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## **Standing Committee on Health**

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**EVIDENCE**

**Tuesday, November 16, 2010**

**Chair**

**Mrs. Joy Smith**



## Standing Committee on Health

Tuesday, November 16, 2010

● (1105)

[English]

**The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)):** Good morning, everybody, and welcome to the health committee.

We have had a great morning with our subcommittee, and now we are going into the committee. The couple of minutes of delay was due to having the cameras set up. Our cameramen were just doing their best to get here right on time, and they did a phenomenal job, so they are here.

Pursuant to Standing Order 108(2), we are conducting an administrative review of Assisted Human Reproduction Canada.

We have two panels today. For our first panel our witnesses are, as individuals, Barbara Slater, Professor Françoise Baylis, and Irene Ryll. Welcome to all.

I will give you five minutes each, and we will begin with Françoise.

**Dr. Françoise Baylis (Professor, As an Individual):** Thank you.

I resigned from the board of directors of Assisted Human Reproduction Canada on March 18 of this year. I did so with a heavy heart, having given the matter very serious consideration. I resigned because due to the actions of the president and others, I was not able to fulfill the responsibilities outlined in the act regarding the management of the agency.

The act stipulates that:

The board of directors is responsible for the overall management of the Agency, including

- (a) the provision of advice to the Minister on assisted human reproduction and other matters to which this Act applies, or on any matter referred to the Agency by the Minister;
- (b) the approval of the Agency's goals and operational policies;
- (c) the approval of the Agency's budget; and
- (d) the evaluation of the Agency's performance.

Further, section 32 stipulates that responsibilities in (a), (b) and (c) cannot be delegated.

Shortly after I resigned, Barbara Slater resigned on March 31. Next, Irene Ryll resigned on May 30. As you know, we have not been replaced.

The communications plan developed by the agency in response to our resignations includes the following statement:

These resignations will not affect the integrity of the Board. The Board will carry out its core responsibilities and mandate.

In my view, this statement is false. Since its inception, the board has lost its legal expert, its ethics expert, its policy expert, and its patient expert—and yet it's business as usual? Three of these four members left as a matter of principle. Clearly, the integrity of the board has been compromised, and there is good reason to doubt its ability to carry out its core responsibilities and mandate.

I will address two issues in my opening remarks—failure of the agency to effectively promote and defend the principles of the act, and failure of the board to act in accordance with board values.

Further, in question period, I would be pleased to answer questions about the effects on silencing board members, the contract on altruistic donation, research involving embryos in pregnant women, and communications with the Prime Minister's Office.

First, through various acts of omission and commission, the agency either failed to effectively promote the principles outlined in the act or appeared to actively undermine these principles. Two examples are provided.

The president proposed hosting an international forum on cross-border reproductive care. Some board members suggested that this might not be a good idea, as this could reasonably be interpreted as promoting reproductive travel as a way to avoid legislative constraints that the agency should be upholding. In response, the president insisted that the agency could not stop people from travelling. In further discussion, it was also made plain that the forum would not examine the ethics of this practice. The focus would be on health and safety.

Thereafter, there was no acknowledgement of the ways in which health and safety issues are inextricably linked with ethics. There were media criticisms of the decision to host this meeting. No budget line was ever approved for this meeting. Indeed, according to my records, the board did not approve a budget for the year 2008-09.

To this day, I do not know what the meeting cost, though I believe expenses are buried in several categories like general travel, consulting, etc., and that they may have been spread over two fiscal years. I would encourage you to pay particular attention to this when you receive the audit you requested at your June meeting, and I would ask you to make sure that it is, in fact, an audit and not merely an audited financial statement.

Second, the agency issued a contract to study the feasibility of altruistic gamete donation. Some board members perceived the apparent direction of the contract as contrary to the legislation. The contract was defended with such statements as—quote—“we know this aspect of the legislation isn't working”.

The implication of the statement seemed to be that the agency needed information to support a change in legislation. In response, one board member made the point that the agency's job was to ensure that the legislation was implemented effectively, not to research ways and means to change the legislation. The legislation might need to be changed, but that would be the responsibility of Health Canada. Indeed, previously, Health Canada had tendered a contract on this issue.

There were also concerns about the choice of "expert consultant" for the contract, a physician who had made public statements against altruistic donations with references to the "thou shalt not pay" rule, and he had also said that we need a "more rational plan" and at the very least we should pay donors for lost work time.

As well, there were concerns about conflict of interest. The physician was a lead author on an earlier CFAS document lobbying Health Canada to fund such contract research, and he was a member of the science advisory panel of Assisted Human Reproduction Canada.

My second broad point has to do with the failure of the board to act in accordance with board values.

I don't expect I will get through that....

**The Chair:** Sorry, Ms. Baylis, your time is up, but I'm going to be a little flexible here and give you one more minute.

**Dr. Françoise Baylis:** I'll read as far as I can and then I'll stop.

The board practises excessive unnecessary secrecy, which undermines public trust. At the second board meeting, board members were asked to approve the minutes from the first meeting. The first minutes were thin. There was almost no difference between the agenda for the meeting and the minutes of the meeting. When a board member requested that more details be included in the minutes, there was resistance to this idea from the president, supported by some board members, on the grounds that it would be risky for the organization to include too much detail.

Second, despite a decision made in March 2007 that board minutes would be publicly available, they have never been publicly available.

On inclusiveness, let me say that for reasons that are unclear, the president worked to build strategic alliances with the providers of technologies and not the users of technologies. This was done over the objections of board members.

• (1110)

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

We'll now go to Ms. Barbara Slater.

**Ms. Barbara Slater (As an Individual):** Thank you for the invitation to appear before your committee today.

I feel it necessary to give you a little of my background so that you will know that I did not resign for what may be characterized as petty personal reasons. All of the board members of AHRC brought with them particular skills and expertise. I brought to the board an in-depth knowledge and understanding of policy, governmental processes, legislation, as well as how governmental agencies, such as AHRC, are set up and how they function. I have this knowledge

and perspective from work that I have done provincially for the Ontario government, nationally for Health Canada, the Public Health Agency of Canada, as a chair and member of several federal, provincial, territorial committee and task forces, as well as work that I am doing internationally for the OECD.

I share the concerns detailed by Françoise and want to add to this list of concerns. I want to make some brief comments regarding inadequate disclosure about budget and potentially not getting value for taxpayers' money that was spent, blocking substantive input by board members into regulations, and persistent resistance to input from board members on matters of substance and process.

I may not get to the second two topics, so I would welcome questions for those.

In terms of the budget, requests for information about the budget consistently met with resistance from the president. When information was finally presented, it was in a format that was not customary or sufficiently detailed. The board never reviewed a full budget for 2008 and 2009. When the budget for 2009-10 was initially presented, it was as a slide deck, with just some total numbers included. Repeated requests finally led to a presentation of some more detailed information, but even then there were parts of the budget that were less than transparent.

For example, there was continued resistance to providing information about the cost of governance. The cost was buried in a number of categories so that it was impossible to know what the board costs were as a percentage of the total budget for the agency. Some board members had concerns about whether some expenditures were inappropriate or the result of inappropriate processes.

Here are some examples. Françoise has mentioned the contract on the feasibility of altruistic gamete donation, so I won't go into that too much. It was seen as undermining the legislation that the board was supposed to be upholding, which was section 7. There was inaccurate information in the statement of work, and the rationale for AHRC to do the project was not clear. When concerns were raised about this, there was an attempt to suggest that the contract was with the university and not the individual physician. The statement of work was later revised, and other questions were never answered.

The agency also contracted for individuals to provide HR consulting and other services at the same time that the agency had contracts with Health Canada to provide the same services. This was at a time when the agency had only a handful of people on staff.

The original 2009-10 budget had an amount allocated for consultants of \$368,000, which board members were told was for three consulting contracts. The figure was questioned by a board member. In the revised budget, at a teleconference, the allocation for consultants was changed to \$1,722,300 plus other professional services, which was another \$500,000 for another consultant to set up a health registry. So it's quite a discrepancy between \$368,000 originally and over \$2 million. Even then there were discrepancies in the budget.

The president's travel patterns to Vancouver appear to map onto personal interests more so than to professional obligations. According to information available under proactive disclosure on the AHRC website, the president spent a lot of time in the Vancouver office over holidays and long weekends. As of June 2010, nine of the twenty posted dates for work in the Vancouver office have included holidays.

• (1115)

Next, with regard to blocking substantive input by board members into regulations, contradictory statements were made about how board members could or could not have input into regulatory development.

**The Chair:** Ms. Slater, your time is up, but I will extend it for one more minute.

**Ms. Barbara Slater:** Thank you.

On the one hand, the board was repeatedly reminded by the president that regulatory development was the purview of Health Canada. On the other hand, board members were told that they were in a unique position to have an impact on regulatory development because they had privileged access to information in the formative stages.

There was also confusion about the scope of the board's work, owing to the fact that the agency undertook several initiatives clearly aimed at having an impact on policy, like the international forum on cross-border reproductive care, and the CFAS SOCG meeting on elective single embryo transfer.

Some board members repeatedly asked for clarification regarding the correct process by means of which the board could provide informed, timely, effective input into Health Canada on regulatory development, but no clear process was ever developed.

**The Chair:** Thank you very much.

I will now go to Ms. Ryll.

**Ms. Irene Ryll (As an Individual):** Thank you for inviting me to appear before your committee today.

In previous appearances before this committee, in previous years, my testimony focused on my experience as a patient and a parent of children conceived through reproductive technologies. We shared our private lives with this committee in the hopes that legislation would help and improve for those who came after us. There was no personal gain at that point—or at this point—in any of my efforts.

I felt strongly that it was my duty as a Canadian to share concerns with our federal government and that this was the process and the place that would ensure protections for the health and safety of individuals who use these technologies and the children who are born from them. This is clearly stated as a first principle in the act.

I want to tell you how deeply honoured I was when I was named to the board. I was prepared to undertake these duties entrusted to me with great care. After the resignations of Françoise and Barbara, I did my best to continue try to fulfill my duty. However, it became evident that I was prevented from doing so and therefore had to resign.

As a GIC appointee, we have a duty and public responsibility to ensure responsible management, ethical conduct, and to hold a position of trust to Canadians. I could no longer assure myself of these responsibilities. In my opinion, this board was broken and managed by the president.

I copied my letter of resignation to various MPs, government officials, and the board. You have a copy of my resignation with the individuals' names.

I also included the following statement in my cover letter:

Resigning from this Board has been one of the hardest decisions I have ever made however I felt I had no choice and could not continue serving the Canadian public on a board I have lost trust in.

To my surprise, no one in government wanted to discuss my reasons for resigning. I wanted to share my concerns so that things would be better for whoever replaced me.

Together with Françoise and Barbara, we had asked the Prime Minister's Office for an exit interview. You have a copy of that letter as well. No one in that office was motivated by our resignations to find out what had gone wrong.

Infertility affects approximately 6% to 10% of the population, and that translates into hundreds of thousands of individuals. This is an area that will affect many people in the future, and this is an area that is really important.

I want to add a few comments to what you've already heard from Françoise and Barbara.

On disrespectful engagement by the president with board members and others, there were a number of board discussions that were less than cordial. These included discussions about the need to engage in effective outreach to persons experiencing infertility; discussions of overall budget and specific budget lines; discussions of the organizational chart in order to get clarity on reporting relationships and accountability between the president and Health Canada; discussions of revisions to the tri-council policy statement and one board member's request to deal with the issue of research involving women; discussions of job descriptions and accountability profiles of board members; and discussions about posting minutes on the website for the public.

In addition to dismissive and negative statements directed by the president to board members who raised these topics for discussion, there was negative body language, eye-rolling, impatience, raised tone of voice, and hand-waving. This made some board members feel attacked for asking questions or asking for clarification, and it contributed to an atmosphere of judgment and mistrust. A number of board members were mostly silent during meetings.

On occasion the president would talk to one board member to find out information about another and make disparaging comments about one board member to another board member. As well, derogatory remarks were made by the president to the board members about stakeholders—the users of the technologies. There were inappropriate, repeated attempts to stop board members from sharing their personal and professional views about AHR matters.

All board members, having signed a confidentiality agreement, understood and accepted that matters discussed during board meetings had to remain confidential. However, beyond this there were suggestions by the president and the chair to the effect that board members must also be silent on all matters regarding AHR.

This practice led one board member to formally request clear guidelines and guidance as to what members were or were not allowed to say. That resulted in draft policies on public positioning and participation in policy debates, media relations, professional publications and speeches, and responding to questions from stakeholders.

In discussions about these draft policies, there were efforts to intimidate board members and suggestions that board members must not do “X”. When asked by a board member to put this advice in writing, there was a clear unwillingness to do so, because one “cannot say that...at most one can provide legal advice that this would not be wise”.

• (1120)

At the time the board member who raised this issue resigned from the agency, it was 10 months after seeking clear advice on what board members were or were not allowed to discuss. There were no policies in place at that time.

**The Chair:** Ms. Ryll, your time is up, but I will give you the same extra minute.

**Ms. Irene Ryll:** Thank you.

As a parent of children conceived through assisted reproductive technologies who believes strongly in the legislation and all of the good that was to come of it, I am devastated to have been a witness to what should have been an organization that, according to the board values, put the principles and the public interest above all others in managing its programs, responsibilities, and activities.

The three of us have several suggestions as to how to improve the process for the future. There are four of them, and I will very quickly state them.

Number one: provide the president of the agency with a mentor and proper oversight.

Number two: provide all board members with proper training that is contentful and consistent so they understand their legal obligations and are properly empowered to do their job.

Number three: make sure that board members have access to independent legal advice so that they can access it as needed. The agency had legal advice, the board members did not.

And number four: require board members to sign off on annual, perhaps even quarterly, budgets.

**The Chair:** Thank you.

Or were you finished?

• (1125)

**Ms. Irene Ryll:** I have one last statement.

**The Chair:** Okay, go ahead.

**Ms. Irene Ryll:** How will this experience encourage everyday Canadians to be compelled to share, be involved, and care enough about issues to take the risk of exposing themselves and their families and the—

**The Chair:** I'm sorry, I have to go to the first round. Anything that you want to say, you can add those when they ask you questions.

**Ms. Irene Ryll:** Thank you.

**The Chair:** We will do the first round, seven minutes of questions and answers, beginning with Mr. Dosanjh.

**Hon. Ujjal Dosanjh (Vancouver South, Lib.):** Thank you very much.

Thank you for being here. Let me get one thing out of the way. It has been our experience on other committees where people who worked for the government before, or are working for the government currently, have been approached by government or government lawyers to be careful when they testify before a particular committee.

I want to ask you whether that has been the case in your situation or not.

**Dr. Françoise Baylis:** I have not been approached by anyone, but I have been constantly asking questions as to what I need to do to stay within the bounds of the law with respect to the confidentiality agreement. I have no interest in doing anything that's wrong, but no, I have not been approached by anyone.

**Hon. Ujjal Dosanjh:** Thank you.

To Ms. Ryll, you made some good suggestions at the end, but they don't really go to the mismanagement that you talk about or the financial irregularities or the ethical lapses or, in fact, deliberate undermining of the legislation itself or the spirit of the legislation.

Would you suggest that in fact an independent investigation by a third party in the nature of an inquiry would perhaps put to rest some of these issues and clarify these issues and make some recommendations—in addition to the ones that Ms. Ryll made—as to what needs to be done?

All three of you can answer that question. You have given me so much information, I don't even know where to begin. Somebody from the outside actually needs to take a look at all of this. Would you agree or disagree?

**Ms. Irene Ryll:** I would agree, and I would agree because when you have someone who is independent outside of the organization, they will look at this and they will investigate if there was any wrongdoing or if there was not. To me, that would be transparent, and that's what this government stands behind, in my understanding.

**Dr. Françoise Baylis:** I would encourage that as well. I do know that the agency has recently contracted out some kind of oversight or review or something of the agency by a company called CloseReach, and that's because they contacted me to ask me to participate in a series of questions about the agency—its effectiveness, etc.

At the time I was approached, I raised concerns prior to agreeing to participate. I specifically asked who the other participants would be. I specifically asked whether the other people who had resigned would be invited to participate. The answer I got was no.

I asked whether, if I was the only person who had resigned who was participating, that meant that only one current board member would be participating. The answer I was given by the company was no, there would be at least three board members who were currently sitting who would be participating.

I then asked if other stakeholders who might have a critical perspective would be participating. The response I was given there again raised some concerns for me.

I mention this because I anticipate that the findings of that survey, product, whatever, will soon become public, as I anticipate that it was in part done in order to be able to address the kinds of concerns that we're raising.

So I would certainly like something to be independent and not funded by AHRC that looks at the functioning of the agency and looks at the documentation. That documentation should include whatever e-mails are available. A lot of effort was made to ensure that correspondence did not happen in print. There were phone calls so that nothing would be available. I would encourage you to look for those e-mails. They may be coming from different sources, not necessarily all coming from the agency.

Thank you.

**Hon. Ujjal Dosanjh:** Thank you.

Ms. Slater.

**Ms. Barbara Slater:** In terms of the budget and the financial, I don't believe I had enough information—and I'm not an accountant—to ever be able to say whether the agency was getting value for money. Any kind of audit that would be done on statements would need to be, in my opinion, a full financial audit in terms of looking and seeing whether there was value for money. A full financial audit, not just auditing financial statements: there is a little bit of difference between the two. I believe the agency needs to be looked at to see whether they were getting value for their money, especially in some of the contracts.

**Hon. Ujjal Dosanjh:** Thank you.

I would now in fact let you have my time.

How much time do I have left, Madam Chair?

**The Chair:** You have just less than two minutes.

**Hon. Ujjal Dosanjh:** Who wants to take the two minutes and tell us what you weren't able to tell us in your statements?

**Dr. Françoise Baylis:** Well, one thing I would like to give as a very concrete example is that we were asked at one point to approve an expenditure of \$500,000 that would be transferred to CIHR, the Canadian Institutes of Health Research. This was done outside the context of any kind of budget discussion. It was a one-off discussion. We were asked to vote on this item, and I and at least another board member raised questions: Why are we voting on this? We've never voted on anything to do with the board. How are you making this transfer between government agencies? We don't understand how this would work.

The transfer was made, and the budget was only looked at and approved after this particular agreement was made. There was a teleconference held, and, at least according to my e-mail minutes,

that teleconference at which this expenditure was approved was described as "optional". As a result, there are no minutes of this teleconference when this was approved, although there is a reference to it in subsequent minutes, meaning the minutes of the June meeting. But I have no records of the minutes of this meeting that took place by telephone in April, this optional meeting.

The thing I find surprising about this is that after this period of time, I later happened to be named to the same board that was on the receiving end of this money, which is an unusual circumstance, but it allowed me to see what happened to the money on the other side. I think what was most distressing there was that on the other side, I could see quite clearly what had happened to the money. It was very transparent in terms of tracking it coming in and tracking some of it going out, not all of it, etc. But I worried about my colleagues who were still a part of the agency who would have no information about what had or had not happened to this money.

I think I would repeat what Barbara said in terms of the frustration. I am a person who has now held three Governor in Council appointments. I've sat on many national boards. I'm quite used to looking at budgets, although I too am not an accountant. We repeatedly asked for budgets in the form that you could see—for instance, this is what was approved, these were your actuals, these were the expenses, etc.

•(1130)

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

We'll now go to Monsieur Malo.

[Translation]

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

Just like Mr. Dosanjh, we don't know where to start. You have told us so many things that I am even wondering how we can get through it all in one meeting.

If I may, Ms. Slater, I will refer to an interview Ms. Buzzetti did with you for the *Devoir*, which appeared last June and in which you said you had asked the president about budgets and expenditures. You became suspicious after that. You also asked her about other issues, which you could not mention in the interview.

Have you mentioned those other issues to us today? Could you give us more details on the issues you asked senior management about?

[English]

**Ms. Barbara Slater:** The other issues are the issues that we are talking about today in our brief. Because of confidentiality, we did not talk publicly, ever, about anything other than what was—speaking for myself here—in my resignation letter, which I was told by a lawyer did not breach my confidentiality agreement, as it was just the details of things.

So we were very conscious not to do that, not to break...but the other issues we have talked about, or are in our brief.

[Translation]

**Mr. Luc Malo:** That's perfect, thank you very much.

Ms. Ryll, you told us in your presentation that the president was trying to obtain information on other members from some members of the board of directors. Were you also questioned? Were other members asked details about you? Did you witness that?

[English]

**Ms. Irene Ryll:** I was questioned by the president about a board member. I don't know whether or not the president questioned anybody about me. I can only talk about my experience.

[Translation]

**Mr. Luc Malo:** Could you tell us what kind of information the president was trying to obtain about you?

[English]

**Ms. Irene Ryll:** It was not in a board meeting. The president happened to.... I happened to be in Ottawa, and she offered to meet with me and take me to the airport. We had a discussion at the airport, where she started off by saying that she didn't want to cross any.... I don't know what the right word is here, but I'm going to use "confidences". So she said that she didn't want to cross any confidences, but she wanted to know what was up with a particular board member. She couldn't figure out this particular member, what was up with them. She was questioning why, at a board meeting we had, we had a vote for a vice-chair position. She couldn't understand why that particular vote had happened, that, really, the president and the chair could very clearly deal with the board situation without a vice-president. I reminded her that, by the act, we have to have a vice-president.

I felt very, very, uncomfortable that I was being questioned about another board member's personal feelings when I had no knowledge of them. I felt very uncomfortable. If that was happening to me, I thought, was it happening to other board members? And why would that be happening? We should all be on the same level; we should all be having the same conversations. I'm not going to be talking about other board members.

[Translation]

**Mr. Luc Malo:** Thank you.

Ms. Baylis, you told us in your presentation that you had to limit the information in the minutes. In response to Mr. Dosanjh's question, you even told us that there were no records of the minutes for an optional meeting. In your opinion, is that common practice? This question is for all the members since you have all told us about it. In your view, why did the minutes have to contain so little information?

• (1135)

**Dr. Françoise Baylis:** To be honest, I don't understand. I don't actually know how to answer the last part of your question because there are no big secrets in fact.

I couldn't see hardly any difference between the agenda of our first meeting and the minutes I received afterwards. I said to myself that there wasn't even enough information to remind me of what we did last time. There was a little debate among the members of the board of directors. Not everyone agreed with me, but some people were very pleased about it. They did agree to include a bit more information.

**Mr. Luc Malo:** Why did some members seem willing to restrict the information available in the minutes?

**Dr. Françoise Baylis:** Honestly, I don't know why. I am probably going in the opposite direction. I want transparency, I want my name to be cited when I say something or other, because I have to accept the consequences of what I say. I prefer complete transparency.

In some circumstances, I understand that we cannot say everything. I agree with putting a limit, but I feel there is almost really no content. So I am still wondering about it. Even today, I am wondering why we cannot share that with all Canadians. There are no great national secrets. I am still wondering about that and I don't understand.

**Mr. Luc Malo:** In terms of choosing the researcher for the study on the altruistic donation and based on your knowledge of this area, you also told us that there might have been a potential conflict of interest since the researcher had already expressed his views and had some connections.

I believe you mentioned your reluctance at the board of directors meetings. What were the reactions to your comments?

**Dr. Françoise Baylis:** If I remember correctly, I was told that the contract had not been signed with the person, but with the university.

**Mr. Luc Malo:** Does that change anything?

**Dr. Françoise Baylis:** Not in my opinion, because we still need the expertise of individuals. So we have an expert who has already made his view public and who does not approve of the decisions made under the act. I am wondering why we did not go look for someone neutral.

[English]

**The Chair:** Thank you, Ms. Baylis. I'm sorry. I let you go over time.

It's now Ms. Leslie.

**Ms. Megan Leslie (Halifax, NDP):** Thank you, Madam Chair.

Very quickly on that point, Ms. Baylis, why would a contract be given to a university? Isn't it customary to give contracts to researchers?

**Dr. Françoise Baylis:** That, I can only say, is my experience. I have had many contracts over the years with government, whether that was with the Ministry of Health, the Ministry of Justice, etc. They've always been with me, but maybe there are contracts with universities. I don't know.

**Ms. Megan Leslie:** Thank you.

We've had a lot of questions about what's going on at AHRC, and unfortunately we thought we would get a lot of answers today but it seems like you're maybe as in the dark as we are about the budget and exactly what's going on.



I'll share with you that because my name has been in the media for asking questions at committee and people have linked me a bit with AHRC, I have had numerous phone calls, e-mails, and communications from people saying certain things. I can't certainly say they are all true, but one theme is that the president is incompetent, an egomaniac, which is not a federal issue, right? If a person is a mean boss, that's not a federal issue, but a federal issue is how is this money being spent. Where is it being spent? What is the president directing the agency to do with this money?

I wanted to ask questions about this international conference, but I don't know if you're going to be able to answer them. I understand it was closed to the media. I understand that it was pro industry. I understand that money was spread out over different years and different budget areas, as you said, Ms. Baylis. Are you able to tell us, did you approve the budget for this? Do you know how much this meeting cost? Do you know if this was good value for money? Can you tell us anything about this conference?

**Dr. Françoise Baylis:** I went to the conference. The board with this activity and with other activities was offered an open invitation, did anybody wish to attend. I did attend. In fact, I attempted to attend every such meeting that was ever made available to us. If I remember correctly....

Were you there, Barbara? I actually don't remember. That was the cross-border one.

• (1140)

**Ms. Irene Ryll:** I was there.

**Dr. Françoise Baylis:** Well, there you go. I didn't remember that.

So all three of us were there.

It was an interesting meeting. To my knowledge, the media was not there.

I do not know what it cost. We did not in advance of the event say it was an important event and we should allocate a certain percentage of the budget, and after the fact, I still don't know what it cost, and so I can't answer the question about value for money.

It was an interesting conference to me, as a researcher. I certainly think there are very important questions that need to be thought about and addressed, but I think the most critical and interesting question is how do you think about something like international travel in a context where people might be pursuing that to avoid legislative constraints. That is an interesting and important question. It may be that we decide there is nothing you can do, but it may be that we decide, as in other areas—for example, child pornography—we don't care that it's illegal in Canada and not illegal somewhere else. We actually choose to pay attention to that. So all I'm saying is that, to me, there was an interesting question. The one question that I thought was most interesting got set aside on the grounds that we would deal with matters of health and safety, and I don't know that there has been enough follow-up to make that useful at this point in time.

In terms of the budget, I have no idea what it cost.

**Ms. Barbara Slater:** To add to that, I know that the report we saw from it was pretty useless.

**Ms. Megan Leslie:** Okay. Thanks.

I was wondering if one of you could tell us a bit more about your communications with the PMO. You said you asked for an exit interview and that didn't happen. Can you describe what happened?

**Dr. Françoise Baylis:** I'll answer that, because I was the person who drafted the letter and signed it.

I want to say publicly that when I made the decision to resign, I did not communicate that to anyone. I did not communicate it to a single member on the board. I sent to the chair a professional, or what I thought was a professional.... You'll see from my letter it's one word: it simply says thank you very much, I'm resigning.

I made a decision, having done that, that I would not engage in conversation with any board member, and my secretary can confirm that. I engaged in no phone conversations, no e-mail conversations. I did not want it to ever be able to be said afterwards that I orchestrated anything.

After Barbara made a decision to resign, I resumed conversation with her but did not speak at all with Irene in the interim. Once Irene decided to resign, I resumed conversation with her.

At that time, we were all sharing different perspectives and concerns. We thought that a reasonable thing to do, given that this was a Governor in Council appointment, was to ask the government for an exit interview, where we would be able to come forward. Certainly in terms of how I thought about it, I thought the government ought to hold me accountable. I've made a decision, and they ought to want to know.

I wrote a letter. It was reviewed by my two colleagues to make sure that they were comfortable with the content. I signed it on behalf of the three of us. I sent it by e-mail and I sent it by regular mail to ensure it would be received.

About a month later I did receive an e-mail correspondence that was a follow-up. And given that I sent my letter in August, it's perhaps not surprising, with the summer, that there was a delay.

At that time I explained, via e-mail, that we would like to be able to come to Ottawa, the three of us together; that we thought we should have an opportunity to share with the government what had happened and what, in our view, had gone wrong. We specifically made reference to the fact that we expected to come before this committee and that we would like to come to the all-party committee and be able to report on progress. That's how we framed it. We really didn't want this to either get played out in a political way or get played out in the press.

The response we had, after a bit of back-and-forth e-mail, was that they did not have the resources to pay for the three of us to fly to Ottawa to meet with them, and so could we please do this by teleconference. At this point I conversed again with my colleagues to ask them if they would like to do this, and we decided that we didn't feel comfortable, given the nature of what we thought we wanted to share, the complexity of the issues, and the kinds of questions we anticipated. To be perfectly frank, we had lived an experience whereby issues that were really important were relegated to teleconferences rather than the face-to-face meetings, and time for face-to-face meetings was taken up with busywork.

I wrote back a second time and said, look, under the circumstances, given what we would like to be able to say, etc., we are reiterating our request to please meet with you in person, and if not, we accept that the consequence would be that we would have our first opportunity to speak with this committee.

So we specifically said that this was how we would interpret a decision not to bring us forward. And then, indeed, there was silence.

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

Now we'll go to Dr. Carrie.

**Mr. Colin Carrie (Oshawa, CPC):** Thank you very much, Madam Chair.

I want to thank the witnesses for being here today. I think everyone around the table has sat on boards before and are very interested in some of your comments specifically with this board.

Particularly, Ms. Baylis, you said that you felt you operated under "unnecessary secrecy". I was just wondering, did you sign a confidentiality agreement when you joined the board, and were you comfortable signing that agreement?

• (1145)

**Dr. Françoise Baylis:** The very first day that we met, we were given a piece of paper with this confidentiality agreement. I asked if I could bring it home. We were told, no, we had to sign it there. So I did. I read it. I didn't see anything that I thought was unacceptable. And I signed it in good faith.

Once things kind of fell apart and I wanted to know what I could or couldn't do, I showed the confidentiality agreement to a colleague in the law school. Her first words to me were, "Why did you sign this?" I said that I had no reason to doubt that I was being asked to sign something that was appropriate. I've only later come to understand that it might have been very sweeping relative to what would be appropriate.

I can't comment on that any more than to say I signed it. I signed it freely. I signed it at the very first meeting that we attended and left the copy there.

**Mr. Colin Carrie:** You've expressed a number of different concerns here today. Did you bring up those issues with the board, or did you express any of these difficulties you had before you accepted your reappointments? I understand you did accept reappointments, Madam Baylis and Ms. Slater. Did you bring up these issues before you accepted the reappointments?

**Dr. Françoise Baylis:** I did not perceive the systemic nature of these issues until after my reappointment. Had you asked me at the time, one year in, whether I thought there were these problems and issues, I would have said no. Many of these issues unfolded over time, and it was only over time that I saw a pattern.

A very specific pattern, which I found very distressing and continue to find distressing, is that I don't believe—it is my opinion—that there has been adequate engagement and respect shown towards the users of these technologies. I can say that I repeatedly, repeatedly asked that there be appropriate representation on various committees and subcommittees that were struck. I was even the first board member at the first board meeting to say that we don't have a patient representative as a member of the board and we

need to correct this immediately. That suggestion met with resistance.

Subsequent suggestions that I made repeatedly, to include members of the infertility community on various committees, met with resistance. To my knowledge, to this day, those committees are clinician- and scientist-only committees.

**Mr. Colin Carrie:** You have mentioned over and over again that you had problems with the direction of the board and with where the board was going—

**Dr. Françoise Baylis:** I don't believe I used the word "direction" of the board; I said specific examples, such as contracts that I thought were inappropriate in terms of their orientation, things like that. I don't know what you would mean by the overall "direction". The overall direction of the board is to support the legislation, and I would like to believe that all board members are trying to do that to the best of their ability.

**Mr. Colin Carrie:** All right. Well, I may be mistaken. I thought in your opening comments you did mention that there were issues with direction.

When you were on the board, did you ever vote against some of the motions that were brought forward, as far as governance went?

**Dr. Françoise Baylis:** There were very few votes. The chair specifically encouraged what he described as consensus. In fact, I have copies of minutes in which it's documented that we won't typically be voting and we do not expect that there would be dissenting views. In fact, anything that would have been contentious never would have come to a vote, so there would be no record of many dissenting votes.

One thing that was voted on was the budget. The 2009-10 budget was voted on. I was not at that meeting. I did not vote in support of that budget.

**Mr. Colin Carrie:** So you weren't there.

Madam Slater, were you at those meetings? Did you ever—

**Ms. Barbara Slater:** Yes.

**Mr. Colin Carrie:** —vote against a motion?

**Ms. Barbara Slater:** The vote for the 2009-10 budget was done on a teleconference, and as I said in my resignation letter, I did vote in favour of that budget. I did it with some misgivings, hoping that the scrutiny that was given to the budget would ensure that the agency would be more forthcoming with information. You know, I was trying to reconcile figures that were given in the powerpoint presentation with those in the other one. I did vote in favour of it. Yes, I did.

**Mr. Colin Carrie:** Now, did you bring up some of these issues—again, you did accept a reappointment—as you went through and—

**Ms. Barbara Slater:** I brought up the issues all along. I have them all documented in e-mails.

**Mr. Colin Carrie:** And some of these things were never voted on or discussed at the meetings?

**Ms. Barbara Slater:** I'm sorry?

**Mr. Colin Carrie:** Were these issues voted on and discussed during the board meetings?

**Ms. Barbara Slater:** Things were discussed. It was hard sometimes to discuss things, because there was sometimes an atmosphere of intimidation when you brought up things that weren't generally accepted. Sometimes you were a lone voice, or sometimes you had a little bit of support. It was a difficult atmosphere in which to go against the president.

• (1150)

**Mr. Colin Carrie:** I have another question, too. I'm curious—what were some of the challenges you found in waiting for the Supreme Court decision on Assisted Human Reproduction Canada?

**Dr. Françoise Baylis:** What do you mean by “the challenges”?

**Mr. Colin Carrie:** Well, basically, we're all awaiting a decision by the Supreme Court. Did you find that affected your day-to-day functioning?

**Dr. Françoise Baylis:** I think that was certainly described as an issue once it had reached the Supreme Court of Canada, but I think it's important to appreciate that this challenge started very shortly after the legislation was written.

In case you don't know, I was the person contracted to write the ethics expert opinion for the federal government in that case, and there was certainly no impact in principle on the ability of Health Canada to write regulations and move them forward in those initial days.

The reality is that the legislation was passed in 2004. In order for that piece of legislation to become functional, it needed a bunch of regulations to be passed. Only one regulation—consent to use—has been passed today. It is true that because of there not being other regulations, it's not an operational piece of legislation. I think that's very distressful, but that is a function of many complicated issues, not merely the fact that it's currently sitting before the Supreme Court of Canada. There was a lot of time before it was before the Supreme Court of Canada.

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

Now we'll go into our second round: five minutes for Q and A.

We'll start with Dr. Duncan.

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

Thank you to the witnesses.

In your opinion, should the budget for 2008-09 be tabled?

**Dr. Françoise Baylis:** I don't know if it exists. I assume something went to the federal government, so there must be something that could be tabled. I've never seen that budget.

I would also anticipate that, in theory, the budget for 2010-11 should be available.

**Ms. Kirsty Duncan:** In your opinion, if it exists and these other budgets exist, should they be tabled?

**Dr. Françoise Baylis:** Can you tell me what it means, “be tabled”?

**Ms. Kirsty Duncan:** Be submitted here.

**Dr. Françoise Baylis:** Be available to you? Absolutely.

**Ms. Kirsty Duncan:** Thank you.

Can you comment on whether the minutes should be tabled at this committee?

**Dr. Françoise Baylis:** I think you should have access to all of the minutes. I don't think you'll find anything very telling in them. I have brought with me a binder that I'm prepared to leave here. It's not available in French, because I didn't have the time to do it twice, but these documents have all been translated.

They are all the documents that have to do with anything to do with the budget. I've done the work of going through every piece of paper I have so that you would actually know at least what a board member received with respect to the budget, which may be more or less than what's available otherwise with respect to the budget.

**The Chair:** Ms. Baylis, could I ask you to submit that to the clerk?

**Dr. Françoise Baylis:** Yes.

**The Chair:** Thank you. I'll see that all the committee members have it.

**Ms. Kirsty Duncan:** What I'm struggling with is that the board was responsible for the approval of the agency's budget. As my colleague said, many of us have sat on boards. If you aren't aware that there was a budget for 2008-09—and I don't know when you joined the board—how did the money get spent? Was that spending reviewed? Was it reviewed quarterly?

**Dr. Françoise Baylis:** No, and that will be very clear from the documentation I'll leave behind. What I'm used to, as a board member, is that prior to the fiscal year starting, perhaps six months before the fiscal year starts, you're given a budget, which details where you expect your expenditures to be. So you have a bunch of estimates, and then as the year progresses, on a quarterly basis, you have that set up against actuals, and you move through them.

That was not the case. As you'll see, the budget for 2009-10, for example, was being discussed in June and being voted on at a teleconference, which, as I said, I did not participate in.

**Ms. Barbara Slater:** We were being shown, for 2008-09, government planning and priorities, I believe, what you have to submit to the government. It's like an overall sort of roundup of numbers by program. They're just the top numbers. That's what we were shown for 2008-09.

**Ms. Kirsty Duncan:** I'm struggling with the 2009-10 budget. There's an initial number of \$368,000, and that jumps to \$1.7 million. Can you detail what was in that \$368,000? These would seem to be core competencies, core jobs, in the agency. They were HR and corporate services. What was Strachan-Tomlinson doing? And then how did it jump to \$1.7 million, and what were the services?

• (1155)

**Ms. Barbara Slater:** We were told originally that the three consulting contracts were for HR, corporate services, and one company; and then, when it was at \$1,722,300, that....

**Dr. Françoise Baylis:** That was the slides.

**Ms. Barbara Slater:** The slides, yes; but the budget....

**Ms. Kirsty Duncan:** Are you able to tell us more about what those services were?

**Ms. Barbara Slater:** Not really. I don't have that....

It was "other professional services" and "consultants", including temporary help.

No, it was just a line in the spreadsheet that was \$1,722,300. The agency didn't have a lot of full-time equivalents, so they used a lot of consultants. That's why I questioned at the beginning that it was only \$368,000. I thought that was kind of low for an agency that didn't have a lot of full-time employees. I figured that they were using a lot of consultants to get things done. The number seemed low, but then it just skyrocketed.

**Ms. Kirsty Duncan:** And why didn't—

**The Chair:** I'm sorry, Dr. Duncan, your time is up now. We have to go to Ms. Davidson.

Pardon me?

**Ms. Megan Leslie:** I just have a point of clarification.

Could Ms. Duncan repeat the years that you were talking about here? Was that 2008?

**Ms. Kirsty Duncan:** For the...it was 2009.

**Ms. Megan Leslie:** Thank you.

**The Chair:** We'll go to Ms. Davidson.

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

Thanks very much to our three witnesses for being with us this morning. We appreciate the fact that you're here and understand that some of your testimony is not easy for you to be doing here in front of everyone this morning.

I want to take the discussion on a little bit different angle, if I can. It's my understanding, and I stand to be corrected on this, that you were each appointed through the Governor in Council process because of the specific expertise you would be bringing to the board.

You're no longer there, so first of all, then, how is your specific discipline being represented? How is the mandate of the board being carried out if in fact part of the overall concept of who is supposed to be represented at the board level is no longer there?

I guess first of all I need to know whether my assumption is correct that you were there because of your specific abilities and your contribution in a specific field.

**Dr. Françoise Baylis:** That's certainly my understanding of what the government would do in naming any board: make sure that it has disparate views, disparate geography, disparate gender, disparate language. All of that comes into the mix.

With respect to this particular process, we had to apply—at least, that was the original process—and we had to outline what our views were and what skills, talent, and knowledge we thought we would bring.

One thing I would like to stress for this committee is that one of the things I wrote in my letter of application was that I was deeply committed to consensus-building, and so I find it ironic to have ended up exactly where I am today.

In the course of this journey, if you will, at one point I actually had occasion to cite from my letter in correspondence with the chair—namely, that I'm attempting to do what I said I would do, so I'm being true to who I am and to the reason, I take it, I was chosen for this board, and I don't view what's happening as allowing that to go forward.

I personally believe it would have been important to have somebody with ethics expertise. If it hadn't been me, I would hope it would have been somebody else with that expertise. I left in March. I have not been replaced.

**Mrs. Patricia Davidson:** Ms. Slater?

• (1200)

**Ms. Barbara Slater:** My background is in women's health. I worked previously at Planned Parenthood and was the director of women's health at Hamilton Health Sciences' hospitals and then was in policy in government organizations.

That's my background, and that is what I brought to the board.

**Mrs. Patricia Davidson:** Are there other people on the board who have the expertise that you have?

**Ms. Barbara Slater:** I don't believe there are with the same kind of women's health background. As to policy, maybe some people have some policy. I don't believe they have governmental process policy backgrounds.

**Dr. Françoise Baylis:** As a point of information, if you like I can tell you who's left on the board and what expertise is there.

There's a retired family physician and former premier, who is the chair; a hemato-oncologist; a geneticist; a member of a biotechnology company; a scholar in Jewish studies; and a consultant for the Archdiocese of Toronto.

**Mrs. Patricia Davidson:** Ms. Ryll?

**Ms. Irene Ryll:** I was appointed to the board in September; that was several months after the board formed. I have experience as a patient, experience as a parent of children who use these technologies. That was one of the comments that the health minister's adviser mentioned to me when I heard that my appointment was going to be going through: that I had the knowledge of a parent and the knowledge of a patient and was bringing that to the board.

To my knowledge, I don't know whether anyone else on the board has that experience. I know there was a news report very early on that someone might have had that experience, but it was never discussed.

**Mrs. Patricia Davidson:** Thank you.

That ends my questions, Madam Chair.

**The Chair:** Thank you very much. Our time is up now anyway.

I want to thank the—

**Ms. Megan Leslie:** Excuse me, Madam Chair.

As you know, I communicated with the chair via e-mail last week about concerns I had that the president and the current board chair and other witnesses would be brought forward on the same panel as these witnesses. I learned since then that the chair had separated the witnesses into two panels.

Once I received that communication via the clerk, I communicated with you that I actually hoped to move today to extend the time of the panel one witnesses. I think that's appropriate.

I had communicated to you that it was my intention to do so, so that there wouldn't—

**The Chair:** Could I just make one...?

I know that's your intention, but on all committees—just to remind you before you go any further—we always like to have balance. We've done that since the beginning of time.

**Ms. Megan Leslie:** That's fair, Madam Chair, and as I wrote to you, I have no problem with.... I'm not trying to silence the president or the current chair. I think they can be scheduled for other days.

**The Chair:** We don't have a lot of time.

**Ms. Megan Leslie:** As you know, we set an agenda together, as a committee, in camera.

**The Chair:** We did.

**Ms. Megan Leslie:** As you can imagine, this likely came up at our meeting. We are doing two days on injury prevention, which is not exactly the pressing issue of the day—

**The Chair:** Ms. Leslie, if you want to bring the motion forward, bring it open, and we will.... We need to get to the next committee. So bring it forward and we'll vote on it.

**Ms. Megan Leslie:** I would like to bring a motion forward that we extend the time of this panel and reschedule panel two for another day.

**The Chair:** Is there discussion?

Mr. Brown.

**Mr. Patrick Brown (Barrie, CPC):** It's not committee business right now. It's more appropriate that we do it at the end of the meeting, when we have committee business.

**The Chair:** No, but she can move it. She is within her rights to do that.

I know we've set up an agenda, and I know it'll be a long time before we set this up, but the motion is on the floor.

Dr. Carrie.

**Mr. Colin Carrie:** Madam Chair, we have set an agenda, we have witnesses here to hear, and I think we should give them the respect that they are due. Let's move ahead with the agenda we have agreed to.

**The Chair:** Monsieur Malo, did you have your hand up?

[Translation]

**Mr. Luc Malo:** Yes, Madam Chair.

I raised my hand because I still have a number of questions for the witnesses. It is clear that we should continue this discussion. If not today, in the next few days, but I think it is clear that we have to continue it.

[English]

**The Chair:** Well, Monsieur Malo, that's a good point, and it can be at any other time as well that we can meet afterwards and take a look at things.

Mr. Dosanjh.

**Hon. Ujjal Dosanjh:** I would suggest that we vote on it, but I suggest to Ms. Leslie that she ask for 30 more minutes for this panel so that the others can come in for 30 minutes and at least present their viewpoint, rather than our having to send them away—since Dr. Hamm is here, and I have a lot of respect for my old premier colleague.

•(1205)

**The Chair:** This is highly unusual.

Ms. Leslie.

**Ms. Megan Leslie:** I would be willing to change my motion to extend this panel by 30 minutes.

**The Chair:** Ms. McLeod.

**Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC):** Madam Chair, I would have a lot of trouble with not having.... Thirty minutes gives no time for a full round of questions. I think we need to keep with our agenda and move forward. If we deem we have questions that are unanswered, then perhaps we can look at extending the study when we talk about committee business.

**The Chair:** We're going to take a vote on it, then, if all comments have been made.

I have to say to you that, you know, we have a full committee agenda of very important things. It is really up to the will of the committee, but it's highly unusual to do things in an unbalanced manner.

It is the will of the committee, and I'm going to ask you now: who votes on...?

Yes?

**Mr. Colin Carrie:** May I just say that if we're going to be adding an extra half hour here for the other witnesses—I'm just looking at numbers—as my colleague said, to give a decent round of questions and actually just hear their opening statements, we should see whether we could extend the meeting an extra half hour. As you said, this is totally unusual.

**The Chair:** Well, we have to deal with the motion first, Dr. Carrie.

The motion is to extend the current panel for 30 minutes.

(Motion agreed to [See *Minutes of Proceedings*])

**The Chair:** Dr. Carrie.

**Mr. Colin Carrie:** Could I, then, bring forward a suggestion that we extend the meeting for half an hour?

**The Chair:** So that the others can have an extra 30 minutes?

**Mr. Colin Carrie:** Yes—respectfully so.

**The Chair:** All in favour of extending the meeting half an hour to be fair to the others as well, please signify.

(Motion agreed to [See *Minutes of Proceedings*])

**The Chair:** Thank you.

Okay. We will have a longer committee meeting today, with everyone having equal time, so we will achieve the same thing we started out to do.

We will start with Mr. Malo.

[*Translation*]

**Mr. Luc Malo:** Thank you very much, Madam Chair.

Ms. Slater, in your initial presentation, you told us that Canadians were not getting value for their money in terms of the agency's expenditures. You also told us that, in your opinion, the conference report was weak and useless, or could not be used, and that you passed the budget while still trying to understand it. My question is also for Ms. Baylis.

What efforts did you make to really understand the 2009-2010 budget you had to vote on at the time? Did you ask for help to understand the budget? Did you come up with questions? Did you get answers or technical support to help you to understand it better? Ms. Baylis, you actually told us that one of the responsibilities of the board of directors is to approve the budget. That really lies at the heart of the agency's operations.

Please go ahead.

**Dr. Françoise Baylis:** As I told you, we saw the 2009-2010 budget for the first time at a meeting in June. They used slides. At that point, I said that it was unacceptable and I was not the only one to say that.

Although we were supposed to vote on the budget according to the agenda, we refused to do it when the time came. We then had a teleconference. I was unable to participate in it, but I tried to fulfill my duty as a member of the board of directors and I sent a list of questions. I was still interested in participating, but I was not able to. When I read the minutes, I understood that my questions had been read during the teleconference, some comments were made and, as a result, I was supposed to receive the answers to my questions, which was the case. So I have a copy of my questions and the answers. But I must admit that, when I looked at that, I still had a hard time.

For example, I repeatedly asked a question because it was a topic I was concerned about. I wanted to know what percentage of the budget went to the board of directors. There are standards after all. We wouldn't want to spend 25% of the budget on the board of directors. So I kept asking how much that would be. I was told that the expected sum was \$120,000 for two meetings, which means \$60,000 per meeting. I thought to myself that it was still expensive.

It was interesting for me to hear the answers Ms. Slater received, since she also asked the same question without my knowing. She

was told that it would be \$150,000 for three meetings. So she was told \$50,000 per meeting and I was told \$60,000.

Just to compare, the figure for the scientific council is \$21,000 for two meetings. So it is much cheaper for them. I don't understand. Perhaps there are differences in the figures, I don't know.

That gives you a brief overview and shows you that it's never clear and we never seem to understand. Yet we are not asking a complicated question. We are asking what the budget is and what percentage of the budget goes for governance.

Every time I asked questions, I was told it was in this or that column, in the transport column, for example. I don't want to know how much I pay for a plane ticket, and it is not my job to ask my colleagues how much they pay for their plane tickets and then work out the total.

I also asked very specific questions about the consultants and contracts. I wanted to understand the obligations better and what the difference was between granting a contract to someone and hiring them as a consultant. I also asked where I could find out what we were paying for subcommittees. Not only did I want to find out the cost of our governance, but I also wanted to find out the cost of the scientific committee's expertise. I want you to know that their expertise is extraordinary. During my term, I felt it was a great committee that was working well. But I still have a right to know what the cost of the expertise is, and I cannot tell you that.

There were a lot of little questions like that.

• (1210)

[*English*]

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

Ms. McLeod.

**Mrs. Cathy McLeod:** Thank you, Madam Chair.

I also want to thank the witnesses. Certainly you've raised a lot of flags here; in my opinion, at least, it was unfortunate we didn't get to hear the other witnesses, because I think that would actually generate more questions back to you had we perhaps heard some of their responses to your concerns and then had a chance to again get a bit of back and forth. But having to go with the will of the committee, I certainly appreciate that.

I have sat on a lot of different boards. I have found that some record minutes, and it's just action items. I've found that others record almost verbatim what happens in every particular meeting.

You expressed concerns about the minutes. They did record motions, results of motions, and action items. Could you perhaps talk a little more about that?

**Ms. Irene Ryll:** If I understand your question, you're asking if those are the kinds of things that were in the minutes? Okay.

I wasn't on the board when the discussion about the minutes first happened that Françoise had mentioned. But the problem I experienced on the board was that by the time you got your minutes.... You know, you want to review things and make sure you heard things properly. We probably all took our own notes when we were at these meetings. To me, the minutes need to reflect what is being discussed and what is being said.

The other thing about the minutes that's really important as well is that as an agency, when they released a press release in March, they had a value statement, and in that value statement the agency made a point of saying that all the minutes would be posted publicly, for the public, on their website. To date, that has never happened.

Now, I totally understand that anything pertaining to cabinet confidence would not be posted unless it was for public knowledge. But to not honour that commitment to Canadians is something I found very difficult to understand. It's something I actually had brought up at the last face-to-face board meeting I was at. I had asked continuously about whether or not I could put on the agenda the discussion about posting of board minutes. It was very difficult to get that on the agenda, but it finally was put on the agenda.

Just to make another point about the kinds of things that were delegated to teleconferences, the follow-up discussion on that item was actually put to a teleconference where there were no minutes of the discussion about posting minutes on the AHRC website for the public.

• (1215)

**Mrs. Cathy McLeod:** Thank you.

Again, talking to other boards, we know that often there are certainly challenges in terms of boards moving forward and there are varying degrees of sort of rowing together.

I also know that it doesn't seem like any one of you are not strong in terms of your confidence, in terms of going to a board meeting and insisting on having conversations on certain issues. We speak to boards where difficult conversations take place, but it's because people are willing to bring issues to the table and engage in those very difficult discussions.

I'd like to hear some comments. Did you bring specific concerns? Did you have robust discussions around those areas or did that not happen?

**The Chair:** Who would like to take that?

Ms. Baylis.

**Dr. Françoise Baylis:** I'll offer two comments.

I consider myself a relatively strong and capable woman. The last face-to-face board meeting that I participated in, and I did not know it would be my last face-to-face board meeting when I left, I can honestly tell you that I left there almost in shock. I picked up my computer, I packed my stuff away, and I removed myself from the environment, because I had raised a point that I thought was a reasonable point for discussion, the tone of voice in response was raised, there was hand-waving, and I was being spoken to, I felt—it's my perception—as though I was a belligerent child.

As I said, I chose at that moment to pick up my stuff and to just leave the meeting. I did participate in a teleconference after that, and I continued to try to work with the board.

I will share with you why I finally left. The day I decided to leave the board was actually initiated indirectly. Again, I could not have anticipated that this is where it would go. You've already heard Irene say that she sent a—

**The Chair:** Ms. Baylis, your time is up. You're going to have to wind it up very quickly. I'll give you—

**Dr. Françoise Baylis:** I can't do that. It's a complicated but important story.

**The Chair:** Okay. Thank you.

Ms. Dhalla.

**Ms. Ruby Dhalla (Brampton—Springdale, Lib.):** I'm going back to your story, but I want to touch upon a couple of things.

I had the fortunate opportunity to work with the Infertility Awareness Association of Canada, which was founded, as you know, in 1990 to help many individuals and couples who were having challenges with infertility. When the board was appointed in 2007, there was a great deal of concern amongst that particular support group—many other couples that had been impacted and affected.

We actually had a press conference. We were joined by the executive director at the time of the Infertility Awareness Association, Beverly Hanck; Arthur Leader, who was a fertility expert; and Danny Roth, who was there representing patients. Both I and Dr. Carolyn Bennett were there at that press conference.

There was a great deal of trouble amongst many individuals by the fact that the board itself was announced on the eve before a holiday weekend, and also included many members who had spoken out against...their particular views on abortion, on embryonic stem cell research, and also the fact that there wasn't a lot of expertise with some of the board members with regard to the research component of it.

I'm going to read for you a quote that was actually done by Michael Rudnicki, who stated at that time, in a press release, the fact that the board members could steer them all “in a very conservative way, and maybe that's what the federal government wants”; that we will all have to wait and see “whether the function of this board will be politicized” and whether there is a particular “agenda” that the government is trying to promote; and that this could mean a great deal of difficulty for individuals who were trying to conceive.

I bring up this quote and go down memory lane here because I want to know from your experience, now that you've had an opportunity to serve on the board, was that a particular factor in your decision? Did you see that when you were at your board meetings?

• (1220)

**Ms. Barbara Slater:** In terms of the particular board members, we certainly had different views on different subjects. It was never an issue. We respected each other's viewpoints and were able to discuss it.

That was absolutely not an issue from my perspective at all.

**Dr. Françoise Baylis:** I would say the same thing. There were people there with different views along a spectrum. We were never at the point where we were debating in great detail any matter of substance. We didn't get to the point of doing that kind of hard work.

**Ms. Irene Ryll:** I would agree with that as well.

**Ms. Ruby Dhalla:** My colleague Ms. Davidson brought up an interesting question.

Building on this, Ms. Baylis, you went through some of the board members who currently exist. Do you think there is a void right now within the board, and the directors who currently exist not being able to address some of these concerns?

**Dr. Françoise Baylis:** Absolutely. Yes.

**Ms. Ruby Dhalla:** The other question I wanted to get back to was Ms. Slater, during her questioning, I think, was being asked whether or not some of the concerns she had were being brought up. I believe your quote was that it was an atmosphere of intimidation. Can you please describe to the committee what that atmosphere was like, how and why you felt intimidated?

**Ms. Barbara Slater:** I can point to one example. When I was actually asking about the contract that we were talking about on the feasibility of altruistic embryo donation, at the time the president was making all these negative body language things. I had to ask her to please stop making all that negative body language—rolling her eyes, tsking when I was trying to ask questions—i.e., what happens if it turns out in the study that it's not feasible to have altruistic donation? I was asking because I didn't understand why AHRC would contract to do something on this.

First of all, it's in the legislation that we can only have altruistic embryo donation, so why were we looking at the feasibility of it? I asked, "So if it's not feasible, are we going to mount a public education campaign?" I was told no. I was honestly not understanding why we would undertake this kind of research, and I was made to feel stupid for asking the question.

This is just one example.

**Ms. Ruby Dhalla:** Thank you.

**The Chair:** Thank you so much.

Now we'll go to Dr. Carrie.

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

Again, like my colleague, I was hopeful that we would have some of the other witnesses because if we do have other questions, it is kind of nice to go back and forth and get perceptions.

That's my question, Madam Slater: you did mention, and my colleague mentioned, that you did have instances where you did feel somewhat intimidated. Was this the feeling of all board members?

I believe, Madam Ryll, you mentioned, too, in your opening statements some eye-rolling and some tsking.

Is this something that all board members felt, or was it your own individual perception of things?

**Ms. Barbara Slater:** I can only speak for myself. I can't say that everybody in the room felt like that. I said it publicly in a board

meeting. I asked the president to stop using negative body language. But I can't speak for other people.

**Mr. Colin Carrie:** Was that your perception, Madam Ryll?

**Ms. Irene Ryll:** Actually, at that particular meeting, I know that I was shocked, and at the end of meeting I asked the chair, "Are we not all, as board members, supposed to be on the same level? We're not supposed to be treating each other like that."

In terms of an intimidating atmosphere, there was a board meeting—I mentioned it in my statement—where a disparaging comment was made to the users of the technology. It was a comment that was totally shocking when it was mentioned. I could not believe that the president had called this group of individuals by that particular name. All of us who are here today, both current and former board members, were in that room when that comment was made.

You know, I'm ashamed that the comment was made. When it was made, it was unbelievable; I didn't know what to do with that type of a comment.

• (1225)

**Mr. Colin Carrie:** I'm curious to find out if these were generally perceptual things of different personalities or.... Earlier you were asked how you found working with the different members of the board, and I think it was stated that you found it very respectful. There were people on the board with different viewpoints, different perceptions.

So is this a specific instance or is this the general demeanour of the board, Madam Ryll? We heard respectful in one comment, and this sounds like a different perception in another meeting.

**Ms. Irene Ryll:** I will speak to my last meeting with the board. It was a conference call. I had repeatedly tried to obtain the minutes, as a board member, to review them, because there were issues that the chair and I were going to discuss. I had repeatedly tried to get these minutes to review them. I was blocked from doing so.

As a matter of fact, in my opinion, according to the chart we were given at a board meeting on how the minutes are written, who reviews them, and when they go to translation.... The chair mentioned that he had not seen them, and yet the president, in that phone call, said they were in translation. I immediately asked how that could be if the chair had not seen them. Then the president immediately backtracked and said, oh, they were being reviewed.

So I was in an environment where I was not supported. I felt that I was not being told the truth. And if I felt that way, that I was not being told the truth, I could no longer be a part of that environment.

**Mr. Colin Carrie:** Well, Madam Chair, I'm very interested; as I said, we are going to have some other witnesses, I believe, from the board. I'm looking forward to seeing how they discuss these different issues as well.

I'm aware that my time's up.

**The Chair:** You actually have a little more time, but if you're finished, that's fine.

**Mr. Colin Carrie:** Madam Slater, you wanted to add something?

**Ms. Barbara Slater:** I just want to clarify one thing.



It was from the president, unfortunately, that I didn't feel respect; it wasn't from other board members. I just wanted to clarify that for you.

**Mr. Colin Carrie:** I appreciate that very much.

Thank you.

**The Chair:** We have about three minutes left. I will cut it off at three minutes, because we have to suspend.

Ms. Leslie, you have three minutes.

**Ms. Megan Leslie:** Thank you, Madam Chair.

Ms. Baylis, in your opening statement you wrote the following:

Through various acts of omission and commission, the Agency either failed to effectively promote these principles or appeared to actively undermine these principles.

I think that's a pretty strong statement. Is there anything else you'd like to say about that, beyond what you said in your opening?

**Dr. Françoise Baylis:** Not at this time, no.

**Ms. Megan Leslie:** Okay. Thanks.

Ms. Slater, you mentioned in your opening statement that substantive input by board members into regulations was blocked. Can you expand on that?

**Ms. Barbara Slater:** Yes. There was an instance when Health Canada presented its plan for regulations on embryo transfer, and the board expressed serious concerns about their plan. And at this time there was board consensus favouring a more restrictive policy that was more in step with current science and evidence. Board members suggested a strategic response to this, including providing advice to the minister, which the legislation clearly allows for in the board's mandate in section 30.

There was reluctance on the part of the president and the chair to take that step. Instead of doing that with the regulation, the board's energy was directed to develop a policy as to when the board could give advice to the minister. For reasons that are not clear, it took nearly 10 months to draft a relatively simple and straightforward policy on when the board could or should give advice to the minister—without any decision ever being made on whether advice should be given to the minister in that instance. Given the board's mandate, which includes providing advice to the minister, there should have been at least a draft policy in place from the very beginning.

So that was a really good example. And we had board consensus on this. It wasn't just a few people; the whole board agreed.

● (1230)

**Ms. Megan Leslie:** Thank you.

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

I thank the guests for coming in.

We'll suspend for a few minutes and bring the other panel forward.

Thank you.

● (1230)

(Pause)

● (1235)

**The Chair:** Welcome back. We're going to our second panel now.

We're very pleased to have with us John Hamm, who is the chair of Assisted Human Reproduction Canada.

Welcome, Dr. Hamm.

We also have with us Elinor Wilson, president of Assisted Human Reproduction Canada.

Welcome to the panel.

With them, we have Suzanne Scorsone, board member, and Theresa Kennedy, another board member.

We're going into five-minute presentations with each of you. I have to tell the committee that because of the equal time we will be going until 2 o'clock.

We will begin with Dr. Hamm.

**Dr. John Hamm (Chair, Assisted Human Reproduction Canada):** Thank you, Madam Chair.

The focus of today's meeting is an administrative review of the agency. We welcome this.

As the chair has indicated, we are joined today by two current board members, Dr. Suzanne Scorsone and Ms. Theresa Kennedy. Also with us is the agency's president and board member, Dr. Elinor Wilson.

I would like to begin by thanking Dr. Françoise Baylis, Ms. Barbara Slater, and Ms. Irene Ryll for their contributions. They brought a healthy range of perspectives to board dialogue and their input was helpful to me as chair. I would like to reassure this committee that, despite their departures, the board continues to be committed to its job, does offer a wide breadth of expertise, and will deliver on the mandate it has been given by Parliament.

There's no doubt that the board's work has been challenged by the fact that we are awaiting the opinion of the Supreme Court of Canada. Nonetheless, we have moved forward with a sense of purpose and commitment. The board has a vital role in the agency's ongoing evolution by approving its goals, operational policies, and annual budget.

The board takes seriously its responsibility for fiscal management. Given concerns expressed by a former board member about inconsistencies in particular budget information, and also concerns about an agency initiative, at the request of the president the board approved having the agency's financial statements audited for the fiscal year ending March 31, 2010, as well as the initiative in question. I'm pleased to report that the preliminary document prepared by PricewaterhouseCoopers does not raise any issues that cause concern for the board, and when the Comptroller General releases the report to PricewaterhouseCoopers, they will be releasing it publicly.

I share with Canadians the need for the agency to regulate AHR service in accordance with the principles and provisions of the act, and I assure you that the board is working closely with the agency to ensure that such expectations and goals are met.

Despite being an easy target for those who believe the legislation goes too far, or does not go far enough, and for those who are disappointed with the delay of the implementation of the regulations, the agency is demonstrating tangible results. Recently, the board commissioned an independent performance evaluation of the agency. Despite acting in an environment of uncertainty, the report reveals that the agency has made good progress on five of the seven strategic directions—specifically, personal health information management; education; best practices; research, especially with the formation of the science advisory panel; and international collaborations.

In the areas of compliance and outreach, the report found that the agency could be more effective in letting stakeholders know about its activities and successes. Nevertheless, I assure you that the agency continues to make progress in this area, as seen, for example, through the ongoing publication of materials and its new and improved website, which was launched in September.

The agency must walk a fine line between an individual's right to privacy in a most sensitive field and informing the public on matters that are currently dependent on publication of the regulations, an area that is outside the control of the agency.

Another area of importance to the board is transparency. In the spring, the board started discussions on further improving this. As a result, the board is providing more information and highlights of board meetings to date through the new website.

Privilege has its price. The price for being a board member is to disassociate from personal agendas and special interests. The privilege is this: the ability to provide advice to the minister on matters that impact the health and safety of Canadians using these technologies, to oversee an area that has important ethical issues for all Canadians, and to have direct input into regulation.

By accepting to sit on the board, members must agree to administer the law as expressed by the will of Parliament and to refrain from activities that may be perceived as undermining the act. The board and its members take seriously our jobs as Governor in Council appointees upholding the principles of confidentiality and consensus that guide our deliberations.

● (1240)

It is a privilege for me and my fellow board members to contribute to an important health and safety issue that is so important to many Canadians.

Thank you.

**The Chair:** Thank you, Dr. Hamm.

We'll now go to Elinor Wilson.

**Dr. Elinor Wilson (President, Assisted Human Reproduction Canada):** Thank you, Madam Chair.

I appreciate this opportunity to return to the committee as it undertakes the administrative review of Assisted Human Reproduction Canada.

I would like to preface my remarks by saying that the establishment of the agency and its board has not been questioned in the Supreme Court reference. While we wait for the opinion and the subsequent release of further regulations, the agency continues with its mandate of promoting, monitoring, and enforcing compliance with those provisions of the act that are in force and it has been taking proactive measures to promote and protect the health and safety of Canadians consistent with the principles and framework of its governing legislation.

Our compliance activities are well under way. In addition to an active monitoring program, the agency has a formal process in place to assess allegations of violations of the act or regulations. A thorough assessment of each allegation is conducted and privacy issues in this sensitive field are thoroughly considered before deciding on the appropriate course of action.

Beyond its regulatory responsibilities, the agency fulfills a broad mandate under the act in relation to assisted human reproduction. Its mandate, as stated, is monitoring and evaluating developments in Canada and internationally, consulting persons and organizations in Canada and internationally, providing information to the public and professions, including on risk factors associated with infertility, and providing advice to the minister.

Here are just a few of the agency's accomplishments.

A first international forum on cross-border reproductive care: the purpose was to increase knowledge of quality and safety issues and to build agreement among participating organizations and countries on the principles that underpin safe, quality care.

A scientific round table on the issue of multiple births: the purpose of the meeting was to develop a framework to address multiple births in Canada associated with infertility treatments and to support the implementation of the framework across the country.

A symposium on oncofertility: this symposium was designed to facilitate knowledge transfer among reproductive scientists, oncology staff, fertility preservation specialists, and patient advocates, and to encourage research collaboration in the field of fertility preservation for cancer patients.

Ongoing engagement with national patient organizations: this was to help reach Canadians who are affected by assisted human reproductive technologies so as to understand their needs when we develop information products.

With respect to this administrative review, I wish to assure this committee that the agency, as part of the federal health portfolio, follows Government of Canada directives and guidelines in its initiatives, be they related to finance, accountability, official languages, privacy, access to information, and human resources.

As Dr. Hamm noted, the performance evaluation conducted shows good progress on multiple fronts of our mandate. The agency has been able to accomplish this while waiting for the regulations to be brought into force, keeping its level of staffing and expenditures lower than its authorized levels, but commensurate with the extent of its mandate that is enabled. In fact, the agency has been frugal in its expenditures, spending less than 50% of its annual allocation of \$10.5 million on the initiatives that are mandated under the act.

The agency realizes it has a considerable amount of work ahead of it, particularly once the regulations are in place, and it is actively looking to fill needed positions. However, recruitment is somewhat challenged by the outstanding court opinion and lack of regulations as well as by the completion of the move to the headquarters in Vancouver. Until those regulations are in place, it is often more efficient and cost-effective to hire contractors on a temporary basis to help the organization meet its strategic and operational objectives.

Madam Chair, we take great pride in the fact that the agency has been constructing the foundations of a dynamic, highly professional, and accountable organization that is committed to promoting and protecting the health and safety of Canadians who use or are born of assisted human reproduction. None of this work would have been possible without the commitment and direction of the board of directors under the leadership of Dr. John Hamm.

Thank you.

• (1245)

**The Chair:** Thank you very much.

I understand just the two of you are going to be presenting today, or do the other two have something they want to say as well?

**Dr. Elinor Wilson:** For formal presentations, we had listed the two of us. We would be quite open to the other two board members making opening remarks, if you would allow it.

**The Chair:** Do either of you want to?

You're fine, Ms. Kennedy?

**Ms. Theresa Kennedy (Board Member, Assisted Human Reproduction Canada):** I have nothing substantive right now, so let's go to questions.

**The Chair:** Thank you very much.

We'll now go into our first round of questions and answers, seven minutes for Q and A.

We'll begin with Mr. Dosanjh.

**Hon. Ujjal Dosanjh:** Thank you very much.

Good to see you, Dr. Hamm, and others, of course.

I have a couple of questions. First, I want to make a request of the board and of the president to actually produce documents....

Let me restart the question. I would formally request that you produce documents relating to all financial details of the organization, including but not limited to audits, full financial data, travel receipts, grants, contributions, contracts, disbursements from 2006 to the present day, and any e-mails and correspondence with respect to all these issues.

I'm just going to leave that there. This is a request. It's a broad request. Obviously, issues were raised, and we're concerned and want to look into it.

• (1250)

**The Chair:** Mr. Dosanjh, is that for the committee?

**Hon. Ujjal Dosanjh:** It is for the committee, yes: produce for the committee.

**The Chair:** Dr. Hamm....

Excuse me; I'm just eating a delicious sandwich, brought by my daughters, and trying to act very professionally here.

Dr. Hamm, could you submit those documents to my clerk? She will distribute them to committee members. I would really appreciate that. Thank you.

**Dr. John Hamm:** Thank you, Madam Chair.

**Hon. Ujjal Dosanjh:** Thank you.

I have a question for Ms. Wilson.

Ms. Ryll raised an issue with respect to your using some words at a meeting with respect to particular potential users of the technologies that you deal with. It was at a board meeting, I'm told.

I'd like you to cast your mind back to June of 2009 and tell me if you remember what particular expression you used that might have been offensive.

**Dr. Elinor Wilson:** Thank you, Madam Chair, for the question.

I am sorry, I do not recall that particular discussion. What I can tell you is that we work very closely with all of the patient organizations in the Canadian context. We have IAC, which you mentioned earlier, the Infertility Network, Fertile Future; we have a committee of all the patient organizations, and we work very closely and have good relations with them.

**Hon. Ujjal Dosanjh:** No, I understand that, ma'am, but you don't recall using any word that may have been deemed to be offensive by others?

**Dr. Elinor Wilson:** No, I don't, and....

**Hon. Ujjal Dosanjh:** All right. Let me remind you.

I understand there's an organization called LGBTQ Parenting Network.

**Dr. Elinor Wilson:** That's correct.

**Hon. Ujjal Dosanjh:** The acronym stands for "lesbian, gay, bisexual, transgendered, queer".

**Dr. Elinor Wilson:** That's right.

**Hon. Ujjal Dosanjh:** I understand that at that meeting in June of 2009, you referred to this particular group as "BLTs". Did you, ma'am?

**Dr. Elinor Wilson:** Thank you for the question, Madam Chair.

I was expressing how difficult it was to remember all of those letters in alphabetical order in the LGBTQ—lesbian, gay, bisexual, transgendered, queer—Parenting Network. All that could come to mind at times was the acronym "BLT", because there were so many letters in the alphabet.

It was certainly not meant as a disparaging remark. That group is an active part of our organization on the patient committee. We work with Rachel Epstein very closely.

**Hon. Ujjal Dosanjh:** Has anybody every mispronounced your name? If I called you something silly, and wasn't able to pronounce your name—English is my second language—and I said something like “Alnoor”, would you be offended?

**Dr. Elinor Wilson:** There was no offence meant. It was a string of alphabet letters that were difficult to remember.

**Hon. Ujjal Dosanjh:** Do you think, in the context of reproductive technologies, if you use the expression “BLT” to refer to this particular group, it could be construed as demeaning and insulting to the group?

**Dr. Elinor Wilson:** I can't speak for the group. My recollection is that Rachel and I have had conversations in the past about the difficulty with the acronym and remembering it.

**Hon. Ujjal Dosanjh:** Thank you.

With respect to all of the allegations that you heard from the three resigned board members, is it still your position...? And I heard Dr. Hamm's presentation that the agency will be able to meet the mandate under the legislation.

I ask you, Ms. Wilson, with all of the allegations of financial irregularities, possible mismanagement, the question of missing members—such as the persons to do with ethics, with policy, with patients, or the legal person—whether you still believe, in the context of what transpired here today and what we were told, you can effectively continue to meet the mandate under the legislation. Is that your view?

• (1255)

**Dr. Elinor Wilson:** I'm wondering, Madam Chair, with all due respect, if that might be a question for the chair of the board as to whether he feels his board can meet the mandate.

**Hon. Ujjal Dosanjh:** Can you tell us whether the agency can meet the mandate? Forget the board; you run the agency, ma'am.

**Dr. Elinor Wilson:** Certainly I can answer that, Madam Chair.

The agency, yes, can meet the mandate that we are enabled to do at the moment. As you are aware, a significant part of our mandate, which is the licensing of clinics and procedures in Canada, is not yet enabled; we do not have the regulations for that. In terms of the other pieces of our mandate that I mentioned in my opening remarks, yes, we do have the expertise, in my personal opinion, to meet that mandate, especially with the groups of volunteers we have from the field, be they patient groups or professionals, that provide advice to us.

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

We'll now go to Monsieur Dufour.

[Translation]

**Mr. Nicolas Dufour (Repentigny, BQ):** Thank you, Madam Chair.

Good afternoon, everyone. I would like to thank all the witnesses for being here today.

How are you, Ms. Wilson?

**Dr. Elinor Wilson:** I am well, thank you.

**Mr. Nicolas Dufour:** You must have certainly had better days than today.

I heard the witnesses talk about intimidation, lack of transparency, obscurantism and disparaging remarks. Ms. Wilson, is that a way to act?

[English]

**Dr. Elinor Wilson:** Madam Chair, thank you for the question.

I do not run the board, sir. The board is chaired by our chairman, Dr. John Hamm. The agency's role and my role as president, besides being a full voting member of the board, is to provide the support to the board that it requires to make its decisions.

I can tell you that—

[Translation]

**Mr. Nicolas Dufour:** So I will ask Mr. Hamm the question, Ms. Wilson.

Intimidation, lack of transparency, obscurantism and disparaging remarks—that's what the witnesses told us a little earlier. Is that a way to act?

[English]

**Dr. John Hamm:** In that context, the answer would be no. What I can say is that in February 2007, Dr. Wilson became the head of an agency with no employees, an agency that was faced with a monumental task of setting up a system of monitoring, compliance, inspection, and personal health information. She has worked tirelessly and very effectively to put that agency on the map under very trying circumstances—trying circumstances in terms of the delay of regulations—and certainly that has been aggravated by the delay in the Supreme Court decision.

As board chair, I work very closely with Dr. Wilson, actually having more dialogue than one normally does as board chair, because we are an agency trying to build itself.

What I can say is that in my relationship with Dr. Wilson, she is a professional, and to me she is forthcoming.

[Translation]

**Mr. Nicolas Dufour:** Mr. Hamm, I am not talking to you about the relationship with Ms. Wilson. I am talking about the relationship with the other members on the board of directors. You keep repeating that, since the act is before the Supreme Court, the management process is very complex. It was to be expected that it would end up before the Supreme Court. Quebec was very clear on that.

Mr. Hamm, I must admit that I am shocked. When everything is fine, we don't expect five members of the committee to leave and we are not supposed to lose the legal expert, the ethics expert, the policy expert and the patient expert. It is difficult to justify. All these people leaving and what the three former members of the committee said—you heard them—make me really question your way of managing things.

How are you able to do it when you are missing five members and you lost, I repeat, your legal expert, your ethics expert, your policy expert and your patient expert?

[English]

**Dr. John Hamm:** The loss of the board members is indeed a loss. There is no question about that. When I was presented with the board roster three and a half years ago, I was pleased with the choices that had been made. I felt that we had the range of expertise, background, and experiences that would allow us to come to grips with the situation that was before us. So I cannot say today that the loss of those members has been a help or has made us stronger. It certainly has not.

Having said that, I think in order to put this into perspective, there are board members here who are prepared to talk about their board experiences, and I think it would be helpful for the committee to hear their experiences on the board to put this in balance.

• (1300)

[Translation]

**Mr. Nicolas Dufour:** We will have the opportunity to hear from them later. I have another question for you.

Did you discourage written or electronic communication and ask that most of the communication be done verbally?

[English]

**Dr. John Hamm:** In my experiences in government, I was always dissatisfied with people working in close proximity using texts and e-mails to converse. I made that very clear on many occasions.

The other challenge I have now is that I don't get my messages remotely, so if you send me an e-mail, it may be a couple of days or more before I receive it. I have always encouraged the board, in fact, to contact me by phone with their concerns, with issues that they want on the agenda.

To give you an example, when Dr. Baylis sent her resignation letter to me, to my e-mail, by the time I actually saw it, over two days had passed. Therein lies the challenge for somebody who works out of his home, has no administrative support, and is not a technocrat.

[Translation]

**Mr. Nicolas Dufour:** Thank you very much, Mr. Hamm. I understood the principle. I was only expecting a "yes" or "no" answer.

We are told that the minutes are very brief and there is only oral communication. Isn't that rather a way to hide the disagreement within the board of directors?

[English]

**Dr. John Hamm:** The challenge we face as a board is that we receive a tremendous amount of privileged information, and it comes in four categories. It's our briefings from Health Canada relative to the development of the regulations, and we receive that on a regular basis, as board members, and have opportunity for input.

As well, we receive information regarding complaints. Because we are operating with a piece of criminal law, there is an exactness that is required in the kinds of things we do, which results in a lot of

legal opinions coming forward. As a result, we have a lot of lawyer-client privileged information that comes to the board.

The point of this is that our minutes are filled with information that obviously, because it is privileged, also includes another category that I should mention. We are privileged to give advice to the minister, which, as the honourable member knows, is privileged information. So our minutes, if in fact they go outside of the board, have to be redacted to remove all of this privileged information.

**The Chair:** Thank you, Dr. Hamm—

**Dr. John Hamm:** I'm very comfortable with that. I mean, I came forward from cabinets and caucuses—

**The Chair:** Thank you, Dr. Hamm. I'm sorry, but I'm going to have to go to the next question.

**Dr. John Hamm:** —so I understand privilege.

**The Chair:** Thank you.

Go ahead, Ms. Leslie.

**Ms. Megan Leslie:** Thank you all for your appearance here today.

Dr. Hamm, is this review by PricewaterhouseCoopers a financial audit or is it an audited financial statement? There's a difference between the two.

Oh, sorry; it's Ms. Wilson.

**Dr. Elinor Wilson:** It is audited financial statements for that fiscal year, Madam Leslie, and—

**Ms. Megan Leslie:** It was for which fiscal year?

**Dr. Elinor Wilson:** It was for 2009-10, the year under question. It was also an audit of the contracts and the finances on the cross-border reproductive care meeting.

**Ms. Megan Leslie:** Thank you.

Dr. Hamm, there've been a lot of concerns raised here today and before this meeting about where money is being spent. Instead of a financial statement audit, do you think that the board should do a financial audit for all the years, in light of all these concerns that have been raised?

**Dr. John Hamm:** I can only speak for myself as a board member. Like many people in this room, over the years I have been on many boards, and of course boards approve budgets. I currently sit on five boards and chair three. What I can say is that the level of information we receive from the board is comparable to what boards receive. It's very high-level information, but it allows the board to make an analysis in terms of whether that's an appropriate budget for the organization, so I'm not uncomfortable.

However, we certainly were aware that board members were not necessarily of the same view that I just expressed, and as a result, in 2009-10 there was a complete revision of the information that was originally presented to the board. It was presented in a different form. It went from program line items to just line items. This change was at the request of a board member; I did not want board members feeling they had to approve something for which they didn't have information that made them comfortable.

• (1305)

**Ms. Megan Leslie:** That's fair for the future. I would urge the board to consider doing a full financial audit of all the years, because I think there are a lot of questions.

Ms. Wilson, I think this is a question for you. With reference to this performance evaluation done by CloseReach, who decided who would be interviewed?

**Dr. Elinor Wilson:** Thank you, Madam Chair, for the question.

It was CloseReach in discussion with a board subcommittee. Dr. Hamm appointed the subcommittee, chaired by our vice-chair, Dr. Chudley. Suzanne Scorsone and Theresa Kennedy were the other two members. CloseReach met with that committee, talked about an evaluation methodology, and talked about who should be interviewed.

**Ms. Megan Leslie:** Thanks.

I have a question for you as well that I don't need an answer for right now. I'm hoping you can provide the committee with some written answers at a later date. It's about spending on temporary help and contract help.

In 2007-08 and 2008-09, \$950,000 was spent on temporary help, some contracts exceeding \$100,000 at a time. I'm hoping you can provide us with written reasons as to why so much money is being spent on temporary help. You'll be able to review the transcripts, so don't worry about taking notes.

Specifically, in the first quarter of 2008-09, altisSPR received over \$200,000. Again in the fourth quarter, they received over \$120,000. Could we have specifics on those contracts?

In 2008-09, over \$800,000 was spent on management consulting. I'd like you to provide us with reasons for that.

Finally, I'm assuming that Wilson Information Technologies is no relation.

**Dr. Elinor Wilson:** That's correct.

**Ms. Megan Leslie:** Okay.

As well, I would like to ask the board and the president to tell us the board's and the president's response to data provided by Alison Motluk in a magazine article in *The Walrus* about the buying and selling of egg and sperm. What was the board's response and the president's response to these data?

**The Chair:** Who would like to take that?

Go ahead, Ms. Wilson.

**Dr. Elinor Wilson:** Perhaps I could start.

Obviously, there was great interest in and concern about the article. As we have discussed before at this committee, we have a very active compliance and enforcement program in place with the agency; any complaints of that type that come to our attention and are registered as complaints are thoroughly assessed, and appropriate action is taken.

**Ms. Megan Leslie:** Okay.

Dr. Hamm, what was the board response to that?

**Dr. John Hamm:** One of the prohibited activities that continue to be a concern—and this is not one of the clauses of the act that is being challenged—is the commodification of gametes. That is not something that fits with Canadian values, and certainly Parliament was very clear on that.

One of the challenges we have in dealing with this is that we need specific information. It's one thing for an allegation to be made that this is happening, but we need more specific information, if in fact we are going to contact people, which normally we do. We have to gather the information, make the assessment, and then, depending on the information we receive, move it to the next step, which may simply be a compliance issue, or it may be referring it to the RCMP.

We have a procedure in place. However, it is limited by the specificity of the information we receive. We have to have specifics in order to know where to go with an investigation.

• (1310)

**Ms. Megan Leslie:** Were any actions taken as a result of this article? I felt it was pretty specific.

**Dr. John Hamm:** Well, that was handled, obviously, by the agency.

**Dr. Elinor Wilson:** As was mentioned earlier, when we receive complaints we investigate them. Because of the issues of privacy in these areas, I am unable to speak about individual cases or individual complaints. But if we had received a complaint of that nature, rest assured, it would have been investigated.

**Ms. Megan Leslie:** My last question is for Ms. Wilson—

**The Chair:** I'm sorry, Ms. Leslie, your time is up.

We now have Ms. Davidson.

**Mrs. Patricia Davidson:** Thanks very much, Madam Chair.

Thank you very much to our witnesses for being here for this portion of our meeting.

You probably were all in the room as we sat through the prior portion of the meeting, so you're aware of the things that were stated. Some of my questions will refer to some of those items.

First of all, Dr. Hamm, I want to ask if you could outline the board structure for the committee: the number of board members, how many vacancies you have, how many you expect to have in the next short while, what a quorum consists of, and so on. How will you plan to operate if vacancies aren't filled?

**Dr. John Hamm:** The legislation provides for 13 members, but at no time have we had 13 board members. When the board was first appointed, we had 11 board members. One board member, who was vice-chair, had to resign. He received an appointment to the Supreme Court of Canada and he obviously could not continue as a board member. With the resignation of the three board members, we now have seven, including Dr. Wilson, who by legislation is a voting member of the board.

Despite the loss of the very considerable expertise that the three retired board members represent, we do have significant resources on the board. We have a nurse. We have three physicians. We have three board members who have university teaching appointments. We have an ethicist, and we have a private sector participant who brings that practicality to the board. As well, we have a board member who was one of the original commissioners with the royal commission on the new technologies and who has been a part of the discussion since 1989. While the board is small and it has lost considerable expertise, we have considerable retained expertise.

I want to make it perfectly clear that I had no role in appointing the original members. It is the prerogative of the Minister of Health to fill the vacancies on the board.

**Mrs. Patricia Davidson:** And what is the quorum on your board?

**Dr. John Hamm:** It's the normal quorum.

**Mrs. Patricia Davidson:** Well, what constitutes the quorum? Is it based on 50% plus one of the 13 members?

**Dr. John Hamm:** No, it's based on a quorum of the existing board.

**Mrs. Patricia Davidson:** Okay.

**Dr. John Hamm:** Since that is seven, quorum is four.

**Mrs. Patricia Davidson:** Okay.

Dr. Wilson, I think you heard in the earlier testimony words like "intimidation" and "negative body language". Could you speak to those comments from your perspective? Do you feel they are justified? Or do you have any recollection of anyone—a board member—discussing those types of issues with you?

**Dr. Elinor Wilson:** Thank you, Madam Chair, for the question.

I think most people I know would not describe me as being intimidating. However, I think most people would describe me as being extremely expressive. I do wave my hands when I talk. I need to sit on them at times. But I have the utmost respect for all of the board members. If at any time my body language was inappropriate, it was definitely not something that I was aware of, and I think that the one instance that was being referred to was at the very end of two days of very intense meetings, and the chair had called for adjournment. I think that was the situation being described.

At the end, I did ask my staff—many of whom were present—whether they saw anything really out of the ordinary or inappropriate, and they felt there hadn't been. But again, it's perception. It's my perception and it's other people's perception, and I can only speak for myself when I say that in no way have I ever intended to be disrespectful to any of my board members. I've spent my life in the not-for-profit sector, in the service of boards, and to me

volunteers are amazing, and I have never disrespected my board members.

• (1315)

**Mrs. Patricia Davidson:** Thank you.

Dr. Wilson, there's been quite a bit of reference to the cross-border meeting that took place. Could you give me your perspective on how beneficial—if in fact it was beneficial—the process was, what the cost of it was, and whether or not there was any analysis done of the value for dollars spent?

**Dr. Elinor Wilson:** Thank you for the question, Madam Chair.

The cross-border reproductive care conference was discussed at this committee in June when I did table the costs as I was requested to by your colleagues of the Bloc. We hosted this cross-border reproductive care forum because this is a huge and growing issue worldwide. In Europe alone, in 50 centres in a very small study that was just completed, 1,200 people a month went back and forth between various countries to seek care.

As was mentioned earlier, in the research that's been done, one of the reasons for that is that there are some people in Europe or elsewhere who perhaps do not like what is available in their own country. But there are many other reasons for people to go across borders. For example, people from the United Kingdom, which is moving towards a single-embryo transfer, go to Europe where they can get more than one embryo, which is not necessarily the healthiest choice.

We know for a fact that countries will never be able to synchronize their legislation in this area, because legislation in an area like this is so fraught with a whole country's belief and value system and so on that we felt that the ethics of this were too big to take on. So we focused on health and safety, because no matter what country you come from, when a patient leaves your country they eventually come back into your country. So of course you want to make sure they have had the best treatment when they have gone elsewhere, because you have to face the consequences when they come back. If you recall, we had a situation like that in Canada in February.

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

I'm sorry, but your time is up.

**Dr. Elinor Wilson:** I'm sorry.

**The Chair:** We now go to our second round of five minutes. We are losing committee members, so instead of going to 2 o'clock, with the will of the committee, we'll go to 1:45 if that's okay.

Is that all right with the committee? All right.

We'll go to Dr. Dhalla.

**Ms. Ruby Dhalla:** Thank you very much for coming.

I want to bring this back to the patients, because I think, ultimately, they were the purpose of the agency. We have over 300,000 couples in Canada who are unable to conceive. I know that Dr. Hamm and Dr. Wilson, and everyone else, I'm sure, come with a tremendous amount of experience, and hopefully everyone's heart is in the right place. But I can tell you that the challenges the board has had have impacted the work it could be doing, from the perspective of those couples wanting to have children.

I know, Dr. Hamm, you specified that going back to 2007, you weren't in charge of putting together the board members.

When I was involved with this file in 2007, initially, when the board was appointed, there was no patient representative. Three years later is there a patient representative on this board who knows of the struggles and challenges these parents and individuals are facing in trying to have children?

• (1320)

**Dr. John Hamm:** With the resignation of Ms. Ryll, there is no patient representative.

**Ms. Ruby Dhalla:** Now, have you made any efforts, either contacting the minister or the PMO or the powers that be, to try to have these individuals replaced?

Before you respond, we've had three resignations, two in March and one in May, and you've had four senior staff people resign, but going back to the board, in the last seven months, has there any initiative undertaken?

**Dr. John Hamm:** The discussions around this suggested very strongly that we would like our mandate to be confirmed. We are in a state of limbo right now.

You made reference to the fact there's been turnover of staff. In many cases, that's directly in response to the uncertainty surrounding the agency now. Nobody is going to base their career on a position in an agency that is not certain of having a future. I would say the same thing.

What I can say to the honourable member is that if the minister were to ask for my advice on membership of the board, I would be more than pleased to make my suggestions known, and—

**Ms. Ruby Dhalla:** With due respect, I don't want to cut you off, but we're short of time. Has the minister contacted you, then, to ask you for advice?

**Dr. John Hamm:** No, not on that matter.

**Ms. Ruby Dhalla:** Has any member of the Prime Minister's Office, or any member of the government, for that fact, called to ask you for your advice or for your suggestions, since you've have three board members resign in the last seven months who have written pretty detailed letters about what the problems and challenges are?

**Dr. John Hamm:** No.

**Ms. Ruby Dhalla:** When these three board members approached you, and had written letters in regard to their resignations, specifying, I think, some very specific incidents of what happened...as the chair, or, Dr. Wilson, in your capacity as president, they requested exit interviews.

There are obviously human resources challenges with every organization and with every individual, but one of the things that anyone can benefit from is having an exit interview to identify how you can best improve your organization. They requested that. Was any initiative ever undertaken by you or the president to facilitate that?

**Dr. John Hamm:** When I learned of the resignations, I had conversations with the board members. In the first instance, because it was over two days before I received the resignation letter, the time for a conversation on reconsidering the resignation had passed.

I did have those conversations with Barbara Slater. I did have those conversations about a reconsideration with Irene Ryll. Obviously, I was unsuccessful. To me, they were valuable board members. They were well prepared, I think, to take us to the next step. So personally, I was disappointed that they left the board.

**Ms. Ruby Dhalla:** I don't have a lot of time; I understand you have the utmost respect for them, and it's great to ask them to reconsider their decisions and to come back to the board, but were interviews ever done or initiatives undertaken in your conversations to identify how best to address these problems? I ask because they seem to be writing in their letters that they're willing to put forward suggestions and ideas.

Have those conversations ever taken place in your capacity as chair?

**Dr. John Hamm:** Not in this context, other than the fact that all board members took very seriously the issues around the resignations. In two of the instances, the information was there. In the instance of Dr. Baylis, she did not indicate to me verbally or in her resignation letter why she resigned.

The board is always looking for ways to improve itself. The board is always looking for ways it can effectively grow a new organization. So the board has considerable challenges and, I presume, like all organizations, we learn from our experiences.

**The Chair:** Thank you, Dr. Hamm.

Now we'll go to Ms. McLeod.

**Mrs. Cathy McLeod:** Thank you, Madam Chair.

I think it's important...and we have two witnesses here whom we actually haven't had an opportunity to hear from.

You were both present, I understand, to hear the testimony of the previous witnesses, who spoke in terms of a number of concerns as board members. Importantly, they had concerns regarding intimidation, concerns regarding access to minutes of meetings, and concerns regarding financial details.

I wonder if I could have each of you talk about your experience, as board members, both in those areas and in any other areas you'd like to comment on.

• (1325)

**The Chair:** Go ahead.

**Dr. Suzanne Scorsone (Board Member, Assisted Human Reproduction Canada):** Thank you.



My experience being on this board has been an exceedingly positive one. As Dr. Hamm mentioned, I've been on this file one way or another for many, many years, having been one of the original royal commissioners on the commission that suggested the formation of this agency in the first place. I heard from Canadians of so many diverse perspectives as to what they wanted and didn't want.

It's remarkable that the act ultimately came about out of such diversity, finding, if I can put it this way, a viable socially and nationally agreed-upon framework to deal with an area that is so fundamental to our humanity that it is under federal oversight—it's in cooperation, of course, with the provinces, but nonetheless is a federal thing—because it is different from other things.

My experience with this board has been positive, because I've been seeing things moving forward. We look forward with enormous anticipation—I know I do—to the emergence of the Supreme Court opinion, because until that happens, Health Canada won't go forward with the regulations, because there's that uncertainty. Without the regulations, the board and the agency can't move forward on all aspects of these areas that have such vast social, ethical, legal, and medical implications.

The gathering of information will give evidence-based research and information to couples and to practitioners. A lot of that happens already. The agency website already does as much of that as possible, but there's more that could be done. We need to do so much more, and so we wait for.... It's not exactly an unshackling, but it's kind of like that.

The cooperativeness, the willingness to give any information that anybody wanted, and the forward-looking approach of the agency and the chair and the president has been very positive, in my experience. I have never felt anything but affirmed.

As a professional—I'm a social anthropologist and a director of research—and as someone who is concerned about this area, I've never felt anything but affirmed as someone who is giving time to this terribly important national, international, human area of care.

**Ms. Theresa Kennedy:** I'll add to that by saying that I concur; I think all board members, both past and present, are fully committed to moving forward on our obligations under the act. We did not anticipate at this point in time that we would be not licensing. That's, I guess, a given.

I've been on a number of boards as well, and I will point out that I certainly I have received information in a timely manner. If I have questions about materials, the president has been more than generous with her time, either prior to board meetings or at board meetings.

About the financial statements that were in question, I also had questions. I requested an income statement. I requested a number of documents, as did Ms. Slater, as you heard previously.

In fact, the president did work with Ms. Slater. She did change the structure of the documents. She went as far as to give Ms. Slater a preview of the documents to approve them before they went out to the board of directors. I don't know if she made any changes with Dr. Wilson, but she did have that ability to be actionable, and then the documents were given to the board members.

So I've viewed an open air, both from the agency as well as from the chair and from my other board members.

• (1330)

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

We'll now go to Monsieur Dufour.

[Translation]

**Mr. Nicolas Dufour:** Thank you very much, Madam Chair.

Mr. Hamm, you need four people to have a quorum, right?

For a while, you've been repeating that there is the challenge to the Supreme Court, that you are not able to send requests to replace the people who left and that this makes your life difficult. You are not able to go look for staff. But that did not stop you from spending almost \$3.2 million in wages and benefits or from sending Ms. Wilson nine times to the office in Vancouver on statutory holidays. Don't you think there is a contradiction there?

[English]

**Dr. John Hamm:** First of all, we have two offices, and Dr. Wilson has responsibilities in both. One is in Vancouver and one is in Ottawa. So one should not be surprised that she travels back and forth from Vancouver to Halifax.

[Translation]

**Mr. Nicolas Dufour:** I am still surprised that she went to the office in Vancouver on statutory holidays, nine times out of 20.

[English]

**Dr. John Hamm:** Dr. Wilson works out of both offices. What I am concerned about is that the work that she is required to do in both offices is being done, and I feel that is the case.

It would be nice to be able to eliminate the travel. On the other hand, an order in council has declared that we have to run the two offices. That means that Dr. Wilson has to travel back and forth between the two offices, and she does that on a regular basis.

I must say, in deference to Dr. Wilson, that while working in both offices, her work week is not limited to Monday to Friday.

[Translation]

**Mr. Nicolas Dufour:** I have nothing against trips, but I see a problem with the dates of the trips.

As to Ms. Wilson's agenda, you told us earlier that some information could not be included in the minutes because it was confidential and had to be kept secret to avoid disclosing information that could affect personal lives.

But I have a hard time accepting one thing. On a number of occasions, I asked Ms. Wilson to send us the budgets that were allocated to the cross-border reproductive forum. It was quite difficult to get them.

Based on what the witnesses said earlier, I understand that we might not have the accurate data. We asked for Ms. Wilson's agenda from April 10, 2007 to May 27, 2010, which adds up to 1,132 days. We only received 140 days of her agenda. Don't you think there is an inconsistency in all that?

[English]

**Dr. John Hamm:** I presume you're talking about an ATI, an access to information.

[Translation]

**Mr. Nicolas Dufour:** No, not at all. The committee made the request.

[English]

**Dr. John Hamm:** Perhaps Dr. Wilson can answer that better, because the board does not deal with those logistical issues in terms of providing information. That is the agency's responsibility.

[Translation]

**Mr. Nicolas Dufour:** Ms. Wilson seems to be able to answer.

[English]

**Dr. Elinor Wilson:** Thank you very much for the question.

Yes, the committee did request the agendas, the minutes, and the budgets, which we prepared and produced. Our understanding, through our feedback from the clerk, was that the request was for what I did when I was in Vancouver, so we gave you the schedules for Vancouver. If you would like my schedules for every other day I work—because I am a full-time government employee, I'm a salaried employee so I work a minimum of five days a week—we can certainly provide you with those schedules, as we have provided other people under ATI requests.

[Translation]

**Mr. Nicolas Dufour:** Ms. Wilson, you said you were hired by the government. The agency is funded by the government, meaning by taxpayers' money. Yet we have great difficulty obtaining the budgets.

The members of the board of directors had a hard time getting the budgets, and one of the members told us earlier that each meeting was almost \$60,000. Don't you think that's a little excessive, especially when we are talking about taxpayers' money?

• (1335)

[English]

**Dr. Elinor Wilson:** Thank you for the question, Madam Chair.

I believe we provided the budget material to HESA at their last request. You have that in your binders. I believe the direction now is to provide any other material we have on the budget, which we will provide.

As Dr. Hamm explained earlier, when we presented our first budget to the board it was what is called a programmatic budget, because the Government of Canada agencies operate under a program activity architecture where they spell out the two large areas that you spend your money—

[Translation]

**Mr. Nicolas Dufour:** I'm sorry, just a simple question...

[English]

**The Chair:** Thank you so much.

We'll now go to—

[Translation]

**Mr. Nicolas Dufour:** Madam Chair...

**The Chair:** No, Mr. Dufour.

[English]

Having said that, do you know what? To tell you the truth, I gave you almost an extra minute.

[Translation]

**Mr. Nicolas Dufour:** Thank you.

[English]

**The Chair:** As much as I think you're wonderful in every way, I just cannot do this favouritism any more, Monsieur Dufour.

Mr. Uppal.

**Mr. Tim Uppal (Edmonton—Sherwood Park, CPC):** Thank you, Madam Chair.

Thank you, witnesses, for coming.

Dr. Hamm, you mentioned in your opening remarks that it is important for board members to put aside personal agendas. Can you elaborate on that? Was this a problem? Is it one?

**Dr. John Hamm:** All of us, as board members, consider being on the board a privilege. However, when you're on a board that deals with criminal law, which our board does, one has to be very careful that the board members, in their other activities, do not engage in activities that would undermine their effectiveness as a board member. We've had discussions at the board level on this issue, and certainly I believe the board members understand what that is about.

We've already heard from board members who have been able to put aside, together, their special interests and their personal agenda, because it may not necessarily...or perhaps I should put it this way. If in fact it was understood...it would negatively impact the ability of the board to administer a piece of criminal law.

I will give you a simple example. We as board members will eventually be in a position through the licensing and the enforcement activities, which we require legislation for, to be administering a piece of criminal law. It would be unfortunate if a board member were saying publicly something that was not in complete agreement with what the law and its regulations say. That is a difficult situation right now, because we don't have the regulations. So I caution board members not to engage in activities where they may be publicly saying something that eventually would be contrary to regulation. Then you would have the very unusual situation of a board member enforcing a piece of criminal law at the same time that they're on record as not being in agreement with that piece of legislation, and that is an incompatible situation for the board.

One of my concerns, as board chair, is that the board maintain its integrity so that the decisions we make are not challenged on the basis of a board that is not totally in favour of the legislation. Parliament has given us legislation that will be enhanced by regulation. To be on the board you must be totally in favour of the legislation and regulation, or you shouldn't be on the board.

**Mr. Tim Uppal:** You also mentioned the meeting minutes are better now, or have more content. Can you tell me what changes you made? There was some concern that they were light on content or details.

• (1340)

**Dr. John Hamm:** We started conversations back in the spring, which were initiated by a board member indicating that we hadn't kept our commitment in terms of transparency relative to providing those who are interested in our activities with a reporting of what we were doing as a board. This went on for a period of time. Perhaps by way of an excuse, but not a good one, there had been no requests come into the board for that kind of information.

However, the discussions started, and a couple of things we did. We made a decision that we would be more transparent. Secondly, we looked at comparable agencies and what they did with their board minutes to get a standard that we could look to and try to meet that standard. And we did that.

We tie that in to a new website that obviously is better than our old website. We decided to marry up the two and to introduce our reporting on previous meetings at the time we introduced the new website. And that has occurred. We looked at the standard for other organizations, and it is posting highlights.

I've already, in answer to another question, indicated the difficulty of simply giving you minutes on the website. They would be heavily redacted, because they would have to eliminate four specific categories of privileged information that we receive every meeting.

**Mr. Tim Uppal:** But within the board—

**The Chair:** Oh, I'm sorry, Mr. Uppal.

Thank you, Dr. Hamm.

Mr. Dosanjh, you have three minutes.

**Hon. Ujjal Dosanjh:** Thank you.

This is a question directed to both Dr. Hamm and Ms. Wilson.

I'm left with a very difficult situation as a member of this committee. We heard from three members of the board who felt compelled to actually send letters of resignation and who painted an entirely different picture of the board, which I might call the ailing institution, as it was presented to us.

I hear from you, Dr. Hamm and Ms. Wilson, and I have absolutely no reason to not believe you, but you paint a picture of a board, as do your other two board members, as if everything was normal, and it was functioning, and you'll be able to meet the mandate, and there have never been real problems.

As a board member...I'm compelled to simply say I don't want to be the judge. I actually want to have someone independent inquire into what has transpired for those three members to feel compelled enough to come and give us a story that's absolutely at variance with the story that's been presented in the panel now.

So what do you suggest? Do we require an independent inquiry, or do you think you'll be fine?

**Dr. John Hamm:** My response to the honourable member is that I did not want to paint a picture that the activities of the board did not generate spirited debate. Right from 1989, this has been a very emotional issue, and the emotions in this issue continue today. It's 21 years since Canada began down the road to have a regulated service on assisted human reproduction. In my view, it's time to get on and get the regulatory process in place.

Now, that will require a lot of spirited debate within the committee, but members around this table who belong to caucuses or who have belonged to cabinets know what spirited debate is all about. We do as a board need space to think, because if the answers were easy, we wouldn't be here today. The answers are difficult.

On the other hand, perhaps that's why, 21 years down the road, we're still not licensing and insisting on compliance.

**Hon. Ujjal Dosanjh:** Can you answer—

**Dr. John Hamm:** I didn't want to suggest to the honourable member that the debates aren't spirited. What I did perhaps hope to impart to the committee was the importance of board members...to know how to deal with consensus, because the board obviously has to find a way to bring its members together when they begin with different opinions, and to allow them to end up with a consensus.

• (1345)

**The Chair:** Thank you, Dr. Hamm. I'm sorry, we have—

**Dr. John Hamm:** I hope I didn't mislead the honourable member by suggesting—

**The Chair:** Dr. Hamm, I'm sorry. We have lived out our time right now.

I do want to thank you all so very much for coming to committee and contributing very well toward this discussion.

Thank you, committee members, for your input. It's much appreciated.

The meeting is adjourned.





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