working in that context to make sure we have indicators that make sense and that are useful in measuring aboriginal health outcomes.

Thank you.

The Chair: Thank you.

Mr. Dufour, you have some more time.

[*Translation*]

Mr. Nicolas Dufour: In a different perspective, the Standing Committee on Health recommended last year that the $84 million earmarked for the federal initiative to address HIV/AIDS in Canada be allocated. But, out of this amount, $11 million were diverted to the Canadian HIV vaccine initiative. The money was used to promote organizations in Quebec as well as in Canada and to heighten awareness of AIDS.

I would like to know if all of theses organizations will receive the funds initially planned for the federal initiative to address HIV/AIDS in Canada.

[*English*]

The Chair: We'll go to Dr. Butler-Jones.

[*Translation*]

Dr. David Butler-Jones: Madam Chair, thank you for the question.

There are presently many programs to address AIDS. Expenditures related to community-based programs have increased. In 2006-07, $10.5 million were allocated. In 2007-08, there was a slight reduction, but this year, $12.1 million are allocated, and it will go on. This is an increase, an improvement for local agencies.

[*English*]

The Chair: Monsieur Dufour, you have more time.

[*Translation*]

Mr. Nicolas Dufour: In the case of budget 2009, do you intend to renew the $84.4 million funding for the federal initiative to address HIV/AIDS in Canada?

Dr David Butler-Jones: Yes.

[*English*]

The Chair: You have half a minute, if you want to add another quick question.

[*Translation*]

Mr. Nicolas Dufour: I do not have any other questions. Thank you very much, Madam Chair.

[*English*]

The Chair: Thank you so much.

We will now go to Dr. Carrie.

Mr. Colin Carrie: Thank you very much, Madam Chair.

I was wondering if you could elaborate a little bit more on mental health. Last year, when I was with Industry Canada, I had the privilege of attending an announcement in Toronto. I think we gave one of the largest grants to CAMH, in partnership with some of the other hospitals in Toronto. I'd like to ask the officials for a little bit more detail on what the government is actually doing to improve mental health. Are we doing enough for wellness and prevention? Are we doing enough to target our youth? What exactly are we doing at this time to help improve the mental health and well-being of Canadians?

The Chair: Which member of the panel would like to comment on Dr. Carrie's question? Can we have Dr. Rosenberg?

Mr. Morris Rosenberg: Mr. Rosenberg.

The Chair: Mr. Rosenberg, sorry. Go ahead. Too many doctors around here, Mr. Rosenberg.

Mr. Morris Rosenberg: Thank you, Madam Chair.

As the committee will know, mental health is a complex multi-faceted problem that is the concern of all governments in Canada and I would say the concern of lots of other folks in Canada.

I think the Mental Health Commission, just to speak a bit more about that, has been a unique opportunity coming out of the report of the Senate committee on social affairs, and then of course the former chair of that, Mike Kirby, became the first head of the Mental Health Commission and has worked with all jurisdictions and with stakeholder groups to bring them on side.

As you know, one in five Canadians has a mental health issue. That means that just about every family in Canada is touched by mental health. And it touches us with respect to children and youth. It touches us in the workplace—workplace mental health. Depression, for example, is one of the major causes of loss of productivity, not just absenteeism, but what is called by some people “presenteeism”, that is, people who are coming to work who aren't really working because they're not able to do that.

There's also the issue that has to be dealt with of reintegration. If you look at the long-term disability claims in this country across all industrial sectors, including, I would say, the Government of Canada, a larger and larger percentage of those claims relate not to physical illnesses but to an inability to work for mental health reasons. One of the real challenges is not only to pay those claims, but then to find a way to get people to reintegrate, because statistics have shown, research has shown, that if people are away for an inordinately long time...the longer they're away the more difficult it is to ever get them back into the workplace.

The Mental Health Commission, as you may know, has set up a series of expert advisory groups. It has a very elaborate structure, with a board of directors, but also with all sorts of people who are really interested in every aspect of this. There is, for example, an expert advisory group on workplace mental health. There's an expert advisory group on child and youth mental health. There's a group on aboriginal mental health. There's a group on mental health and the justice system, from two aspects. One, the justice system is sometimes used as a way of housing people who have mental illness who may act out violently, and on the other side there are justice system issues in terms of contract and civil law issues that need to be worked out.

There's an awful lot of work going on through the Mental Health Commission. As I mentioned, there are the homelessness projects that are being carried out across the country to determine the specific comorbidity around homelessness and mental health, and it manifests itself very differently in different cities, so we hope to get a lot of good research coming out of that.

The Mental Health Commission is also involved in a number of key activities, the most pressing of which I think is the creation of an anti-stigma campaign. If I were to ask people in this room if they had a mental illness, they probably wouldn't volunteer it. If I asked you if you'd ever had cancer, probably people would say yes. A few years ago people wouldn't talk about cancer either. We've come a long way with physical diseases. We have a long way to go with mental illness.

The other thing the Mental Health Commission is doing that's very important is developing a knowledge exchange, a place, whether it's web-based or otherwise, where people can go to actually get information about mental illness with respect to caregivers, families, and patients, information about the conditions and information about the resources to help.

And finally, the commission is developing a national mental health strategy. They have a 10-year timeframe to do their work. They're off to a very good start.

● (1655)

The Chair: Thank you, Mr. Rosenberg.

Ms. Murray.

Ms. Joyce Murray: I'd like to get some more detail about Bill C-51. The minister mentioned that it would be coming back in front of the committee. In her remarks she demonstrated a strong commitment to keeping people well and to disease prevention, and that's what natural products practitioners and industry believe their products do. Mr. Rosenberg, I'm sure you're aware that despite the reassurances that natural products would remain available, there was great concern across Canada about Bill C-51.

I have a series of questions that will be pretty quick to answer. With your indulgence, I'll read them all out. The perspective I'm most familiar with is the practitioners'. I know you've consulted with health products industries, but the practitioners of traditional Chinese medicine, the naturopathic physicians, and other complementary health practitioners were concerned that they would lose access to some of the products that they believe are essential for their patients.

I have five questions. One, has Health Canada consulted with the associations representing the complementary health practitioners?

Two, if Health Canada has not consulted these associations, is Health Canada planning a fuller consultation before reintroducing this bill with its amendments? I think they need to address the complaint that little consultation was done regarding an extensive rewrite of a very complex act.

Three, will Health Canada be removing natural products from the same category as pharmaceutical drugs? I know this was one of the key requests, but there were many other concerns.

Four, is Health Canada investing in research into natural products and complementary medicine modalities? Unlike the products of pharmaceutical companies, primarily natural products and natural medicine are a public good. There isn't a private benefit from that research, so there isn't the incentive for the private sector to do it, and we need more of it. I know that the natural and complementary practitioners would like this, too.

Lastly, how is the $12 million of additional voted appropriation being allocated? Thank you.

● (1700)

The Chair: Mr. Rosenberg.

Mr. Morris Rosenberg: Thank you, Madam Chair. I will attempt to answer all of those questions with a little bit of help from Meena Ballantyne, who is the assistant deputy minister for the Health Products and Food Branch.

First of all, the first question was, did we take into account the practitioners' perspective on this? I think the short answer is yes.

On natural health products, there was a regime put in place several years ago by regulation under the Food and Drugs Act to regulate natural health products. There is nothing in Bill C-51 that was ever intended to change any of that.

We recognize that there's a very broad range of products that are natural health products, from the most benign products—olive oil, let's say, might be a natural health product in that context—to other products at the other end, where there may be significant interactions with pharmaceuticals, or where the evidence for claims needs to be ascertained if these products are being used, for example, as remedies for serious illnesses.

We recognize that there's a broad spectrum of risk that needs to be dealt with and that what is appropriate at one end of the spectrum might be a very, very light touch, almost nothing, while at the other end of the spectrum you would want significant evidence, recognizing that the evidence in the case of natural health products is different from the evidence you would have with pharmaceuticals. So for Chinese or Indian traditional natural health products that have been used for decades or, in some cases for hundreds of years, there are a lot of traditional sources of evidence that are available, and we recognize legitimacy of that evidence.

The second question was, have we consulted complementary health practitioners? Yes, we have done some consultation of complementary health practitioners. Is there going to be fuller consultation? Yes, absolutely, there will be fuller consultation, and I think on all aspects of Food and Drugs Act reform.

Remember, the reform isn't really about NHPs. The NHP regime was largely in place. It was our intention to basically just import that. What we were doing was a more fundamental reform of food and drug regulation in this country, recognizing, in light of some of the food-borne illnesses we had seen, that Canada's legislative regime had somewhat fallen behind where our trading partners were, including the United States.

We're often criticized for harmonizing to the United States, but this is a case where we're actually harmonizing up to the United States. They have stronger powers, the ability to recall, and tougher fines and penalties. Canada's Food and Drugs Act dates back to the 1950s. All modern jurisdictions have moved ahead. It was time for us to move ahead. That was the crux of the amendments.

You asked about the amendments. Last year, Bill C-51 died with the dissolution of Parliament. It's not currently before Parliament, so in a sense we're really not talking about Bill C-51. The government still has to finalize the package it's going to put forward. But at that point, in response to the concerns of natural health product practitioners, a number of amendments were proposed by the government that I think would have assuaged the concerns of those practitioners. I think they would have made it quite clear that we are not treating natural health products in the same way that we're treating pharmaceuticals. We made quite a clear definitional distinction between natural health products and pharmaceuticals.

As far as research is concerned, I guess the answer I would give is that the research we would do would be research within a regulatory context. As I mentioned, we are going to be taking a risk-based approach. We will be looking for evidence of safety and efficacy of products. Again, the evidence is different, and we will use traditional sources of evidence. But to the extent that we have this regime, which is really no different from what was there before, we would be doing that kind of regulatory research to satisfy ourselves that the products were safe and efficacious.

Finally, on the $12 million, I'll turn it over to Meena Ballantyne.

● (1705)

Ms. Meena Ballantyne (Assistant Deputy Minister of Health): Thank you.

Thank you, Madam Chair.

To speak to the $12.5 million, when these regulations came into force in 2004, there was no stable source of funding associated with the regulations. What has happened with these supplementary estimates is that we now have a program of natural health products. The bulk of the money, about $8 million of it, is going to go to the natural health products directorate so that we can clear the backlog by 2010, which is what the minister talked about.

We have a variety of business process improvements in place—the natural health product online system—whereby industry can come in with pre-cleared information. This is like having a recipe, whereby we say that if we know something about this product and it conforms to this recipe, then companies can make these submissions online and can receive their application and their licence within a few days. For those low-risk products on which there's a lot of information, we can do this. In the case of other kinds of products, we'll have to work on them.

We're doing a lot of business process improvements, and that's what the natural health products directorate will use that money for.

We now also have in place, with the marketed health products directorate, a system to monitor adverse events that happen or adverse reactions to natural health products. As we all know, “natural” doesn't mean it's no risk; it's really low risk. With the increasing problems of contamination and counterfeiting, this is an area we need to really pay attention to, by monitoring the adverse reactions and events that happen with the use of natural health products. As the deputy said, sometimes they're used in combination with pharmaceutical products as well, so there are a lot of reactions we need to be on the alert for.

Part of the money will be used to put in place a compliance and enforcement regime as well. The inspectorate in the Health Products and Food Branch will also get part of this money to make sure that we work with industry to help them with compliance promotion with respect to these regulations and also to take enforcement action whenever necessary and reasonable.

Let me add, Madam Chair, on the point of consultations, that Canada is hosting an international conference on the harmonization of complementary health products, with the WHO, China, India, Australia, the Europeans, the United States. It's on February 24 and 25 in Montreal.

Thank you.

The Chair: Thank you so much for your very insightful remarks.

Mr. Uppal.

Mr. Tim Uppal: Thank you.

I'm going to go back to health human resources. I know the minister addressed issues in the north, but I'd like to touch on rural communities. It's important for those people who live in rural communities that they should have access to the health care they need and to health care providers. What is the department doing specifically for those living in rural communities?

The Chair: Who would like to answer that question?

Mr. Rosenberg.

Mr. Morris Rosenberg: I'll take that. First of all, just generally, we do recognize that in parts of the country, and often more exacerbated in rural communities, there are shortages of doctors and nurses, and there's a need to take concrete steps to address that problem. Just to provide a general backdrop, the government will transfer, as the minister mentioned, $22.6 billion this year as part of the health transfer, and that grows by 6% a year. There's also an investment of $38 million a year through the health human resource strategy and the internationally educated health professionals initiative—$20 million for the health human resources strategy and $18 million for the internationally educated health professionals initiative to support efforts to ensure an adequate supply of doctors and nurses.

We're working with provincial and territorial governments to develop a common national assessment for internationally educated doctors, a common national assessment that would streamline the process for getting foreign doctors licensed to practice medicine in Canada. We think this would make a big difference in rural and remote communities that are eager to attract those doctors.

An interesting thing we did with the Government of Alberta and the nursing regulator in Alberta was to develop an assessment process that can be used overseas to evaluate the credentials of nurses who want to come to Canada. That will reduce the long delays many nurses face waiting to be licensed to practice their profession.

I think all those things apply generally, in some cases with planning. I think it is important that there be a concerted table that would involve all the players—the provinces, the regional health authorities in the provinces, Canada through Health Canada and also through Immigration Canada—because there has to be coordination. We have to be able to prioritize and focus on identifying specific provincial needs and bringing health professionals in to meet those needs, and hopefully be able to get people and give incentive to settle where the needs are greatest.

One of the other things that is happening is that we've had discussions—though I can't give you the outcome today—with the medical schools about who gets places. I think it's fair to say that people who come from rural areas may be somewhat more likely to go back home. I think the issue of the distribution of seats in medical schools is an important issue that has to be looked at. The rural parts of provinces should have fair access to some of those seats as well.

● (1710)

The Chair: Thank you very much.

You have another quick question.

Mr. Tim Uppal: Here's a quick question. Talking about the coordination between departments is very important, but tell me a little bit about further cooperation between the federal level and provincial level of government in terms of health care.

Mr. Morris Rosenberg: Thank you, Madam Chair. I'd be happy to answer that question.

There is coordination that goes on at multiple levels. I'll name a few things, but it will not be an exhaustive list. A good example of coordination is CIHR, which will be here on Thursday. A key federal role is the research role. CIHR research contributes hugely to both medical research—finding cures and better treatments for diseases—and research with respect to better management of the health systems. CIHR was instrumental in doing research, for example, on wait times benchmarks. That would be one example of cooperation.

Another example of cooperation would be the work we do with provinces with respect to drug approvals. The committee, some months ago, did a review of the drug approval process under CADTH. That's something we work on closely with the provinces.

Also, through our Health Products and Food Branch, we have an important role in approving drugs for their safety and efficacy. Obviously that's an important factor in terms of getting drugs onto the market. There are other programs, like the special access program, that Health Canada runs that enable physicians to get access to off-market drugs.

There are also programs we're working with, and David can speak a little bit more about initiatives under public health. The public health network, for example, coordinated work we do with respect to health promotion and national strategies on disease prevention. Of course, I spoke at some length about the mental health strategy.

● (1715)

The Chair: I'm sorry to interrupt you, Mr. Rosenberg, but I think Dr. Butler-Jones wants to make a comment, and we're almost at 5:15 and we need to go in camera at that time.

Ms. Judy Wasylycia-Leis: On a point of order, Madam Chair.

The Chair: Yes, Ms. Wasylycia-Leis.

Ms. Judy Wasylycia-Leis: Could I ask, since I think we went over a few of the exchanges, to have the committee extended by five minutes so I could get one chance at raising a few questions.

The Chair: We'd have to take that to the committee.

Is it the will of the committee to...? I think some other people have some obligations. In fact, I know they have obligations right at 5:30. I'm one of them.

Dr. Bennett.

Hon. Carolyn Bennett: I think we should extend. I don't think any of us knew about the 5:15 meeting, so—

The Chair: Yes, you did. I announced it right at the beginning—

Hon. Carolyn Bennett: At the beginning, but we didn't choose to do that. That wasn't the decision of the committee; that was the decision of the chair. So I would prefer that Judy get a question.

The Chair: Any other comments on that?

Then we will not get to our business today, but if that's the way the committee chooses to do it.... Would you rather just continue with the questions and we'll do our business another day?

All right, let's do that,then.

Dr. Butler-Jones.

Dr. David Butler-Jones: Thanks.

I think Morris largely covered it. Because public health issues cross jurisdictions, collaboration really is essential.

[*Translation*]

I would like to clarify my answer to Mr. Dufour's question.

[*English*]

What I need to be very clear about is that the federal government's commitment to funding of HIV/AIDS continues into the next year at greater than $84 million. The amount that's for local community groups increased this current fiscal year by $2 million, and that will continue into the next year, so that's the total contribution.

The Chair: Thank you.

Ms. Wasylycia-Leis, go ahead.

Ms. Judy Wasylycia-Leis: Thank you, Madam Chairperson.

Just on that, I still haven't got a clear answer on whether or not there's going to be any further reductions of moneys to the AIDS community action program, which already experienced a $26 million cut last year.

Dr. David Butler-Jones: I'm not aware of any $26 million cut. The total federal commitment is, as I've said, to the community groups—

Ms. Judy Wasylycia-Leis: No, but I'm asking about the—

Dr. David Butler-Jones: There are no plans for any additional—

Ms. Judy Wasylycia-Leis: Okay, good.

Could I ask specifically about the $72 million in cutbacks listed in this year's budget over the next two years, cutbacks that affect both the Public Health Agency of Canada and Health Canada? Could I get a breakdown of those cuts?

Mr. Morris Rosenberg: We don't have that here today, but we'd be happy to provide it later.

Ms. Judy Wasylycia-Leis: Could I ask if it could be provided as soon as this committee is done, or by tomorrow?

Mr. Morris Rosenberg: I cannot make that undertaking. I'll have to speak to my minister about that, and we will provide it as soon as we can.

Ms. Judy Wasylycia-Leis: All right, Mr. Rosenberg.

The Chair: Ms. Wasylycia-Leis—

Ms. Judy Wasylycia-Leis: Thank you.

The Chair: —excuse me.

Dr. Butler-Jones, did you have a comment?

Dr. David Butler-Jones: I was just saying the minister had made a commitment and her will is to come back to committee on those items.

The Chair: Absolutely.

Ms. Wasylycia-Leis.

Ms. Judy Wasylycia-Leis: Dr. Butler-Jones, could you tell us whether or not the community action program for children will continue after this fiscal year?

Dr. David Butler-Jones: We've already committed through 2010; 2010 is the time when all the authorities expire and we have to renegotiate the authorities, but there is no plan to do anything other than continue at this moment.

Ms. Judy Wasylycia-Leis: Can I just have some assurances that nowhere on the list of cutbacks appears the centres of excellence for women's health?

The Chair: Who would like to answer that question? Mr. Rosenberg, would you like to make a comment?

Mr. Morris Rosenberg: Yes. I believe women's programs will continue as they are.

The Chair: Thank you.

Ms. Wasylycia-Leis.

Ms. Judy Wasylycia-Leis: Thank you. I'm looking forward to that complete list so we can complete the estimates process. I don't think any of us wants to sign off on anything until we get the complete story.

On aboriginal health, Mr. Rosenberg, you talked about $135 million in terms of infrastructure investment for nurses, residents, and health clinics. You know and I know—we all know—there's a huge nurse shortage on reserves. How are we going to train the nurses and get them in place at the same time that we're going to have these residences up and running, which I assume is in short order given the statements by the government?

Ms. Anne-Marie Robinson: Thank you, Madam Chair. I'd be pleased to respond to that question.

In terms of investments in infrastructure, it's for health facilities and nursing residences, including a lot of repairs to existing residences. You're right, it is a challenge to hire nurses, so we have invested a lot in recruitment and training of nurses. We're taking initiatives now, working provincially, and we have different strategies in different provinces, depending on what the needs are. We're also working on retention strategies, improving our housing, and our training for nurses, so we are seized with these issues.

A lot of the money isn't just for hiring nurses; it's also to ensure there are other supports in place. For example, we're looking at potentially changing the mix of nurses and hiring other professionals like health paramedics to assist nurses in doing their work.

● (1720)

Ms. Judy Wasylycia-Leis: Is there a budget line for hiring and retention of nurses and other professionals on aboriginal first nations?

Ms. Anne-Marie Robinson: A budget line?

Ms. Judy Wasylycia-Leis: Yes. Is there an amount of money set aside for this?

Ms. Anne-Marie Robinson: Yes, there is. Out of the $305 million, there is $30 million a year for improving nursing. In addition, in Budget 2008 there was another $34 million invested over five years for training, recruitment, and retention of nurses. So altogether we have a total investment of $95 million.

Ms. Judy Wasylycia-Leis: Over five years.

Ms. Anne-Marie Robinson: The $60 million is over two years and the $35 million is over five years.

Ms. Judy Wasylycia-Leis: It sounds like a pretty small amount for such a big problem, but I won't ask you to comment on that.

Before you go, I'd like to ask about how much money has been recouped from the millions of dollars that were robbed out of the system by the former director of the Virginia Fontaine Addictions Treatment Foundation at Sagkeeng.

Ms. Anne-Marie Robinson: I don't have the total. All I can say is that Health Canada takes this situation very seriously, and we are doing everything possible to recover funds for the taxpayer.

Ms. Judy Wasylycia-Leis: Can you get back to us with an amount of money recouped?

Ms. Anne-Marie Robinson: Yes, I can.

Ms. Judy Wasylycia-Leis: This will be my last question, because my time is running—

The Chair: I'm sorry, your time has run out, Ms. Wasylycia-Leis.

Ms. Judy Wasylycia-Leis: Could I ask a quick question to Dr. Butler-Jones?

The Chair: Mr. Brown.

Mr. Patrick Brown: Thank you, Madam Chair.

I have two questions I'd like to ask the department officials today.

First, to build upon what Mr. Uppal was raising in regard to foreign accreditation, I've met a number of foreign doctors in my riding who have explained to me the difficulties in the process, and I'm pleased to hear that there's enthusiasm and interest in addressing the problem.

One aspect of the problem that I've been alerted to is the cost of equivalency exams. I know of a couple, Kizi and Sokol Mberry, doctors from eastern Europe, who had four kids and were working minimum wage to pay for their equivalency exams. They said the books and exams would cost them $2,000 apiece.

Are there any discussions with the respective provincial bodies about how we can reduce the stigma associated with these costs at a time when new doctors do not have a supply of funds available?

My second question has to do with electronic health records. In the 2006 budget there was an incredible commitment to electronic health records, and more recently there's been an even stronger commitment. I was talking to the CEO of my local hospital, Royal Victoria, and they mentioned that in other provinces some of these funds are trickled down. But in Ontario it appears that it has not trickled down to a hospital level.

Are there any measurements being done to show how electronic health records are being disbursed? Are any provinces needing more of a nudge to get moving on it?

The Chair: Who would like to take that on?

Mr. Rosenberg.

Mr. Morris Rosenberg: Thank you, Madam Chair.

I'll start with the electronic health records first.

As you are aware, there was an additional investment in Canada Health Infoway in this year's budget. Canada Health Infoway is, I would say, a very prudently managed enterprise and will release money as they have assurances that projects meet a strict set of criteria. Not everybody started at the same time. I think Ontario may have gotten off to a bit of a slow start on this. We have some variability in the country. It's not an even raising; not all boats are going up at the same time. We recognize that, so Infoway, which is an arm's-length organization, will consider the pace at which the health record has been implemented across the country and you may see some differentiation, as there has been up until now, in the next round of disbursements. But that will really be up to Infoway, working with the jurisdictions, based on the soundness of the projects that are put forward.

With respect to medical professionals and barriers to entry for foreign-trained professionals, this is a concern that I think we're looking at in two ways. We have, through the internationally educated health professionals initiative, supported work with the provinces, territories, and stakeholders to facilitate the integration of medical graduates. There have been a number of initiatives that include a central pathfinding website for international medical graduates so that they can have one stop to understand what the opportunities are, the ongoing development of a harmonized national assessment of the international medical graduate process, and a faculty development program being developed to better prepare physician teachers to work with international medical graduates.

The point you raised is not one that we've specifically dealt with. It is an important point and it's one that I will undertake to raise with the committee of federal, provincial, and territorial officials that is looking at this.

There's also work going on under the auspices of Human Resources and Skills Development Canada to try to harmonize requirements across the country. It's work that very much dovetails with the work we've been doing on international medical graduates, and that's another forum in which to raise the issues of reducing, as much as possible, barriers to mobility both within Canada and for people coming into Canada.

● (1725)

The Chair: Thank you very much, Mr. Rosenberg.

That brings us to the end of our time for this line of questioning. I want to thank the panel for coming in today and giving us your most insightful information. Thank you for that.

Ms. Wasylycia-Leis.

Ms. Judy Wasylycia-Leis: Since we had such a short time with the officials, could we have them back on Thursday, please?

The Chair: We have an agenda for Thursday. I'll just go over that.

What's going to happen on Thursday is we have witnesses who are coming in from Assisted Human Reproduction Canada. We have the Canadian Institutes of Health Research; we have the Patented Medicine Prices Review Board witnesses; and we have the Hazardous Materials Information Review Commission. On top of that, at the end of the day, I do need to call the committee for 15 minutes for its advice on some very important business that's coming up.

Ms. Judy Wasylycia-Leis: Could I just make the suggestion that at next Thursday's meeting we divide the time between these officials for one hour and the others for the next hour and we find another time for the committee to discuss other business? Perhaps you could call the steering committee.

Given the fact that this is estimates—we're dealing with a huge budget, big changes—I certainly don't feel comfortable moving on approval for estimates until we have an appropriate amount of time to deal with them.

The Chair: As you know, Ms. Wasylycia-Leis, that is at the will of the committee, so we will have that open for discussion at this time, depending on whatever the will of the committee is.

Can we have this open for discussion?

Ms. Judy Wasylycia-Leis: I'll move the motion that—

The Chair: Just one moment.

Dr. Carrie.

Mr. Colin Carrie: If the committee would like to further investigate, I think it actually is a good idea that we do that.

The Chair: Thank you so much.

I would like to hear from Dr. Bennett.

Hon. Carolyn Bennett: Because it is difficult for members to get their questions in, in terms of the rounds, I don't know about the availability of Dr. Butler-Jones and Mr. Rosenberg, but it would be fine with me if they were all at the table at the same time and the members could pick and choose whether their question was for CIHR or for the department or the Public Health Agency.

The Chair: That wouldn't work. There are a lot of witnesses coming in. I don't think they all could be here at the very same time. Seven people would be sitting, over and above these three of ten.

Hon. Carolyn Bennett: But unlike other panels, this is the estimates, so your question tends to be for one person. You're not asking all seven people to answer all your questions. It's a question to the CIHR or it's a question to the Public Health Agency.

The Chair: Monsieur Malo.

[*Translation*]

Mr. Luc Malo: I just wanted to draw the committee's attention to the fact that when answering my questions today, the witnesses asked me to wait until next Thursday. Even you, Madam Chair, asked me to wait until we have the appropriate witnesses on Thursday.

If, during the meeting, I do not have the opportunity to ask questions of the witnesses who can best answer them, then I have a problem. If the agencies responsible for the issues I raised today appear before the committee, I want to be able to hear the witnesses during all the time allotted to the question period.

● (1730)

[*English*]

The Chair: Is there any other discussion around the table about this?

Dr. Butler-Jones.

Dr. David Butler-Jones: I'm sorry. Morris Rosenberg and I have a conflict on Thursday because there is a deputy ministers' retreat, so that would be a challenge for us in terms of our presence here.

The Chair: That is very useful information that you can't make it on Thursday.

Are there any other comments?

I think what we need to do, then, is have a discussion on this.

Perhaps we can bring you back at a time when it's convenient for you.

I know that Thursday has a pretty full agenda, yet some very good comments have been made around the table today. We will continue on as we were going to do on Thursday and we'll have that discussion at the next meeting.

Thank you again. The meeting is adjourned.

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