

House of Commons CANADA

Standing Committee on Health

HESA • NUMBER 027 • 3rd SESSION • 40th PARLIAMENT

EVIDENCE

Thursday, June 17, 2010

Chair

Mrs. Joy Smith

Standing Committee on Health

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● (0955)

[English]

The Acting Chair (Mr. Dean Allison (Niagara West—Glanbrook, CPC)): All right. I will just let people know that we're now in public.

I had Ms. Leslie on the list, so we'll work through it, and then we want to get to the letter.

You had a couple of comments, Ms. Leslie. Then I'll see if there's any other business before we adjourn.

Ms. Leslie.

Ms. Megan Leslie (Halifax, NDP): Thanks, Mr. Chair.

I just had a couple of things I wanted to share with the committee in light of our round table discussion on nanotechnology.

First of all, there was a question on the order paper to the minister about nanotechnology. I have it here. It's pretty thick, as you can see, but in the answer, there are actually answers to quite a few of the questions that were raised during our round table session. If people are interested in having a look at it, it's question 177. I just wanted to share that with members of the committee.

I also wanted to share another fact. I don't think this came up during our round table, but on March 2, Health Canada actually adopted an "Interim Policy Statement on Health Canada's Working Definition for Nanomaterials". This is open to the public for comment. So if any of your constituents or if any of you are interested in having a look, they're asking for written feedback to be submitted by August 31.

Finally, still on nanotechnology, I just wanted to share with my colleagues that there is a bill in the House right now, Bill C-494, which is an act to amend the Canadian Environmental Protection Act, and it is about nanotechnology. It sets up a pretty solid framework about the safe introduction and use of nanotechnology in Canada. I just thought those would be of interest to the committee.

The Acting Chair (Mr. Dean Allison): Thank you, Ms. Leslie.

I have Dr. Bennett next.

Hon. Carolyn Bennett (St. Paul's, Lib.): I just want to repeat that Elizabeth Dowdeswell, of the Council of Canadian Academies, did send me a copy of her report on nanotechnology. I think the website is Scienceadvice.ca. It's quite a decent little book. I think we felt that the witnesses last week sort of supported the ideas in there, so maybe we could make sure that all members of the committee get a copy.

The Acting Chair (Mr. Dean Allison): Okay.

Is there any additional business?

Dr. Bennett.

Hon. Carolyn Bennett: We have the letter to the minister on rare disorders and the letter to the minister on MS, because of the take note debate, and because of the fact that the subcommittee would have to report through this committee to send a letter to the minister.

The Acting Chair (Mr. Dean Allison): Yes, we could send a draft ...

Hon. Carolyn Bennett: It doesn't go to the House. I was just wondering if the committee was willing to send letters to the minister both on rare disorders and on MS.

The Acting Chair (Mr. Dean Allison): I'm just informed by the clerk that the letter for the rare disorders has been drafted and, I believe, sent to the members already, so you should have a draft copy of that. So maybe we're looking at an additional letter as well.

Dr. Carrie.

Mr. Colin Carrie (Oshawa, CPC): I was going to suggest that as we did have the take note debate, I think any members who were in the House were able to articulate their opinions on it. However, if it is the will of the committee, perhaps we should actually have the Subcommittee on Neurological Disease decide if it wants a letter or not or discuss it at that level, because I wasn't at those meetings where you actually had the discussions. Much of the committee was not there. I think that would be something the subcommittee should discuss, and if it would like to bring that forward, so be it.

The Acting Chair (Mr. Dean Allison): Mr. Malo.

[Translation]

Mr. Luc Malo (Verchères—Les Patriotes, BQ): I well aware of those two letters because I also sit on the Sub-Committee on Neurological Diseases. However, I just would like to know what would be the process should one want to make changes to those letters. We did not discuss it together and I understand that we will adjourn for the summer. It means that we will not have any other meetings. Shall we wait until fall to produce the two letters or should we submit them to all members through e-mail? This is a very technical question as time is short.

[English]

The Acting Chair (Mr. Dean Allison): As a matter of fact, the letter will need to be discussed at committee if it's coming from committee, so it's going to limit what we're able to do in the near future, unless, of course, you decide to meet next week.

Voices: Oh, oh!

The Acting Chair (Mr. Dean Allison): I'm not on this committee. I'm just joking. I'm sorry. I wouldn't do that to you.

I have a list here: Dr. Duncan, Ms. McLeod, and then Dr. Bennett.

Dr. Duncan.

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

I guess we're concerned that we are breaking, and I know everyone is. Unfortunately, while we're breaking, their disease continues to progress. It is going to mean a potential delay until we get back in the fall. Just because we're breaking...this is not fair. As some of the members on this committee know, there are people who are in hospital dying at the moment. The reality is that 433 people die each year of this disease.

And a three-month delay for some is going to mean the difference between walking and not walking, between living on their own or with assistance. I would really like to ask, because we do not have another meeting of the neurological subcommittee.... There would be a lot of power coming if there were a letter from this committee to the minister asking that....

I think there was a wonderful consensus in the House on Monday night, which is that there needs to be federal and provincial cooperation. One of the strong recommendations is that if the minister could pull the provinces and territories together to work out how to do diagnosis and treatment of this, we could get this moving.

The Acting Chair (Mr. Dean Allison): Thank you.

I have Ms. McLeod, Dr. Bennett, and Dr. Carrie.

Ms. McLeod.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): So in order to facilitate it, given that we are at the nth hour of our committee, perhaps if we agreed that there would be consensus for one member from each party, then we would move forward with it.

The Acting Chair (Mr. Dean Allison): Okay.

Dr. Bennett.

Mrs. Cathy McLeod: [Inaudible—Editor]...e-mail circulation can—

Hon. Carolyn Bennett: I think Dr. Duncan has a sort of draft letter done. I guess I'd just like to know from the clerk whether it can be agreed to by e-mail and then sent to the minister. If everybody signed off on it, would that...? It doesn't have to be tabled in the House or anything. When everybody's comfortable with it, could it be sent?

● (1000)

The Acting Chair (Mr. Dean Allison): Okay. I guess the question would be that if each person is going to put someone on this, who exactly that group would be and what would form a consensus.... That is a possibility, for sure.

I have Dr. Carrie on the list.

Mr. Colin Carrie: I'm just wondering about the process. My understanding is that, first of all, the entire committee would have to decide on the letter to send it out. Even if we drafted a letter today, we're not looking to get back together until the fall anyway.

My understanding, as you heard from the testimony—because I know you were there for the full debate—is that the minister is bringing a group of experts together over the summer. I believe there's going to be some type of provincial representation at that think tank that's going to be held over the summer.

A voice: [Inaudible—Editor]

Mr. Colin Carrie: Pardon me?

Mr. Patrick Brown (Barrie, CPC): All the provinces can name their best doctors and chief scientists to go....

Mr. Colin Carrie: Yes. So I think a lot of the stuff that you just brought up is already in the pipe, has already been organized, and has had leadership taken on it. So from the process standpoint, I'm just confused about what the benefit is of doing this today, I guess.

The Acting Chair (Mr. Dean Allison): Dr. Duncan is next, and then Dr. Bennett.

Ms. Kirsty Duncan: Again, I know that everybody is being inundated with letters. The desperation among 55,000 to 75,000 people across this country...they are writing to MPs, to MPPs. They are fighting so hard. And in many cases, they're fighting for their lives. We have to fight for them, too, and I think that for a letter to come from this committee.... I have a draft.

We have an hour left of this committee. I think we could take an hour. If there are people who are willing to stay to fight to get the right letter.... It would have so much power, coming from this committee.

The Acting Chair (Mr. Dean Allison): Dr. Bennett, and then Mr. Brown.

Hon. Carolyn Bennett: Yes. I think we could incorporate in the letter some of the things that Colin has said. We thank the minister for convening the conference, we thank the minister for the various things, and we just underline, really, what we're hearing, but the health committee gets to show some leadership and some responsiveness to the people who were in the room for the subcommittee meeting on Tuesday. I mean, I think they want to see us show that they've been heard.

I don't know.... There was certainly a consensus on Tuesday by all of the doctors, for sure, that the MS Society's research proposal is unacceptable to most of them in that there's no treatment arm. It is just comparing and contrasting anatomical features in one population versus another. It doesn't get the people any further in getting the treatment they need. We can say that we heard this and that the minister could encourage the MS Society to work with CIHR to be able to free up some money to get some trials done with the treatment arm.

The Acting Chair (Mr. Dean Allison): Okay.

Mr. Brown, and then Dr. Duncan.

Mr. Patrick Brown: There are two things. I don't think the letter hurts. I wouldn't necessarily rule it as powerful, because it's happening already, so I don't think it adds any weight of persuasion to something that's already been convinced.... The minister has already announced money. She's convening this urgent conference in the summer of the top officials, doctors, scientists, and researchers in the country.

I understand that the provincial health ministries are being asked for submissions of who their top people are. The understanding I got from Monday night was that the minister is feeling that it shouldn't be restricted to politicians, because politicians obviously aren't the ones with the most medical expertise to be building this case of evidence as to why this treatment should be available. Obviously that makes a lot of sense. If the provinces require further evidence, then obviously it needs to be the top researchers who build that case.

Another interesting thing that I thought came out of Tuesday was that Alain Beaudet said that the money available with CIHR is not restricted. It doesn't exclude a treatment arm. He said very clearly that clinical research involving treatment was something they were looking for.

I think what we need to do urgently is to make sure those applications go in. I understand there is something coming from Sunnybrook in conjunction with RVH, which would hopefully allow Dr. McDonald to do clinical research that involves treatment. I know that we were all impressed by his testimony. But it's the dearth of applications that's the greatest challenge right now.

The MS Society has said that they requested an additional \$10 million to CIHR and Dr. Beaudet and the health minister said it shouldn't be restricted to only \$10 million. If we have \$12 million in excellent applications for clinical research, why not fund \$12 million?

But that said, if you only have \$6 million in research, why take away \$4 million that could be going to autism or Parkinson's? That's why the figure hasn't been set in stone: because it's based on applications.

The biggest worry right now is that we're not getting those applications in. Maybe as parliamentarians we can encourage people we know in the research community to put in those applications. That's how we could help people the most in the coming months.

Adding a letter doesn't hurt. Does it help? It's already helping. I certainly don't think it causes any harm, but I wouldn't put out alarm bells by viewing that as absolutely necessary.

I think what we've learned in this process is that every province has a health advisory technology committee. They have their college of physicians and surgeons. They're the ones who are saying they're requiring evidence.

For example, in my own local paper today, Aileen Carroll actually wrote a column praising Dr. Bennett and Dr. Duncan, by the way—you'd be interested to know—for raising this in the House of Commons. She said that she has been in conversation with the health minister, and the health minister said this will not be authorized in Ontario—this is in *The Barrie Examiner* today—because there's not adequate evidence.

Well, we need to give every health minister in the country adequate evidence. The only way you're going to get that is through encouraging applications for clinical research that has a treatment arm and that's what the CIHR is looking for.

• (1005)

The Acting Chair (Mr. Dean Allison): Dr. Duncan.

Ms. Kirsty Duncan: We have just learned about this conference, as of Monday night and Tuesday, and we do not have details of the conference.

Mr. Brown, you now have shared some details. We do not know who we're bringing in. Are we bringing in the leading experts around the world like Dr. Zamboni, Dr. Simka, and Dr. Mark Haake? Is it provincial...? Is it all the provincial-territorial counterparts? Is it the ministers? Is it the experts in each province? We don't know that.

In terms of the money to CIHR, as you know, we do not know the amount that has been allocated. We know it's \$16 million to CIHR. That's for everything, as you rightly point out.

We also know that the money is for MS in general. We have asked for this to be specifically \$10 million. The \$10 million request that came from the MS Society was for CCSVI. What we have been advocating all along is that we want the money in order to do diagnosis and treatment, that research should not be an impediment to diagnosis and treatment, and that they need to be done in parallel. Those are clinical trials.

We heard on Tuesday that there is interest in doing them, but the request for proposals—and this is key—has not yet gone out. So in terms of saying to people to get their applications in, there hasn't actually been a request.

The Acting Chair (Mr. Dean Allison): Dr. Bennett.

Hon. Carolyn Bennett: I left the meeting on Tuesday not really clear.... In terms of the \$16 million that CIHR has, which was the increase above their base that was to help with clinical trials, I think what we need to know or advocate for is.... There are a lot of requests out there for clinical trials, juvenile diabetes being a very important candidate.

Out of that \$16 million, I don't know how much is for MS, and out of that for MS, we aren't sure really whether it's for CCSVI. So I think that the request by the MS Society for \$10 million for research.... The patients are counting on us to fight for clinical trials of the treatment arm of CCSVI. I think the letter doesn't even have to be that long. It can say thanks for the conference, whatever, but can just reaffirm that the minister heard what we heard, which is that there needs to be money for—

• (1010)

Mr. Colin Carrie: She was there.

Hon. Carolyn Bennett: No, I mean Tuesday morning, hearing from the physicians, and particularly Robert Maggisano.

We should say that we need new money for clinical trials that include a treatment arm but that also capture the status of the people who had their procedures done internationally so we could more quickly advance the knowledge.

The Acting Chair (Mr. Dean Allison): Mr. Brown, and then Ms. Leslie.

Mr. Patrick Brown: Okay. Just to clarify, I don't think a letter hurts, but it's not the powerful tool that we're making it out to be. This is all happening. It's all in the process. If the vice-chairs get together and put together a letter today, maybe that's the easiest way to do it expeditiously. It doesn't hurt, but it's not a powerful tool.

I'll tell you why it's happening. Ms. Bennett mentioned JDRF. They're not competing with JDRF. JDRF actually got the funding for the artificial pancreas clinical trials. As you will recall, there was a press conference on it a year ago. It's being done through the Federal Economic Development Agency for Southern Ontario. The clinical trials are occurring right now in Waterloo and Hamilton with \$25 million. So they're not competing with JDRF and I don't want us to fear that.

What Alain Beaudet said very clearly was it shouldn't be limited to \$10 million. What if we have more than \$10 million in applications? Don't set an arbitrary figure. That said, if you only have \$6 million in credible applications, why take \$4 million out of the pool?

Hon. Carolyn Bennett: I just want to know what the \$16 million is for.

A voice: Yes, and we don't know that.

Mr. Patrick Brown: And hopefully the majority of that will go to MS CCSVI treatment, but you can't pick an arbitrary—

A voice: Clinical trials.

Mr. Patrick Brown: To clinical trials with a treatment arm, but you can't you can't pick an arbitrary number when you don't know what the applications are going to be. He has said publicly now that the call is coming. People should prepare. I think he said August 16 or 6, I forget the—

Hon. Carolyn Bennett: He said he was going to decide by August 16.

Mr. Patrick Brown: Okay. Well, then, maybe it's already.... I forget the dates, but he did specify the timelines, and I just forget them

This is all happening. It's all in the process. But if a letter helps make us feel that we're contributing, I think it can't hurt. But it's happening.

Hon. Carolyn Bennett: So can we agree on a very short letter that just says to make sure that there are adequate resources for clinical trials with a treatment arm?

Ms. Kirsty Duncan: From the health committee.

Hon. Carolyn Bennett: From the health committee.

Mr. Patrick Brown: I think that's stating the obvious, but it doesn't hurt.

The Acting Chair (Mr. Dean Allison): I think you would have to look at that.

Just to let you know, I have Ms. Leslie, Ms. Davidson, and Mr. Malo on the list.

But I guess the question is whether we want to have the vicechairs and the PS get together today with the researchers just to draft a quick letter. Once again, you guys would have to decide that those tasked with it could do it. As I said and Mr. Brown says, it probably doesn't hurt. It's not everything, but it may be something easy that can be done, with a short letter thanking the minister for what has already happened and just encouraging them.

Ms. Leslie.

Ms. Megan Leslie: Thanks, Mr. Chair.

All I was going to ask is if we can just agree to do a letter, circulate it via e-mail to the folks who are on the neurological subcommittee, and if we don't come to a consensus, then individual members can send letters to the minister. I've already done so, actually.

The Acting Chair (Mr. Dean Allison): Okay.

Ms. Bennett.

Hon. Carolyn Bennett: Can we approve the rare disorders letter?

The Acting Chair (Mr. Dean Allison): Okay. Hold on. I still have Ms. Davidson and Mr. Malo.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): Well, I can agree with what Madam Leslie has just said. I am very uncomfortable with putting together and agreeing to a letter. Dr. Bennett kept referring to all the testimony we heard on Tuesday. Well, I didn't hear it. I'm not part of that subcommittee, so—

A voice: Neither am I.

● (1015)

Hon. Carolyn Bennett: You could read it...[Inaudible—Editor]

Mrs. Patricia Davidson: Well, if we had known about it, maybe we would have.

Mr. Colin Carrie: You just sprung this on us like about an hour before committee—

Hon. Carolyn Bennett: I'm not on the committee and I went to the meeting—

Mrs. Patricia Davidson: If I hadn't had another committee, I would have loved to hear the doctors as well. You can only be in one place at a time. I am very uncomfortable approving the letter when I have not heard the testimony.

The Acting Chair (Mr. Dean Allison): Okay.

Ms. Megan Leslie: But I can agree with what.... Absolutely, I have no problem with that at all.

Hon. Carolyn Bennett: But they would then have to come through us, wouldn't they?

Ms. Megan Leslie: No. It's just a letter. It's not a report to the House

Hon. Carolyn Bennett: So the subcommittee can write a letter to the minister?

The Acting Chair (Mr. Dean Allison): Well, the committee decides how you want the process to move forward. If the committee says. listen, we trust the subcommittee to look at that and they can send it out if they have agreement, that's something we could look at.

Colin.

Mr. Colin Carrie: I was just going to say what Ms. Leslie said. Let's see the subcommittee draft a letter. If we can't agree on the wording, individual members can then write a letter to the minister themselves.

The Acting Chair (Mr. Dean Allison): Okay.

Is that all right? Who is on the subcommittee? I'm not normally here. Do we have one from each party? Okay. May I suggest that maybe you have a first draft written by the analysts? Would that make sense or does everyone want to try to collaborate on their own? My suggestion is that maybe the researchers can come up with a letter to circulate and then people can add to it and see if they can come to some kind of consensus.

Hon. Carolyn Bennett: Seeing that I was at all the hearings, is it appropriate that my name be added as associate member of the subcommittee?

The Acting Chair (Mr. Dean Allison): Well, if you want your name added, I don't think that should be a problem. We're really tasking the subcommittee to draft a letter on behalf of the full committee.

Go ahead.

Mrs. Cathy McLeod: Even though I'm not on the subcommittee, I actually have paid attention to some of the testimony and I certainly participated on Monday night. So I would really like to see the actual draft letter and certainly if I'm comfortable I would be prepared to....

The Acting Chair (Mr. Dean Allison): Once again, just so we're crystal clear, is the full committee tasking the subcommittee with the ability to write this letter?

All right.

Mr. Colin Carrie: In the way that you suggested.

The Acting Chair (Mr. Dean Allison): Yes.

The next question is what do we have for timelines? Could we have this letter written by the end of this week, or...?

Voices: Oh, oh!

The Acting Chair (Mr. Dean Allison): Oh, it's Thursday, right? Yes, okay, never mind.

How about sometime next week?

Ms. Karin Phillips (Analyst, Library of Parliament): Yes.

The Acting Chair (Mr. Dean Allison): Okay.

Why don't we suggest, then, that the letter be written. If you have some suggestions for the researchers, you can pass them along. I know that Dr. Bennett had some good suggestions about thanking the minister for what's gone on, and about some encouragement. They then can put the letter together by the end of next week. My suggestion is that you then be able to comment through e-mail the following week.

Okay?

So we'll have the letter written by the end of next week, and we'll have the following week for the subcommittee to try to come to some conclusion.

Is that all right? Is that crystal clear?

I'm not clear at all, but is it crystal clear for everyone else?

Voices: Oh, oh!

The Acting Chair (Mr. Dean Allison): All right.

Is there any other business? No?

With that, I wish everyone a great summer, and....

A voice: The rare disorders letter ...?

The Acting Chair (Mr. Dean Allison): Oh, of course.

That was too easy, right?

A voice: Sorry.

Voices: Oh, oh!

The Acting Chair (Mr. Dean Allison): Has everyone seen the rare disorders letter?

Some hon. members: No.

The Acting Chair (Mr. Dean Allison): Okay.

The letter was distributed electronically. It looks to me like we're going to have to deal with that one separately, since people haven't had a chance to look at that yet.

Okay?

All right. Thank you very much.

Everyone have a great summer.

The meeting is adjourned.



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