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Chair

Mrs. Joy Smith

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● (1535)

[*English*]

Ms. Megan Leslie (Halifax, NDP): I have a point of order. Just so it is one-hundred per cent clear, I understand the 10 minutes for opening statements, but in terms of Standing Order 81(5) and Standing Order 108(2), is this all at once? Are we not having a break?

The Acting Chair (Mr. Tim Uppal): All at once.

Ms. Megan Leslie: Could you remind me how long the question rounds will be?

The Acting Chair (Mr. Tim Uppal): We are doing seven for the first round, and then five for the second round.

Ms. Megan Leslie: Thank you.

The Acting Chair (Mr. Tim Uppal): Are you good?

Ms. Megan Leslie: I'm good.

The Acting Chair (Mr. Tim Uppal): We'll begin with the Department of Health for 10 minutes.

Ms. Glenda Yeates (Deputy Minister, Department of Health): Thank you very much, Mr. Chair.

I was going to start with a process question. As you mentioned, in addition to being here as a portfolio on supplementary estimates (C), we also understood that the committee wanted to speak about a very specific matter in terms of food and antibiotics. We have some of our technical experts here to deal with those questions. My question was as to which you wanted to deal with first, but I assume we'll start off with supplementary estimates (C).

The Acting Chair (Mr. Tim Uppal): We're going to do it all together. That's probably the best way.

The members may decide where they want to take their questioning. It's up to them.

Ms. Megan Leslie: In terms of testimony, we would encourage the witnesses to combine everything into their one 10-minute period, correct?

The Acting Chair (Mr. Tim Uppal): Is that possible? Is that understanding okay?

Ms. Glenda Yeates: Yes, Mr. Chair. I don't think we were planning to make opening statements on the other.

The Acting Chair (Mr. Tim Uppal): You don't need 20 minutes of opening statements for both, do you?

Ms. Glenda Yeates: We do not.

The Acting Chair (Mr. Tim Uppal): If you could fit it all into 10 minutes, that would be appreciated. Thank you.

Ms. Glenda Yeates: I will be very brief, Mr. Chair.

Mr. Chair, members of the committee, it is a pleasure to be here to discuss supplementary estimates (C) for the budget year that's soon coming to a close.

[*Translation*]

This year was an eventful one in terms of health legislation, health research and health promotion. The minister will discuss these subjects more closely when she appears before the committee later this month.

[*English*]

As you know, the department I represent delivers a number of critical programs and services to Canadians, and does so based on its mission of helping Canadians to maintain and improve their health.

I'm now going to turn my attention directly to supplementary estimates (C).

For Health Canada, these estimates represent a net decrease of $818,000 in the 2010-11 supplementary estimates (C), which reduces our total budget from $3.756 billion to $3.755 billion for the current fiscal year.

I'm not going to go through every one of the major items contributing to this decrease, but they include a transfer of $706,000 to Indian Affairs and Northern Development.

These funds are destined to support self-governing Yukon first nations as they assume direct responsibility for the delivery of certain health programs and services. Funding will support them to administer health promotion programming related to diabetes, youth suicide prevention, the anti-drug strategy, and maternal and child health. These are services that previously had been funded and provided directly by Health Canada, and they'll now be provided by the self-governing first nations. This is in keeping with our general policy of transferring relevant departmental funding following the finalization of self-governing agreements.

The other significant transfer for us is the transfer of $200,000 to the Canadian Institutes of Health Research. This was proposed to be transferred to CIHR to help establish a research chair for autism.

[*Translation*]

Both of those transfers are fulfilling commitments made in recent years to making long-term improvements to health care.

With respect to autism, the transferred funds will be used to establish a research chair to focus research on this condition.

With reference to the Yukon first nations programs, this too is a part of a long-term commitment to give first nations greater control over the delivery of their own health services. This is based on the sound principle that first nations have the best understanding of the needs of their communities.

● (1540)

[*English*]

Mr. Chair, members of the committee, I hope this gives everyone a better snapshot of Health Canada's supplementary estimates (C).

Thank you for this opportunity. We will be pleased to answer any questions you might have.

The Acting Chair (Mr. Tim Uppal): Thank you.

We'll now hear from the Public Health Agency of Canada.

Dr. David Butler-Jones (Chief Public Health Officer, Public Health Agency of Canada): I would like to thank the committee for this opportunity to provide an update on supplementary estimates (C) as they pertain to the Public Health Agency of Canada.

With me today is James Libbey, chief financial officer, and Dr. Rainer Engelhardt, who is here as it related to the second topic, antimicrobial resistance.

As the current fiscal year comes to a close, the agency actually has no additional funding to request under these estimates.

[*Translation*]

However, as my colleagues in the health portfolio are proceeding this morning, before I respond to committee questions I would like to provide the context in which this activity is taking place.

Mr. Chair, generally speaking, Canadians are healthier today than they have ever been.

[*English*]

Life expectancy in Canada has increased by more than two years in the last decade alone, and by more than 30 years since the early 20th century. Most Canadians today consider themselves to be in very good or excellent health.

Advances in treatment and medical science, while crucial, are not the only reason, and may be only a small reason, for the improvements we've seen. Canada has a remarkably strong history of action and partnership in health promotion and disease prevention, from the early colonial period to the 1986 Ottawa Charter for Health Promotion to the Declaration on Prevention and Promotion by Canada's Ministers of Health and Health Promotion/Healthy Living in 2010.

Since the formation of the agency six years ago, Canada has solidified its place as a global leader in public health.

[*Translation*]

Each year, at the agency, we are able to build on the sound policy, surveillance and science we generate, and on successful programs that directly help Canadians.

[*English*]

The main reason we need to keep building on this success is that improvements in health aren't shared equally among all Canadians. In many cases, health inequalities between Canadians are growing. Not all health trends are improving, and not all Canadians are benefiting to the same degree. Some groups in Canada experience lower life expectancy, as well as higher rates of infant mortality, injury, disease, and addiction.

The Public Health Agency plays a key role in the effort to narrow these gaps through partnership, advocacy, enabling, and mitigating when needed, but while government efforts are central, public health is, at its heart, local. Health promotion and disease prevention need to reach Canadians at home, in their communities, and at work. We need the partnership that all levels of government, health professionals, the corporate world, and community organizations can provide.

This is the idea behind so much of what we do at the agency, and each year our resources are devoted accordingly. This week, for example, Canada's ministers of health launched Our Health Our Future: A National Dialogue on Healthy Weights.

[*Translation*]

The dialogue is a key step in identifying actions to curb childhood obesity, a significant health concern in this country, and to promote healthy weights.

[*English*]

It's about engagement and discussion because, as in many public health issues, everyone plays a role. Everyone can commit to action on curbing childhood obesity. As Canada deals with an increasingly less active and more obese and overweight population, tied closely to escalating levels of chronic disease, I expect this will be a continued priority moving into the next fiscal year.

Of the $684.6 million allocated to the agency, over $182 million was dedicated to health promotion. These funds are helping to support activities like the dialogue I just mentioned, updating the physical activity guidelines, and building on our accomplishments through successful community-based programs, including those for vulnerable populations. This year $116 million was devoted to the disease prevention agenda.

These funds continue to enhance Canada's ability to prevent and manage diseases and injuries, and they are helping us continue to gather and analyze data on the traits, trends, and patterns of injuries in Canada. They are helping, for example, to increase awareness of risks such as lung disease and to increase capacity and knowledge on prevention and control of a broad range of chronic diseases, including diabetes, heart disease, cancer, and neurological diseases.

Under these supplementary estimates, the agency will be transferring approximately $1.9 million to other government departments for public health activities that help us reach these goals. For example, $1 million will be transferred to the Canadian Institutes of Health Research to support the need for enhanced research in population health interventions and the reduction of health inequalities, particularly in the realm of obesity and mental health.

An additional $800,000 will be transferred to CIHR for research on HIV and AIDS co-infections and other co-morbidities, which will help us understand how a spectrum of chronic diseases interact.

We are focusing our efforts where they are needed most.

● (1545)

[*Translation*]

We continue working to increase public health capacity and enhancing our national and international collaborations. We continue to strengthen surveillance and increase capability in assessing the health of the population.

[*English*]

We remain the government-wide lead on efforts to study and address determinants of health. We continue to work closely with all our partners to ensure that the government's responses to national outbreaks, including food-borne diseases and pandemics, are watertight, efficient, and well coordinated.

Before I close, I would like to highlight one additional area that you've requested in which the agency collaborates closely.

The Government of Canada as a whole has committed significant resources to tracking antibiotic use and resistance. The agency leads national surveillance systems that track antibiotic resistance and antibiotic use in health care, in community settings, and in the food supply.

The agency will also be working with Health Canada, CFIA, and Agriculture on the development of a coordinated approach to AMR, antimicrobial resistance, in Canada. This will include working closely with the health portfolio, provincial and territorial partners, as well as many other stakeholders to help control the spread of AMR in Canada.

Collaboration will always be our watchword. I believe these estimates reflect that priority. I appreciate your time and I am happy to answer any questions.

The Acting Chair (Mr. Tim Uppal): Thank you, Doctor.

We will now go to the Canadian Institutes of Health Research, for up to 10 minutes.

Dr. Alain Beaudet (President, Canadian Institutes of Health Research): I would like to thank the committee for this opportunity to discuss the transfers to the Canadian Institutes of Health Research under supplementary estimates (C).

As you have seen, CIHR's grants vote will increase by $10.67 million with approval of the 2010-11 supplementary estimates (C). This increase will bring CIHR's reference levels for the 2010-11 fiscal year to $1.026 billion.

I would like to highlight the potential impact of a few of these transfers on health outcomes and commercialization of health discoveries.

The largest transfer is $9.36 million for the Centres of Excellence for Commercialization and Research. This investment is being used to fund two centres of excellence: the Centre for Commercialization of Regenerative Medicine located in Toronto, and the Centre for Imaging Technology Commercialization located in London.

Regenerative medicine and medical imaging are two areas at the forefront of discovery in health research. They are also two areas in which Canada is world-renowned for its scientific expertise. These two new centres therefore represent exciting opportunities for future breakthrough discoveries with impact on the health of Canadians and the strength of our life sciences industry.

CIHR's transfers, as you just heard, also include a transfer of $1 million from the Public Health Agency of Canada for population health intervention research. With this investment, CIHR and PHAC have succeeded in attracting other partners, including the Canadian Institute for Health Information, the Heart and Stroke Foundation of Canada, the New Brunswick Health Research Foundation, and the Ontario Ministry of Health and Long-Term Care. Together with these partners, CIHR will fund seven major research projects in the area of mental health promotion and the prevention and reduction of obesity, two major priority areas for the health of Canadians.

For CIHR this is but one of many of these very Canadian examples where government investment serves as a catalyst for the engagement of other partners so as to increase the coherence of research funding and maximize its potential for impact.

[*Translation*]

A third transfer of $800,000 from the Public Health Agency will go to major projects on HIV and AIDS co-infections and other co-morbidities, as you have heard. This research will provide the evidence needed for future programs and policies to prevent or control HIV and AIDS co-infections and other co-morbidities.

[*English*]

Finally, CIHR is transferring out the amount of $700,000 to the International Development Research Centre for an international research initiative on adaptation to climate change. This investment will support multinational research teams to advance a fuller understanding of climate and related stressors on vulnerable populations, resources, and ecosystem health in Canada and in low income and middle income countries.

[*Translation*]

The purposes of having this knowledge are: to shape policies and practices that help people and vulnerable segments to adapt to climate change; to train highly qualified staff; and, finally, to establish networks that will enhance the ability of governments, of the private sector and of civil society to adapt to climate change and to reduce its effects.

● (1550)

[*English*]

I would like to thank you for your support of CIHR's endeavours and for health research in general.

I'm pleased to take any questions that you may have.

The Acting Chair (Mr. Tim Uppal): Thank you very much for everybody's opening comments.

We will go into our first round of questioning, and it will be a seven-minute round.

We will begin with Dr. Duncan.

Ms. Kirsty Duncan (Etobicoke North, Lib.): Thank you to everyone for coming.

I'm going to look for short answers because we do have limited time. Are there discussions taking place regarding 2014, yes or no?

Ms. Glenda Yeates: Mr. Chair, the Senate has just begun its review of the accord. There are ongoing discussions with stakeholders in the public domain. We are at this point awaiting the outcome of the parliamentary review to begin other discussions. There are a lot of discussions taking place, but the formal discussions at this point are through the Senate review.

Ms. Kirsty Duncan: Thank you. I'm going to ask that you table this with the committee, please.

At what level are discussions taking place, when did they start, and how many meetings have taken place?

I'm also going to ask about wait times, and I'm going to ask that this information be tabled, please. What money has been invested since 2004? Where are there unacceptable wait times? Why are there unacceptable wait times? I hope we can get that information and also regarding emergency wait times by province and territory, .

In the fall the Canadian Pharmacists Association released a survey. It showed that 81% of pharmacists said they had trouble locating one medication during their last shift, and 93% in the past week. What, if any, action has been taken to address drug shortages?

Ms. Glenda Yeates: Mr. Chair, I'm very pleased to respond to this question, but I might make a comment on the tabling request. We're certainly happy to gather the information on wait times that we have. Under the accord, the Canadian Institute for Health Information was asked to be the public reporting body. We will certainly pull together information from that and other sources.

In response to the first tabling request about discussions on the health accord, my response to the question was that discussions are taking place in the community. The discussions at the federal government level are really the Senate discussions. Those began this week. We will obviously reflect that in the tabling of the information, but I want to be clear, there aren't other discussions that I will be tabling in terms of dates.

Ms. Kirsty Duncan: There are no other discussions and at no other level?

Ms. Glenda Yeates: Mr. Chair, certainly in terms of the Health Canada-led discussions, there are not. There are many discussions occurring among the public.

Ms. Kirsty Duncan: So that was at the federal government. Thank you.

Could you address the drug shortages, please.

Ms. Glenda Yeates: Mr. Chair, the member raises a very important question. It's been one that has been flagged in the media, and indeed by the Canadian Pharmacists Association, as was mentioned.

This has been brought to our attention by the Canadian Pharmacists Association and others. As we all know, drugs are manufactured by industry. There are a number of changes, at all times, taking place in the industry supply chain, whether they are on the wholesale side or the retail side. When this issue comes forward, we typically try to work with partners to understand the nature of the issue.

Currently we've been discussing this with a number of provinces. We've been in contact with provinces and territories which, as you know, are responsible for not only delivering hospital services but also significant drug programs. In addition, we are preparing a letter. I think the minister will be writing a letter to the major drug manufacturers to explore with them what they are experiencing.

We are following up with stakeholders. We don't at this time have a full understanding of what these drug shortages might be and where they might be occurring. We have anecdotal information. We're working with CADTH, the Canadian Agency for Drugs and Technologies in Health, to understand if we can get a better picture of the situation.

Those are the steps we're taking at the moment, Mr. Chair.

● (1555)

Ms. Kirsty Duncan: Thank you.

Perhaps you could table with the committee what the specific actions are, to give us a fuller picture. I'd appreciate that.

Perhaps you could also table with the committee a complete accounting of what moneys have been spent to date on the former HIV lab in Winnipeg, what money is left, and all action the government has taken on this file. I believe that on December 1 there were appointments made, and I'd like to have an update on that.

Dr. David Butler-Jones: Just for clarification, and we can pursue this after, I'd like to make sure we provide the right information you seek. We'd be very happy to provide an update on where everything is. The resources that were dedicated to that are still in the program and are moving into the new areas of research, etc., but we will do an update for the committee.

Ms. Kirsty Duncan: Thanks, Dr. Butler-Jones.

There has been a lot of interest in a public cord blood bank. I put forward a bill. I know there has been a motion put forward. I wonder if you could provide us with a status update. Is a public cord blood bank forthcoming?

Ms. Glenda Yeates: I'll have to get back to you on that. I don't have an update on it, but I'll be happy to get that information for you.

Ms. Kirsty Duncan: Okay, thank you.

Dr. Beaudet, on December 7 you kindly came to the neurological subcommittee and we talked about the importance of follow-up care. We're still hearing stories that people are having difficulty getting follow-up care. You kindly said that you would do what you could to ensure it's occurring.

Could you table with the committee what actions you have taken to ensure follow-up care for MS patients who receive CCSVI treatment overseas?

Dr. Alain Beaudet: Certainly we'll be pleased to table that. We have taken a series of actions, including communicating with all the various colleges.

The Acting Chair (Mr. Tim Uppal): Thank you very much.

Monsieur Malo.

[*Translation*]

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

I would also like to thank all the witnesses for being with us this afternoon.

Ms. Yeates, last time you were here, I shared my concern about having patients who use marijuana for medical purposes break the law. I was saying that because their possession certificates and production licences could not be renewed on time because the department was not able to process the claims within the given timeframe.

You told me at the time that the situation was going to be resolved any day or any week, and that you were on top of the situation and there was going to be a solution.

But I am still reading in the media that patients are being told by people from your department that their files are fine and in good standing, but that they will have to wait because of a shortage of staff.

So these people are still living illegally. Can you tell us when this situation will actually be resolved?

[*English*]

Ms. Glenda Yeates: Mr. Chair, thank you.

[*Translation*]

Thank you very much for the question.

[*English*]

I'm very pleased to be able to report to the committee. This is an issue that came up before. We acknowledged, the last time we were in front of this committee, that we were in a backlog. We were not processing the large volume of claims we had in our eight-week to ten-week benchmark period. I told the committee we were adding resources and putting in monitoring systems. We have now done so, and I'm pleased to report to the committee that we are meeting the targets and processing the claims in that eight- to ten-week timeframe.

I'd be happy to follow up. If concerns have been raised, they are not ones I am aware of. The backlogs we spoke about here previously, according to our data, have been resolved. I would be pleased to follow up if there is particular information we should know about.

● (1600)

[*Translation*]

Mr. Luc Malo: On the same issue, I must say I was amused this morning to read in the Information Commissioner's report that Health Canada has replaced its approval process for highly sensitive cases with a notification process. The report also said that this change has resulted in improved turnaround times and compliance for access to information requests, of course. But last September 28, I made an access to information request to your department to find out how many individuals were in the illegal situation I was describing to you earlier in terms of accessing marijuana for medical purposes. I have been waiting for an answer for 163 days now, which obviously exceeds the standards. Where is my request? Madam, why don't I have access to this information?

Ms. Glenda Yeates: I thank the hon. member for his question.

[*English*]

As the member noted, we have put a focus throughout the department on improving our transparency and access to information. I am pleased to tell the committee that in fact we have made significant improvements. We have not yet dealt with all of the backlogs.

We acknowledge that we still have some issues, and obviously the one the member raised is one of those. I will look for that particular request. I would assure the committee that we have put resources and measurement into this area. It's an area where I have seen notable improvement. I'm pleased to see that this has been acknowledged elsewhere by the commissioner. We still have some work to do and we are working hard at this. I will follow up on the individual requests.

[*Translation*]

Mr. Luc Malo: But in terms of my access to information request specifically, why have I still not received an answer after 163 days, when the Information Commissioner says that you have put a process in place to speed things up in very sensitive cases? Does the process work for other people but not for me?

[*English*]

Ms. Glenda Yeates: I would like to assure the member that we are absolutely focused on responding to every request that we get. I am not aware of the circumstances behind this individual request, but I will certainly follow up.

[*Translation*]

Mr. Luc Malo: Thank you very much.

Ms. Yeates, going back to our last meeting here, I asked you whether, under the Natural Health Products Regulations, any applications were due in March. You said no and that the 30-month rule would apply. But then I read, again in the media, that Health Canada had sent an email to Radio-Canada on December 22 to say that the March 1 deadline had to be pushed back. What was the March 1 deadline you had not told me about when you appeared before the committee in November?

[*English*]

Ms. Glenda Yeates: Thank you very much for the question. I'm happy to have the opportunity to talk about what I picked up from previous conversations has been a challenging area for us, which is to process all of the natural health product applications that we have before us.

As the member has pointed out, at one point we had a deadline for trying to deal with all of the backlog, the natural health products that existed prior to the introduction of the legislation. We've been working through that. At one point we talked about that backlog. At the same time we're dealing with the incoming products that were coming to us as a regulator.

What we have done, and I think we talked about this at the committee last time, is we recognized that we wanted to give new producers access to the market and we wanted to give Canadians access to new products, so we introduced new regulations. We spoke about them a little when I was here in November. I am talking about UPLAR, the unprocessed product licence applications regulations. It doesn't trip off the tongue easily, I admit. It is a process whereby we look at ongoing submissions very quickly to make sure they meet safety and quality concerns. If we think they can be put on the market, we look at them very quickly and within 180 days we give them either a natural health product number, having done a complete review, or an exemption number.

● (1605)

The Acting Chair (Mr. Tim Uppal): Ms. Leslie.

Ms. Megan Leslie: Thank you, everybody, for being here today.

My first questions are about antibiotics. My first question is for the Public Health Agency, Dr. Butler-Jones.

My understanding is that the Public Health Agency and CIPARS monitor the presence of antimicrobial resistance. I am wondering if that information is public.

Dr. David Butler-Jones: Certainly the reports are public.

Ms. Megan Leslie: The reports are public.

Dr. David Butler-Jones: There are two major surveillance systems. One is CIPARS, which is focused on the animal-human interface, and there is the Canadian nosocomial infection surveillance program, which is focused on nosocomial infections, hospital- and institution-acquired infections resistance. The two actually go hand in hand. If you want more detail, Dr. Engelhardt would be pleased to provide that.

Ms. Megan Leslie: They are public.

Dr. David Butler-Jones: Yes.

Ms. Megan Leslie: Dr. Engelhardt, please.

Dr. Rainer Engelhardt (Assistant Deputy Minister, Infectious Disease Prevention and Control Branch, Public Health Agency of Canada): They are published annually. There are annual reports coming out of CIPARS and the other one, CNISP, Canadian nosocomial infection surveillance program, as well as periodic reports coming out of those surveillance studies. They are available.

Ms. Megan Leslie: Thank you.

As you well know, some folks testified about antibiotics and livestock on Tuesday. Dr. Prescott from the Canadian Animal Health Institute told us about a 2002 Health Canada report called, "Uses of Antimicrobials in Food Animals in Canada: Impact on Resistance and Human Health". He testified that there were 38 recommendations coming from this report and the only major recommendation that was followed was CIPARS.

I am wondering why the other recommendations haven't been implemented.

Dr. Rainer Engelhardt: I will talk to that, Mr. Chair.

I've looked back into that 2002 report and, as you say, there are 38 recommendations. The analysis that was just carried out of the implementation of those recommendations suggests that action has been taken on every one of them. Many of them have been fully implemented. Some of them are still ongoing activities. Others were not there for the federal government to implement, but there are outside agencies or organizations that are implementing them.

I'd be happy to give you some real details on that. There are 38 recommendations, so they would be a bit long to go through individually here, but I think you would find that much work has been done on implementing those recommendations.

Ms. Megan Leslie: I would love to see that.

Dr. Rainer Engelhardt: I'd like to say that the Public Health Agency did well with its recommendations on CIPARS.

Ms. Megan Leslie: Great, thanks. If you could produce that for us, that would be great.

We also heard testimony, in particular from Dr. Prescott, and from others, that there are three agencies monitoring various aspects of antibiotics in livestock, such as, what kind of antibiotics can be used and what kind can't, how they're used, and what the appropriate guidelines are. The part we were missing was who is actually monitoring the impacts on human health.

We heard testimony that nobody is in charge, that only the resistant bacteria are in charge. I'd like to have a response about what is happening when it comes to monitoring the impacts on human health.

Dr. David Butler-Jones: I will start and then maybe Rainer could supplement my remarks.

Basically there is the animal interface. Health Canada sets the standards and CFIA does the inspections and monitoring, etc., and a system is in place for dealing with that.

Then, because the significant impacts are going to be in health care settings, which is the most effective indicator of what is happening out there, we have a system in place that does monitor those. In fact, there was at one point an antibiotic where we were starting to see resistance in human cases and it led to a change in policy.

Ms. Megan Leslie: A change in policy for whom?

Dr. David Butler-Jones: It was in terms of the use of that antibiotic.

Ms. Megan Leslie: Was that in livestock?

Dr. David Butler-Jones: Yes.

Ms. Megan Leslie: Okay, just to be clear....

Dr. David Butler-Jones: We have those systems in place. That is also supplemented by the regular kind of national reporting and the reference work that our laboratories do, which will pick up if something else goofy is going on.

● (1610)

Ms. Megan Leslie: Do you not have any concerns about antibiotic resistance due to antibiotic use in livestock?

Dr. David Butler-Jones: We have a huge concern about antibiotic resistance, whatever the cause. Actually, the appropriate use and much of the antibiotic resistance we're concerned about in humans is largely in terms of how we use antibiotics in humans, not in animals. It is the whole spectrum of the use of antibiotics that is of concern.

One of the key principles in medicine is to be the least intrusive and most effective with the fewest side effects. It doesn't matter what the intervention is, whether it's medication, surgery, or whatever. That's why there are the education programs. We have actually seen more appropriate use of antibiotics, both in agriculture and in health care. We still have a way to go, though, in terms of not using the most modern antibiotics for simple infections.

Ms. Megan Leslie: What is Public Health Agency's position on the use of ceftiofur in livestock? Industry has repeated over and over that judicious use of all antibiotics, but in particular this antibiotic, is necessary. What does judicious use mean? We don't have any regulations.

What is Public Health Agency's position on the use of ceftiofur?

Dr. David Butler-Jones: I'm going to defer to Paul. We deal with the human side of it, but Health Canada does the research, assesses the research, and addresses that.

Mr. Paul Glover (Assistant Deputy Minister, Health Products and Food Branch, Department of Health): Mr. Chair, in response to the member's question and back to the point about who's responsible, the Public Health Agency does a surveillance. That surveillance is shared with Health Products and Food Branch, and the veterinary directorate considers that information and factors it into the risk assessment of all drugs. We put appropriate conditions on the label for the use of that drug. While there are numerous players, they collaborate quite closely and share information. When public health information has signals, that is shared with us as the regulator and that is factored into the regulatory decision we make.

With respect to the drug in question, we should clarify that the label is not tiny, such as a prescription label. It's quite extensive. We feel that the drug, when used as indicated on the label, is appropriate. It should not be used outside that label for extra label use. We have specific warnings on that. The label clearly indicates which species of livestock the drug can and should be used for and which indication. This should be used on a treatment basis, not on a preventive basis, and the types of species are clearly indicated on the label. Consistent with our assessment, if the operators follow those conditions, the drug can be used very safely.

Ms. Megan Leslie: Thank you.

The Acting Chair (Mr. Tim Uppal): Thank you.

Dr. Carrie.

Mr. Colin Carrie (Oshawa, CPC): Mr. Chair, I'll be splitting my time with Mrs. O'Neill-Gordon.

The minister was in Toronto and had a great announcement for the renewal of the Canadian Partnership Against Cancer. I was wondering if perhaps, Madam Yeates, you could discuss some of the good work being done with that partnership.

Ms. Glenda Yeates: Mr. Chair, I'm pleased to answer this very important question.

The Canadian Partnership Against Cancer has been a real success story in Canada. There is often a question about whether there's a need for a pan-Canadian organization over and above the delivery that occurs in individual provinces and territories. In a sense the Canadian Partnership Against Cancer has shown us what can happen when we do that function well.

The partnership has done a number of things. It's been doing seven large-scale initiatives to combat the common risk factors of cancer and other chronic diseases. I think there's often a worry that we'll look disease by disease, but I think the cancer partnership has been very clear that it is about some of the common risk factors for cancer and other diseases.

They've taken a collaborative approach. They've offered support for some individual provinces that may not have had colorectal screening programs, for example. They've been able to be a best practices or a sharing organization in that way.

A very important thing, and I speak here from some experience with the data information collection world, is cancer stage data has always been something we've striven to have in Canada. When you're trying to analyze cancer and what works and which interventions are most effective, understanding what stage a cancer is at is critical. It isn't data we've had collected before and that's because a fair bit of work has to be done on standardizing the format, standardizing the definitions. The Canadian Partnership Against Cancer has made major strides in this area, and I think this is going to be critical for the future.

They've done some very good public reporting work on cancer system performance. We always want to understand which practices perform best and how we are doing. They've had a pan-Canadian initiative on the management of pain and other symptoms for cancer patients, some very critical and fundamental issues that affect individual Canadians. I think at this point they're looking at some work on understanding the causes of cancer.

It's been a very successful partnership thus far.

● (1615)

Mr. Colin Carrie: Thank you.

Mrs. Tilly O'Neill-Gordon (Miramichi, CPC): First of all, I want to welcome all the presenters here today and thank them for their fine presentations.

I noticed in your presentation, Glenda Yeates, that we see a decrease as a result of $706,000 transferred to Indian and Northern Affairs. They are looking after their own self-government for the Yukon first nations. Is this their first attempt at this, or has this been going on for a few years?

Ms. Glenda Yeates: Mr. Chair, I'm happy to answer the member's question about what I think is a very important development in the country. As the members of the committee would know, as we, through Health Canada, deliver health services to first nations and Inuit people, we typically deliver on reserve. Often even those are transferred, because I think we recognize that first nations delivery is often the best route to effective programming in those circumstances. In those areas of the country where there are actual self-government agreements that are signed—and those are led by our colleagues at Indian and Northern Affairs—and come to fruition, then the funding actually leaves Health Canada and is transferred from INAC as part of that self-government arrangement. In these cases, in a sense, we go beyond just the transfer to an individual community. We actually transfer the responsibility and the dollars as part of the self-government agreement. It's new in this instance, but it would have occurred in other parts of the country.

Mrs. Tilly O'Neill-Gordon: In other areas. They must be setting up a health committee to take care of this funding and follow it through with their residents.

Ms. Glenda Yeates: Yes. The situations may vary from one self-governing arrangement to another, but yes, on the governance, typically there is a health committee and a health structure to run the programs under the first nations self-government arrangement.

Mrs. Tilly O'Neill-Gordon: As a teacher, and as all of us know here, we certainly see an always increasing presence of autism, so I was happy to see the $200,000 set aside to choose a chair. When will the research chair for the treatment and care of autism be established?

Ms. Glenda Yeates: Given that this was money we transferred to CIHR, perhaps....

Dr. Alain Beaudet: We're actually talking of a $1-million chair—

Mrs. Tilly O'Neill-Gordon: A million dollars?

Dr. Alain Beaudet: —over five years. We're currently in discussion with potential partners to double this amount to $2 million. When we talk about the $200,000, we're talking about the tranche for this year.

The idea is to focus this chair on innovative approaches to the treatment and care of patients with autism. In other words, we want to focus this chair on applied research. We already have enormous strength in this country in looking at the causes of the disease and trying to understand the biological mechanisms underlying autism. We believe that we have to invest in capacity to bring the research results into the clinic and develop innovative treatments. This is where the chair is going.

Mrs. Tilly O'Neill-Gordon: It will be a great discovery because more and more we're wondering why it occurs in one family and what are the root causes. It will be a great study and a valuable amount of money. No money could really replace those facts on what we can do and what we can learn about autism.

That's fine, Mr. Chair.

The Acting Chair (Mr. Tim Uppal): What we'll do now is go into our second round. We'll probably have a shortened round because we do have some committee business to do in camera. I think what would be best is if we allowed each party one question, and then at the end if we still have some time, maybe we'll go back to the Conservatives, who are going to get bumped in this round.

We will start with Dr. Dhalla.

● (1620)

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): Thank you to everyone for coming here today.

Since we only have one question, I wanted to raise an issue that is important to many of my constituents in Brampton—Springdale. As you may or may not know, in Brampton, we've built one of the largest and newest hospitals in the country. We have seen a tremendous number of challenges at that hospital, in terms of the wait times and in terms of the services that have been received. The hospital has done a great job in trying to work with the community to rectify these.

Most recently, there was a woman who had the wrong leg amputated. It is a serious, serious issue. Even though the delivery is supposed to be provincial, we wrote to the Minister of Health requesting that she visit the hospital to see it first hand and to get an insight on how severe the challenges are. We were quite astonished to receive her response that she did not have time. I would ask the deputy minister, who I know is very passionate about health care and about delivery, to ensure the message is passed on that there are some serious challenges out there.

My colleague, Dr. Duncan, spoke about the 2014 health care agreement. You stated that there is no formal discussion going on at this point, only through the Senate. I find that very alarming. We are three years away and I can tell you that every Canadian across the country is very concerned and worried.

The question I have actually is on another important public health issue in regard to organic chicken. We had a variety of stakeholders before us at our last meeting. They sounded a bit of an alarm in terms of what's going on in the industry. I wanted to ask Dr. Butler-Jones about organic chicken, which people assume is very safe. They were saying there are not the same monitoring mechanisms for people who sell organic chicken that there are for chicken sold off the market. They were saying that only 97% of the producers are actually in compliance with the protocols that have been established by the Public Health Agency. What happens to the other 3%? What's going on with the producers of organic chicken?

Dr. David Butler-Jones: Can I generalize the question a bit? It is an issue as it relates to some of our assumptions that getting something at the farm gate or whatever somehow has to be healthier because it's more natural. At the same time, it doesn't have the same level of oversight. It's not so much the oversight of testing and inspection, but the processes in place to minimize the risk of infections and transmission.

If you look at the food supply system generally, in order to get disease, several things actually have to happen. There must be a pathogen in place, a bacteria, a virus or whatever. Food must have come in contact with a human, because it's not cooked right, it's not stored right, or there's cross-contamination, etc.

The reality is that animals carry a number of diseases, some of which can potentially infect humans. All the measures in the health system in commercial operations are there to minimize that risk, and then, at the end of the day as a consumer, we have to make sure we cook the meat appropriately. There are numbers involved. As Paul was saying, there's very close collaboration among ourselves, CFIA, and Health Canada to make sure that all the parts of the system are in fact working in the same direction, and then with provincial authorities, because again, in many of these areas, the provinces actually have authority.

My first concern is people should not make assumptions that because something is called “natural” or “organic” that somehow it is more healthy. It's like the debate about special bottled water, which often has more pathogens and more stuff in it than our tap water. These generalizations are not helpful for health.

I think it's absolutely essential in getting the best advice, in getting that kind of information, to not make assumptions and actually to understand the sources of the food and the risks, and the things we can do to mitigate that risk. That would be the Public Health approach, not just in terms of organic chickens, but more broadly, whether it's cheese or other things as well.

Ms. Ruby Dhalla: Very quickly to the deputy minister, going back to my first point in regard to the dilemmas in health care, what do you think needs to be looked at for the 2014 health agreement to ensure that Canadians have greater accessibility to doctors, to reduced waiting times, and also to reduced waiting times to see specialists or get access to certain medical treatments?

The Acting Chair (Mr. Tim Uppal): You have 10 seconds.

Ms. Glenda Yeates: Well, we're sitting here in 2011, and I guess one thing we realize when we look back over the accords is that 10 years is a long time. The priorities evolve. The health system has different concerns and priorities now than it did then.

My sense is that by the time we get to 2014, the health system will be dealing with the priorities of that day. I wouldn't want to speculate on them today. If you look historically at the 2000 accord, the 2003 accord, and the 2004 accord, it is interesting to see how some of the issues that were major issues at that time are not as pressing now. Others are starting to be emerging issues, and you mentioned patient safety or quality. You see a number of provincial jurisdictions, for example, focusing on quality, on those sorts of things. It evolves.

● (1625)

The Acting Chair (Mr. Tim Uppal): Thank you.

We'll go to Mr. Brown.

Mr. Patrick Brown (Barrie, CPC): I have a few questions for Dr. Beaudet on CIHR. I know that Kirsty started off with some questions.

I was interested, when it was mentioned earlier, in the $200,000 transfer to have a research chair for autism. What other research chairs in the neurological subset does CIHR currently fund?

Dr. Alain Beaudet: As you know, CIHR funds a large number of research chairs in many areas through the Canada research chairs program, CRC, and the Canada excellence research chairs program. There are a large number of funded chairs in Canada currently.

CIHR funds very few specific research chairs because of these existing programs. We fund certain chairs in very specific areas in which we believe more capacity for research is needed and in which there are no Canada research chairs currently.

In the area of autism, there are two Canada research chairs in the field of the genetics of autism. That's the reason the research chair we will be funding will be more focused on applied research and treatment.

Mr. Patrick Brown: Are there any other research chairs in neurological disorders?

Dr. Alain Beaudet: Yes, there are actually quite a few Canada research chairs for a variety of neurological disorders. We could certainly send you the list if you want it. It's a large number.

Mr. Patrick Brown: Okay.

What investments are there currently through CIHR in Alzheimer's and dementia?

Dr. Alain Beaudet: I can't give you that exactly. I'll ask my colleague, Jim Roberge, to tell you exactly what the figure is for Alzheimer's and dementia.

Mr. Patrick Brown: While you're looking that up, I look at everything through the scope of the hospital in my hometown of Barrie, Ontario, where the CEO gives us briefings once in a while. She has said that her greatest challenge in administering health care in our hometown is the fact that the hospital is at 98% capacity. With existing labour agreements, just to keep the status quo, she has a 3% increase in costs year over year, yet her funding model with the province gives her a 1.5% increase for her hospital.

Through the Department of Health, are you hearing similar concerns across the country about challenges with capacity and challenges with the funding models for hospitals?

Ms. Glenda Yeates: It varies from place to place. What we hear often is that sometimes lack of community programs, for example, will end up being manifested in the hospitals. We hear, in Ontario particularly, that there have been concerns about what are called ALC patients, alternate level of care patients. They are patients who no longer require hospital care, but their case managers are having some challenges transitioning them to appropriate home care or long-term care, and they are taking up valuable resources in hospitals.

There are a variety of challenges. It varies, again, in parts of the country and from rural to urban. Often it is that the system is very much a continuum. There are issues sometimes at the front end of what can be done in primary care. Then there is acute care and then community care. It often is a continuum.

Mr. Patrick Brown: Dr. Beaudet, it looks like you have the answer.

Dr. Alain Beaudet: I just found the figure on Alzheimer's. Last year we spent over $22 million specifically on Alzheimer's disease or related dementia. In addition to that, as you know, we've launched a $25-million international initiative on Alzheimer's disease with a number of partners, including the U.K., France, Germany, China, and the U.S.

● (1630)

Dr. David Butler-Jones: In relation to the question on the system, as Glenda was saying, the dialogue has changed and the issues have changed for institutions. There is a growing consensus that if we look at it as a system, we need to shift upstream. We need to have people healthier in the first place. We also have to manage better the resources we have, and we need to be able to care for people afterward.

That's why we see ministers across the country signing on to the Declaration on Prevention and Promotion and focusing on childhood obesity for the future. At the same time, we need to engage the professions and others on how we best use it, because clearly, primary care has diminished in Canada. That's left a void which creates a backup in the system as everything gets specialized.

There are a number of things, really. Across the system there is a lot of conversation and discussion about where we need to go in the future, but clearly, a big part of that will be moving upstream.

The Acting Chair (Mr. Tim Uppal): Thank you very much.

Monsieur Malo.

[*Translation*]

Mr. Luc Malo: Thank you, Mr. Chair.

Dr. Butler-Jones, in the supplementary estimates (C), we read that the Public Health Agency is going to make a transfer to Human Resources and Skills Development Canada for developing a national standard for psychological health and safety in the workplace. This seems to be a complete intrusion into the constitutional jurisdiction of Quebec and the provinces.

Can you tell me why we need to establish a Canada-wide standard for psychological health and safety in the workplace? Also, are you able to tell me who is going to participate in developing this standard?

Dr. David Butler-Jones: First, it is a small step for the agency. It will be done together with the Department of Health. It is a way for us to ensure more effective cooperation. The other agencies work well with the provinces, but this is different from the activities of the provinces.

Ms. Glenda Yeates: Mr. Chair, I can expand a bit on this issue.

This funding is to support an initiative by the Mental Health Commission of Canada.

[*English*]

One of the remits of the Mental Health Commission is to do a mental health strategy for the country. It is working away on that. One of the priorities that came through its consultations was from employers and others who said, “We are not doing a very good job as employers at managing mental health in the workplace. We could use some help and some tools here”.

The funding that is being transferred is in support of this Mental Health Commission initiative to develop a national standard of psychological health and safety in the workplace. This would be a guide to help employers and others deal with what we all acknowledge is a challenge in the workplace. Employers are probably better at dealing with situations when people have cancer or heart disease, than when there are mental health challenges. There's a real opportunity to furnish a tool and a guide that will be useful.

[*Translation*]

Mr. Luc Malo: Thank you.

It has been agreed that the increasing use of antibiotics creates resistant pathogens in various species.

My question is for Dr. Beaudet and perhaps also for Dr. Butler-Jones.

I have been asking myself the following question. Have studies been done to see, for example, what happens in animals that have developed resistance, that is to say where pathogens have become resistant to antibiotics? When taken by human beings, are the people affected directly or do the pathogens that affect people become more resistant because the person ate meat from animals that have developed this resistance?

Have studies been done on this issue?

Dr. David Butler-Jones: Perhaps I will answer in English, because there are a lot of details.

Mr. Luc Malo: Yes, go ahead, I can understand you.

[*English*]

Dr. David Butler-Jones: Yes, and it's multiple. When you put it all together, the relationship between pathogens in animals and humans is very complex. Some don't pass over; a number do. That's partly what we're concerned about.

Part of the reason for inspections by CFIA is to make sure that no sick animal gets into the food system. They make sure they're fundamentally healthy so we don't have situations where there are abscesses in the meat, or infection directly in the meat that could be transferred.

On the other hand, there are infections that come from fecal material, like E. coli, that get on the carcasses, on the meat, and potentially cross-contaminate, or something like listeria, which is in the environment and gets in through the food-processing system. There are various testing methods to minimize that impact.

In general, if you're eating a healthy animal, as opposed to road kill or something you picked up in the forest, it's not going to be through the meat. The animal is healthy. If you cook it well or cook it properly, you're going to kill off any bacteria or viruses on the surface. Generally, healthy meat won't have bacteria or viruses in the meat itself. That's one of our key assurances, as long as we don't cross-contaminate.

● (1635)

[*Translation*]

Mr. Luc Malo: Is resistance passed from animals to human beings?

[*English*]

Dr. David Butler-Jones: No, if you kill the bacteria, there's no way that you're transferring the resistance. The resistance is in the bacteria itself and isn't transferable.

The Acting Chair (Mr. Tim Uppal): Thank you.

[*Translation*]

Dr. Alain Beaudet: Resistance is transferred among humans largely through the overuse of antibiotics. Transmission mechanisms are certainly of a concern to us. The overall development of resistance to antibiotics is a research area that we consider to be crucial and that will certainly have a huge impact on future treatment.

On the one hand, there is the whole aspect of caution in using antibiotics and in preventing people from misusing them. On the other hand, there is the need to invest in research to better understand how resistance mechanisms develop and how we can fight against them. With this in mind, I am pleased to have the opportunity to inform you that we have just signed a research agreement with the United Kingdom that focuses on antibiotic resistance. We are investing $10 million for the next five years and so is the United Kingdom.

[*English*]

The Acting Chair (Mr. Tim Uppal): Ms. Leslie.

Ms. Megan Leslie: Mr. Beaudet, I have a narrow question to which I would like a written response, because I don't expect you to know this off the top of your head.

Assisted Human Reproduction Canada and CIHR issued a call for proposals for research under the catalyst grant program on psychosocial issues associated with assisted human reproduction. Some $500,000 was transferred from Assisted Human Reproduction Canada to CIHR.

Could you give me a breakdown of the total funds that were available for grants, the total funds used, and what has happened to the remaining money?

Dr. Alain Beaudet: Indeed, I don't have it off the top of my head, but I would be glad to provide you with the information.

Ms. Megan Leslie: Thank you.

I have a question that I think will go to Mr. Glover. At this committee on December 2, the Minister of Health said that she and her department were aware of the loophole in former Bill C-32 concerning cigarillos, and said that she'd be looking into solving this problem. I'm wondering what has happened on that.

Ms. Glenda Yeates: Maybe we could clarify that Mr. Glover is now working in another area of the department, health products. He is here for the antibiotics questions.

There is ongoing monitoring with regard to the Tobacco Act. We continue to do compliance and enforcement work. We are working with companies. We are working to settle outstanding questions in the existing act, and we are following up with a number of manufacturers.

Ms. Megan Leslie: Are there legislative changes coming?

Ms. Glenda Yeates: We are working on two things, one of which is compliance with, and enforcement of, the present act, which has allowed us to capture most of the products targeted at youth. Also, we are continuing to investigate whether there are products targeted at youth that the existing act does not capture.

● (1640)

Ms. Megan Leslie: In 2009, officials from Health, who shall remain nameless, said that it would take about 12 months to organize a ban on smokeless tobacco. It's been about 20 months since then. Can you give us an update on smokeless tobacco?

Ms. Glenda Yeates: I think the committee may have been given some of the data on the follow-up to that hearing, perhaps in February. We have done additional research to understand the prevalence of smokeless tobacco and some of the other products. We find it is very low, not something being used by youth. Even so, we are continuing to monitor this situation based on the data we have. As I said, I think we submitted some of that background information to the committee last month, but we would be happy to follow up.

Ms. Megan Leslie: Finally, when will we have a decision from the minister or from Health Canada about the future of assisted human reproduction in Canada?

Ms. Glenda Yeates: We welcome the clarity of the Supreme Court's decision. It had been some time that we were in a situation where we did not know what the range of possible regulations would be for assisted human reproduction. As was noted by the member's question, we are, in fact, following up. We are talking to stakeholders at this point to understand, given the clarity of the decision, what that means for the agency.

Clearly, there are some functions of the agency that remain. Certain prohibitions and other things were upheld, but there are other functions that were forecast for the agency to do which clearly have been deemed to be in provincial and territorial jurisdiction. We're analyzing that decision. We're working with and talking to stakeholders before we make a decision.

Ms. Megan Leslie: Do you have an idea of the timeline?

Ms. Glenda Yeates: I don't at this time.

The Acting Chair (Mr. Tim Uppal): Thank you, Ms. Leslie.

Mr. Stanton.

Mr. Bruce Stanton (Simcoe North, CPC): Ms. Yeates, you may know that this committee has been involved recently in a study on healthy living. In the course of hearing witnesses and the discussions on this topic, a number of times there were references made to the degree to which Canada is helping to get more healthy, nutritious food particularly to our northern communities. There have been recent announcements about a new program in the north that has replaced the old food mail program.

I know that Health Canada has a new role to play in that. I wonder if you might describe what Health Canada will be doing, I assume in conjunction with Indian and Northern Affairs Canada, to help with that program. What might be Health Canada's role?

Ms. Glenda Yeates: Mr. Chair, I'm pleased to answer the question. As was noted, in partnership with Indian and Northern Affairs Canada, we are working to improve the program that had existed and to actually improve some of the tools available in the north through the nutrition north Canada program. As was noted, this is a new component for Health Canada.

We realize it's one thing to have the food available, but all of us understand the notion of changing our eating habits and understanding what might be nutritious is part of an education program. We received money. We have $1.5 million in 2010-11 and $2.9 million in 2011-12 and ongoing. Most of this will be in contribution funding. We will work with communities and have them help with retail- and community-based education initiatives. Again, it's a sense of what the communities will identify as some of their own needs, what it is they feel would be helpful to increase knowledge of healthy eating, how people develop the skills and knowledge to select healthy foods, and perhaps prepare foods differently from what they are traditionally used to.

Again, this is working in partnership with communities, in partnership with the territories in many cases, to try to provide some of those opportunities and some of the experiences and tools to make sure we build the capacity for ongoing knowledge on nutritional eating in the north.

● (1645)

Mr. Bruce Stanton: Would they be Health Canada officials who already have a relationship with the communities and are working with them now? How would that actually take place?

Ms. Glenda Yeates: In general, we recognize that probably communities delivering the programs would be the best. Most of this will be, as I say, through contribution funding. There will be opportunities for community groups. Sometimes it might be groups that the territories are already working with. The territories all have some programs, and it may be a matter of using some of the same vehicles they are using.

I wouldn't rule out that there could be Health Canada staff, but generally speaking, we would view ourselves as being in a supportive role in the program.

Mr. Bruce Stanton: Thank you. Have I any more time, Mr. Chair?

The Acting Chair (Mr. Tim Uppal): You have about a minute and a half.

Mr. Bruce Stanton: Mr. Beaudet, we know the work Canada is doing in research in general, but particularly in health research, I wonder if you could briefly sketch out where Canada is relative to some of our partners internationally on this front. Canada is a great place to do research, but it would be great to hear where we are and what advances we're making relative to our partners in the international community.

Dr. Alain Beaudet: It will be difficult to answer in a minute but I'll do my best.

It's important to realize that globally, Canada is doing extremely well in health research generally. We're doing very well according to all the available indicators, particularly the bibliometric indicators, the number of publications, the number of publications per dollar invested, and most importantly, the impact of those publications in terms of how often those papers are actually read by the international community.

There are certain areas where we truly excel. It's difficult because I don't want to forget any, but in terms of these indicators, we're very strong in neuroscience research and neuroscience mental health. We're really top of the charts in pain research, one of the top countries in the world.

We are performing extremely well in terms of the quality of clinical research. Our papers, our publications, our studies in clinical research have had, and are having, a huge impact worldwide. They have changed the way certain diseases are treated worldwide. The problem is that we are losing ground. The quantity is not there and we're having more and more difficulty attracting health professionals into research. That's a very important issue. We want to maintain leadership in that area.

I'd add cancer research, regenerative medicine, and infection and immunity as areas where we're doing extremely well. By and large it is a sector of science Canada can be proud of and we're really in the top tier.

The Acting Chair (Mr. Tim Uppal): Thank you, Dr. Beaudet.

I'd like to thank all the officials for coming and answering questions from the members on the supplementary estimates, antibiotics and livestock, and a number of other areas as well. Thank you for your cooperation.

We will suspend for a few minutes and then go in camera for some committee business before the bells ring.

[*Proceedings continue in camera*]

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