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Chair

Mrs. Joy Smith

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● (0845)

[*English*]

The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)): Good morning, everybody. I'd like to call our health committee meeting together, pursuant to Standing Order 81.(4), for the main estimates for 2012-13.

I want to welcome the Minister of Health. We're very pleased that we have the minister here this morning.

Minister, I would like to give the floor to you, and we look forward to your talk this morning.

Hon. Leona Aglukkaq (Minister of Health): Good morning, everyone.

Madam Chair and members of the committee, it's a pleasure again for me to be here to discuss the supplementary estimates (C), as well as the main estimates for the health portfolio.

Before I do that, I would like to introduce the officials who are here with me this morning, many of whom you already know. With me is Glenda Yeates, the deputy minister, Department of Health; Dr. David Butler-Jones, chief public health officer for the Public Health Agency; and Paul Glover from Health Canada, health products and food branch.

Before I begin, let me say a few words about the important debate that took place last night in the House, and I believe most of you were there. Being able to explain the different roles and responsibilities with respect to the drug supply was important for me to get across and emphasize. We are responsible for access to drugs, using the highest standards of safety and efficacy. We provide guidance and insight to the purchasers—namely, the provinces and the territories—but our government is extremely respectful of their jurisdictions.

Provinces and territories are responsible for the delivery of health care. They know the needs of the Canadians who live there. They know what drugs are consumed and in what quantities. They know what to order when entering into a contract with the pharmaceutical industry. They also know whether their supplier is a single source for drugs they order, and it is up to them to ensure that there's a plan B. They're also responsible for the terms of these contracts.

As I stated, I wrote to industry last summer and requested that they take the issue seriously. They have responded and are setting up websites that will inform provincial and territorial health care professionals of impending drug shortages. In fact, just yesterday, I heard from Sandoz officials, who responded to my letter in a very positive manner. They have agreed to post information about drug shortages online and give a 90-day notice of any other drug shortage that will arise in the future. This is very encouraging, and I hope they will live up to their commitment.

This is far from being a Canadian issue. We work with our global communities to alleviate any stresses on our system, as we witnessed during the isotope shortage. We will continue to provide our jurisdictions with the support and guidance they need, as always.

I'm pleased to be invited here this morning, not only to discuss the supplementary (C) and main estimates, but also to update members on progress made in the health care portfolio. As the needs of Canadians change, so do the demands on our health care system. In many of the discussions I have had with my provincial and territorial minister colleagues, there are two issues that are always acknowledged.

First, there is a keen interest to provide information to Canadians regarding healthy living and healthy lifestyles. Maintaining a healthy weight and healthy diet, as well as doing regular exercise, will ensure that the number of health-related issues in this country, including chronic diseases, will go down. This will have a significant impact on the provinces and the territories in the delivery of health care to their jurisdictions, as the number of doctors' visits would decrease, as would the number of hospitalizations.

Second, the provinces and territories are keenly aware of the fact that they will need to be more innovative. They realize that they need to adapt the system in their jurisdictions to the needs of their citizens, and that the emergency room is not always the band-aid solution.

One of the ways we have made much progress, and we are very proud of it, is the creation of a new model of health governance for first nations in British Columbia. Most recently, we also hosted an important meeting between the crown and first nations that included important discussions about health care. In the months and years ahead, the sustainability of our health care system will be a recurring subject of our discussions.

I suggest, Madam Chair, that sustainability will come from innovation and cooperation. Providing Canadians with the information they need to make healthy decisions for their loved ones is key to optimum population health.

● (0850)

Madam Chair, since I was named Minister of Health, I have continued to work with my provincial and territorial colleagues towards a more sustainable health care system that achieves better results. Our government is committed to strengthening the health care system, and we have delivered on our commitments under the 2004 health accord: we have made progress in reducing wait times, increasing the number of doctors and nurses, and introducing electronic health records.

Since 2006, the federal health care transfers have been growing at a rate of 6% annually. In 2011-12 we provided $27 billion to the provinces and territories through Canada health transfers. By 2013-14, that will be more than $30 billion. It will reach $40 billion by the end of the decade, and our government has been clear that we will not cut health transfers.

Last November, I met with the health ministers in Halifax, where we discussed health care priorities and challenges and our common focus on health care renewal. In December, the Minister of Finance announced long-term federal funding for health care beyond 2014. With the growing funding guaranteed, governments can focus on health care renewal.

I have already met with several health ministers to talk about ways in which we can work together to ensure a more sustainable health system. I believe there is a great deal of will to work towards this common goal.

As the jurisdictions responsible for the delivery of health care, it is up to the provinces and the territories to decide on the direction and the pace of change for their own health systems. I am interested in working with them to see how federal tools and levers can support them in their reforms to improve health care, and I continue to dialogue with my counterparts on a regular basis.

Innovation comes from rethinking what we do. We need to analyze every aspect of health care to see whether it is delivering what it should and whether it is being done efficiently. We invest over $1 billion annually in innovation through the Canadian Institutes of Health Research, Canada Health Infoway, the Canadian Agency for Drugs and Technologies in Health, and other programs that support research, health human resources, and the assessment of technology.

The Canadian Institutes of Health Research is leading research in many areas. For example, the CIHR is funding research into the way we deliver primary care through family physicians, nurse practitioners, pharmacists, and other front-line services. We can see the day when medicine is personalized or tailored to the needs of the individual based on their genetic profile. It is the next step in the evolution of the way we treat disease.

Right now, we treat disease based on what we know about the disease. In personalized medicine, we will treat the disease based on what we know about the disease and what we know about the person. Treatments that are tailored to the patient will be more cost effective and, more importantly, will mean better health outcomes.

To get us closer to making that a reality, we are working in partnership with Genome Canada, the Canadian Institutes of Health Research, and the Cancer Stem Cell Consortium to invest $67.5 million in research for the development of personalized medicine.

While we are creating new models of health care delivery, we are also working to prevent as many health-related problems as possible. We already know that unhealthy weights can lead to many health problems, and we know there is a growing problem of overweight and obesity, especially among our children. To reverse that trend, we will need the help of individuals, industry, and organizations that can help create the conditions that lead to healthier eating and more active lives.

In September 2010, I was proud to join my provincial and territorial colleagues in endorsing the “Declaration on Prevention and Promotion” and “Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights”.

In September of last year, I added my signature to the UN declaration on the prevention and control of chronic diseases. The role of active living and healthy eating in preventing chronic diseases, such as diabetes and heart disease, is highlighted in the declaration.

● (0855)

A few months ago, my provincial and territorial colleagues and I endorsed the recommendations and key areas of action that can be taken by government to support healthy weights and reduce childhood obesity. But governments alone cannot address the growing obesity epidemic. We all have a role to play in promoting healthy weights and helping our children get the healthiest possible start in life.

I recently co-hosted a summit on healthy weights with my colleague from Nova Scotia. This summit brought together a variety of sectors: industry, the voluntary sector, and governments. In my view, this was a historic event. We challenged everyone to think outside the box and to build partnerships for collective action. We are also developing partnerships with a variety of organizations, and those bonds will serve us well in combatting obesity in order to reduce the incidence of chronic disease in this country.

Regarding HIV/AIDS, and in order to speed up the pace of research, we are funding five major research projects that will drive the development of a vaccine. These projects represent an investment of $17 million. They are the kind of research that will bring us closer to finding a vaccine and that will foster the next generation of HIV researchers. As well, Madam Chair, to help administer and guide future research, we are providing funding for the creation of the Canadian HIV Vaccine Initiative Research and Development Alliance coordinating office. It will be funded for the next five years by the Government of Canada and the Bill and Melinda Gates Foundation. It is an additional investment of $3.2 million and is an important part of the Canadian HIV vaccine initiative.

Our government has been very proactive and serious about ensuring the health and safety of Canadians. As you know, there have been important changes with the passing of legislation such as the Canada Consumer Product Safety Act, which has given us new tools to improve the safety of products in the marketplace. It is an important piece of legislation that has helped us to protect Canadians from dangerous products. In fact, in late December, our inspectors found children's jewellery that had high levels of cadmium and lead being sold across Canada. Backed by the new authority in our act, we were able to work with the companies involved to accelerate the removal of these products from shelves.

Another area we have been working on is that of traditional Chinese medicine. While many Canadians look to modern medicine for treatment, many others use traditional Chinese medicine to maintain or improve their health. We want to make sure that those products are both safe and effective, and we want to get input from those who are most knowledgeable about them. Late last year, my parliamentary secretary, Colin Carrie, and I hosted round table discussions with practitioners and representatives from industry in Toronto and Vancouver. The face-to-face discussions were very useful from both points of view. We appreciated their input and they appreciated being heard. This has inspired us to create a TCM advisory committee to provide advice on emerging issues related to traditional Chinese medicine.

Also making headlines in recent months has been the debate on MS and CCSVI. I want members of this committee to know that the government shares the desire of MS patients to find a cure for this disease and to better understand the procedure proposed by Dr. Zamboni. That is why we are funding research on MS. To date, the government, through CIHR, has invested $55 million in MS research. In partnerships with the MS Society of Canada, the Canadian Institute for Health Information, and the networks of MS clinics, we are building a Canadian MS monitoring system that will become a valuable source of information for patients, doctors, and researchers on MS.

● (0900)

CIHR is also currently selecting a research team to conduct a clinical trial on the proposed procedure. This research initiative is being conducted in collaboration with the provinces, the territories, and key stakeholders, such as the Multiple Sclerosis Society of Canada, to determine whether this new procedure is safe and effective. These important questions have not been answered unequivocally by the international research community. Our clinical trials will provide the answers we seek.

It is also our role to move forward on this important health issue without putting the lives of Canadians at risk.

In conclusion, Madam Chair, health care is a priority for most Canadians. I know that each member of this committee shares the desire to provide Canadians with the best tools we can for leading healthy lives and to access the best health care that can be made available to them.

I'd like to thank the members for your hard work. If you have any questions, I would be pleased to answer them this morning.

Thank you, Madam Chair.

The Chair: Thank you, Minister. We so appreciate your coming today. We're all looking forward to this time with you.

We'll now begin our questions and answers.

For seven minutes, we'll have Ms. Davies.

Ms. Libby Davies (Vancouver East, NDP): Thank you, Madam Chairperson.

Thank you, Madam Minister, and all the officials who have come here today. We appreciate your making the time, because obviously we have many important issues to discuss, some of which you've raised in your comments today.

Thank you also for being at the emergency debate we had in the House last night.

I think there is a fundamental question about why the voluntary agreement on drug shortages is not working. I hope we'll have further discussion on that, because clearly the approach the government is taking has not solved the problem, and we have quite a crisis before us.

I want to focus today on two questions to do with health care funding and the regulation of processed foods. If I may, I'd like to put the two question to you.

On the first one, Madam Minister, the premiers have made it very clear that they expect much more from the federal government than a non-negotiable funding package. In fact, the premiers have repeatedly called for a collaborative health care funding process that would uphold the commitments of the 2003-04 accords. Despite your comments today that those commitments have been met, there is still a long way to go even to uphold the 2004 commitments and to ensure accountability.

It's very interesting that the response of the government has been this unilateral decision. We know that you sent a letter to the premiers, but there hasn't been any significant process. There haven't been any meetings jointly, other than the one that took place last year. I think there's a real question about where your leadership is on this issue, because that's what Canadians expect. Why is the federal government, and why are you, as minister, walking away from this collaborative and joint process with the provinces and territories?

My second question has to do with processed foods. Not only have you walked away from talking to the provinces and territories about health care funding, you've also not acted to reduce salt, sugar, and trans fats in our food, despite repeated calls from health care organizations and practitioners.

You might know that the *British Medical Journal* singled out Canada as blocking an international agreement to reduce salt, sugar, and trans fats in processed foods. It was recently revealed that you personally ended a plan to reduce trans fats in processed foods.

Why are you continually siding with industry rather than looking out for Canadians who are trying to make healthier food choices?

The Chair: Minister Aglukkaq.

Hon. Leona Aglukkaq: I'll start with the transfers to the jurisdictions under the health accord. Under our government and the health funding plans, we've increased the transfers to the jurisdictions. I was at the table when cuts were made to health care transfers. I was finance minister for Nunavut when significant reductions were made to education and health. What our government has stated time and time again is that we will not cut transfers. The finance ministers met in December and outlined the funding beyond 2014. The funding that's gone to jurisdictions is predictable and sustainable, and each jurisdiction can now focus on health priorities.

Since that time, I have had a number of meetings with provincial and territorial health ministers to talk about what lies beyond 2014, looking at innovative ways to make improvements in the delivery of health care. I outlined those in my opening remarks to the committee this morning.

I will continue to meet with my provincial and territorial counterparts in health to discuss health care, which was not the discussion in 2004. The health accord was about funding at the time and it had nothing to do with what health indicators this country should be focusing on. That's precisely what I'm doing with the jurisdictions on the issue of priorities for Canadians.

In the area of sodium and trans fats, we continue to move forward. As with any other program, there are recommendations that come forward, and a number of options are laid out, together with proposed initiatives. We've had some discussions with the federal-provincial-territorial health ministers. I'll use sodium as an example. For a lack of better words, there are 10 ways to skin a cat, and there are different ways we can get to the outcomes we're looking at. I think right now we are making progress in the right direction.

We cannot deal with the health of Canadians one ingredient at a time: trans fat, salt, sugar, whatnot. We need to look at a broader strategy for keeping the population healthy in Canada. That declaration was signed off by federal-provincial-territorial health ministers in Nova Scotia. It was on building healthy Canadians, and it focused on combatting childhood obesity, which is an epidemic now. We had an historic meeting that brought a number of sectors together—the food industry, the health care professionals, the volunteer groups—to look at how we deal with this issue on a broader scale.

● (0905)

Ms. Libby Davies: Madam Minister—

Hon. Leona Aglukkaq: We cannot deal with the health of people one ingredient at a time. It has to be much broader than that—physical activity, obesity, and a number of other problem areas.

Ms. Libby Davies: Madam Minister, on the issue of sodium, it was your own panel of experts that made these recommendations, and the provinces were in agreement. This debate has gone on forever. There have been clear expert recommendations made. It's your government that is now holding up the agreement. We know from the BMJ that Canada blocked the international agreement on a number of issues, whether it was salt, sugar, or trans fats.

Hon. Leona Aglukkaq: That's not true. That's not accurate.

Ms. Libby Davies: Why is your government blocking these agreements and not listening to these experts? The provinces have come to an agreement—

The Chair: That's your time, Ms. Davies. Thank you.

I will now go to Dr. Carrie.

Mr. Colin Carrie (Oshawa, CPC): Thank you, Madam Chair, and my thanks to the minister for being here. You've been busy the last little while and we appreciate your taking the time to come to this committee to answer our questions.

You referred in your opening statement to traditional Chinese medicine. I want to thank you for allowing me to participate in a round table. We all know that Canada is changing, and Canadians want choices. In my own community of Oshawa, I had the opportunity a while back to talk to an Afghan veteran who had an eye problem. He came back home, and he tried everything to find a cure. His brother sent him to a traditional medicine practitioner and within two weeks his eye cleared up.

Canadians are looking for more choices like this, and you're taking a leadership role by talking and listening to different communities. I was wondering if you could explain to us why you decided to set up the committee for traditional Chinese medicine. What is it going to do for Canadians?

Hon. Leona Aglukkaq: Thank you for the question.

Traditional Chinese medicine, also known as TCM, refers to natural health products that Health Canada regulates. There are over 1,400 of them available for sale in Canada. Our government recognizes the unique nature of TCM and wants to hear from the communities their views on these products. So my officials meet regularly with representatives of this industry, but we also held two dedicated round tables in Vancouver and Toronto last fall to hear back from the TCM stakeholders.

Based on what I heard at those discussions, I called for the establishment of a TCM advisory committee, and this committee will provide a single window for TCM community members to interact with my department to bring their views and concerns forward. The advisory committee is being established in recognition of the unique characteristics of TCM. It also acknowledges the concerns of the TCM community about the appropriateness of the western medicine model for these products.

The mandate of the new committee is to provide my department with advice on current and emerging related issues on TCM, including the importation, sale, and use of TCM in Canada. Potential members have been identified from a cross-section of key stakeholder groups, including the industry, TCM practitioners, consumers, and patient groups. The advisory committee will have their first meeting sometime this spring, and I'm looking forward to hearing their views on this very important issue.

Thank you.

● (0910)

Mr. Colin Carrie: Me too, because like I say, Canada is changing. We're also seeing a huge demographic shift on the part of the baby boomers. I think they said this year is the first year that baby boomers are turning 65.

We've just finished up a study here on the health committee on chronic diseases and aging. We heard a lot about our health care system and how it evolved into an acute care system, and it seems we're going to be having to shift into a more chronic care system. We heard of the expanding incidence of things like diabetes, heart disease, and arthritis, and how many of these conditions are preventable.

I was wondering if you could tell our committee what the government is doing to help prevent these chronic diseases in Canada.

Hon. Leona Aglukkaq: Our government understands the burden that chronic diseases place on Canadians and the health care system. As I stated in my comments, we are committed to reducing their impact. We are helping to create the conditions for healthy aging by preventing and delaying the onset of chronic disease. We are also helping to prevent the complications when those diseases occur. This is achieved through a number of federal investments, initiatives that allow us to better understand the wide range of factors associated with aging. As an example, we launched the $15 million four-year national population health study of neurological conditions in collaboration with Neurological Health Charities Canada. This study will cover a wide range of neurological diseases such as Alzheimer's disease, dementia, and Parkinson's.

As well, the CIHR, through the Canadian longitudinal study on aging, will examine health and socio-economic issues of Canadians aged 45 to 85 over the next 20 years. In addition to filling the knowledge gap, our government is working with a wide range of partners to provide information and tools to promote healthy aging and prevent chronic disease. Preventing chronic disease and promoting healthy, active living are themes that cut across all of our disease strategies, including the Canadian partnership against cancer, the Canadian diabetes strategy, the Aboriginal diabetes initiative, the national lung health program, and the Canadian heart health strategy and action plan.

In addition to that, as I mentioned earlier, there was the federal-provincial-territorial meeting that endorsed the declaration on prevention and promotion in September 2010, which gives priority to the promotion of health and the prevention of disease, disability, and injury. Through the age-friendly communities initiative, we're also working with the provinces and the territories to bring older Canadians into the planning and design of their communities to create a healthy, safe, supportive environment where they can live and thrive. Those are examples of initiatives.

Thank you.

● (0915)

The Chair: Thank you very much, Minister.

We'll now go to Dr. Fry.

Hon. Hedy Fry (Vancouver Centre, Lib.): Thank you very much, Madam Chair.

I want to thank the minister for coming to answer questions today, and to discuss the supplementary estimates.

I want to go straight to something that my colleague, Libby Davies, from the NDP talked about. I see that one of the major points made by the minister is that maintaining a healthy weight and a healthy diet, as well as doing regular exercise, will ensure the numbers of health-related issues in this country, including chronic diseases, go down.

The minister then went on to discuss the importance to the health care system of decreasing chronic disease and managing chronic disease well. The minister also spoke about signing a health promotion and disease prevention initiative and focusing on that.

I know, as the minister said, that there are more than 10 ways to skin a cat. But the only really important way to skin the cat is the one in which evidence has proven is the most effective way to skin the cat. We know that the most effective way to get healthy weights in this country and to bring down chronic diseases, such as diabetes caused by obesity, chronic heart disease, is to look at three very important issues: salt, trans fats, and sugar.

The minister absolutely has in her power the ability to mandate those amounts. Her own department has told her so. Advisory committees have told her so. All of the health care providers she's met with have told her so.

I'd like to know why the minister doesn't follow evidence-based decision-making in her department. It would seem to me that all of this is just a lot of talk, which we have been hearing since 2006, and nothing has been done to deal with this most significant issue.

I would like to know why the minister has in her power the ability to do this and has done absolutely nothing about it.

There is a second thing I want to ask the minister. She talks about money being spent on HIV/AIDS for a vaccine. This is good. This is very good. But is the minister aware of the fact that in British Columbia there is a proven, again evidence-based, drug that will not only treat the patient who has HIV, but by the second dose will bring down the viral load so completely that HIV will be prevented from then on. If I could not think of a better way to look at something in place of a vaccine while we're waiting for a vaccine, that's the way to do it.

I would hope that the minister would work with provinces to talk about a way of ensuring that this is part of a major HIV/AIDS strategy. It's called the HAART program. British Columbia is spending $18 million a year to treat every single person who is HIV-positive. This is a smart, evidence-based way of doing things.

So that's the second thing I want to ask the minister about.

There is a third thing I want to ask the minister. She talks very much about the crown and first nations model of health governance. Since the money for the aboriginal healing fund was transferred from the aboriginal communities into Health Canada, can the minister give me an update on how that aboriginal healing fund has progressed within Health Canada? How much of that has gone to actual aboriginal communities to work on healing, to make a difference?

In fact, INAC originally told us it was so effective they hoped this fund would continue within aboriginal communities. Health Canada should give evidence to me about the outcomes that are better than the aboriginal healing fund outcomes.

Finally, on personal health, the minister talked about a genetic profile and that you cannot pick different things to solve a problem. Well, does the minister believe that genetic profiles are the only things that cause disease? What about poverty and unemployment? What about the environment? What about smoking? What about obesity? What about alcohol? Those are things that also create disease, not merely your genetic profile.

If the minister has that kind of money to spend, I would like to know why the minister isn't dealing with bringing down chronic diseases.

Hon. Leona Aglukkaq: On the issue of the sodium conversation, our government has taken a number of steps to help Canadians make healthy food choices, including mandatory nutrition labelling that requires that sodium content be declared. We have also revised Canada's Food Guide. Consumer information on Health Canada's website is also available.

We have also released a national sodium reduction message, in October 2011. The provincial, territorial, and federal partners, in collaboration with industry and health and other stakeholders, are working together to lower the sodium intake of Canadians to 2,300 milligrams per day by 2016. We are on target and we are moving forward.

Health Canada, with its partners and stakeholders, is moving on three fronts to reduce sodium consumption. That includes education, awareness, and guidance to industry on efforts to reduce sodium in processed food, and research—

● (0920)

Hon. Hedy Fry: Minister, we only have seven minutes, and with all the respect in the world—

Hon. Leona Aglukkaq: The sodium-reduced diet is part of broader efforts to improve the healthy outcome—

Hon. Hedy Fry: —could you answer my question about why you have not gone to mandatory—

Hon. Leona Aglukkaq: —so we are moving forward in the area of sodium reduction.

In the area of tobacco, it was this government that introduced the legislation. My first legislation was to deal with big tobacco marketing their products to children. That legislation was passed, and we have seen a significant reduction in young people smoking in this country. It's the lowest it's ever been. We're quite proud of that, and we continue to move forward in tobacco warning labels.

As an example, we are working with the provinces and territories to combat this issue. These are the collective efforts of provinces and territories in reducing smoking by our young children.

In the area of evidence-based HIV...I think the initiatives that we have undertaken—in partnership, again, with the Bill and Melinda Gates Foundation—are to pull together the experts in developing a vaccine. After 25 years of doing research in areas of HIV, we were concerned that the investments we were making were not resulting in the production of an HIV vaccine. So in partnership with the Bill and Melinda Gates Foundation, we pulled together the experts, to focus the experts and the resources we have, in coming up with a vaccine. This is, again, an innovative way of dealing with and moving forward in addressing the issue of developing a vaccine for HIV/AIDS.

The Chair: Thank you, Minister.

Now we'll go to Mr. Gill and Mr. Brown.

Mr. Gill will begin.

Mr. Parm Gill (Brampton—Springdale, CPC): Thank you, Madam Chair.

I also want to thank the minister for taking the time out of your busy schedule to be with us here today, and also all the officials.

I also had the opportunity to participate in the drug shortages debate that we had last night. I want to thank Health Canada for the role it is playing and also, under the leadership of the minister, for doing a tremendous job. I have full confidence that issue will be addressed in the very near future.

My question, Minister, is related to obesity. Canada is facing an obesity epidemic. I understand that addressing childhood obesity is a complex problem, but I believe it is critical we do so. I believe that all sectors of society and all levels of government will have to work together to find the solutions.

I understand that you recently participated in a summit on healthy weights. What was that all about, and will it help us to address this issue?

Hon. Leona Aglukkaq: Thank you, and thank you for participating last night in the debate.

Reversing the trend in childhood obesity is very important. The World Health Organization declared last year that obesity is a global epidemic now—not tomorrow—today.

As you've mentioned, it will require action from all sectors of society, all levels of government, the private industry, the communities, the families, and individuals. I'm very happy to say that all these groups were at the summit I hosted this past month.

We recognize that we all have to work together, and that was the key point at the summit. I am therefore happy to say that Canada's ministers of health made the commitment to also work together with other sectors of society to address the issue of obesity.

The summit was another important step in creating the conditions that will help children, youth, and their families achieve healthy weights. It was an important step in continuing our efforts to take action across sectors to reduce childhood obesity in Canada. It followed the dialogue held last year, “Our Health Our Future: A National Dialogue on Healthy Weights”, which engaged Canadians in a conversation about approaches to tackling the obesity challenges we face.

The summit also challenged us all to think outside the box. We laid out the foundation of new ways to promote healthy weights. We owe it to our children and our youth to give them the healthiest possible start in life. This conference was historic, but I can say that there are great initiatives occurring across the country, in partnership with provincial and territorial ministries, in addressing the epidemic of obesity that we are seeing in Canada. This conference was the first of its kind to address that very important issue.

Thank you.

● (0925)

Mr. Parm Gill: Thank you very much.

I'd like to now share my time with Mr. Brown.

Mr. Patrick Brown (Barrie, CPC): Minister, a few years ago we had a chance to meet an individual from Barrie by the name of Derek Walton, who had been living with ALS for eight years. I know that Derek is part of a growing number of Canadians who have neurological disorders. The *Rising Tide* report from the Alzheimer Society certainly illustrated that neurological disorders are becoming a greater challenge for our health care system every year.

I know that I was impressed, as I think most parliamentarians were, by the $100 million brain trust that this government announced. Could you outline a little bit what that brain trust will mean for our battle against neurological disorders in Canada?

Hon. Leona Aglukkaq: Thank you for your question.

As you know, this is Brain Awareness Week. I'm very pleased to speak on our efforts to support brain research. This government understands the importance of brain research for the one in three Canadians who will be affected by a mental disease or disorder in their lifetime.

Diseases such as Alzheimer's, Parkinson's, and spinal cord injury lead to a profound deterioration in quality of life. Equally important, they have a profound impact on patients' families as well as caregivers. We are committed to supporting research and initiatives to continue the research for new treatment, prevention, and cures. We are committed to supporting initiatives that could eventually relieve social and economic burdens and relieve suffering.

The CIHR makes significant investments in neuroscience and mental health research. For its part, the Public Health Agency of Canada adds to the understanding of brain disease and mental disorders by also administering the national population study on neurological conditions.

Canada is regarded as a leader in neuroscience. We've signed an international MOU with France, Germany, and the U.K. on Alzheimer's research. Our universities pursue world-class and cutting-edge research. Our NGOs, such as Brain Canada, are establishing a strong infrastructure to support research in this area. But we also understand that more can be done.

Mr. Patrick Brown: I assume I have a little bit more time, Madam Chair?

The Chair: No, your time is pretty well up. Thank you, Mr. Brown.

We'll now go into our five-minute second round.

We'll begin with Ms. Quach, for five minutes.

[*Translation*]

Ms. Anne Minh-Thu Quach (Beauharnois—Salaberry, NDP): Thank you, Madam Chair.

I thank the Minister of Health for being here this morning to discuss supplementary estimates (C).

I would also like to thank her for having participated in the emergency debate suggested by my colleague Libby Davies, the debate which took place yesterday, on the drug shortage. However, the debate turned out to be rather sterile, since the government seems to want to avoid any responsibility in the matter. And yet, the Minister of Health stated that she wanted to work to accelerate the approval process for new suppliers, so as to help the provinces to make better decisions.

She claims to be proactive with regard to legislation, and yet the medication shortage is a recurring problem. In Quebec alone, according to data from the Institut national de l'excellence en santé et en services sociaux [institute for excellence in health and social services], in 2010, there were 116 shortages. So, we have a problem: there is no long-term plan. If there were one, it should include more regulation, which several provinces and health experts are clamouring for. Over the past few days, they have spoken to the media, both the anglophone and francophone media, from one end of the country to the other.

It is important to point out that in her opening statement, Madam Minister states that “providing Canadians with the information they need to make healthy decisions for their loved ones is key to optimum population health”. And yet, the blame is constantly being put on the provinces and on companies, whereas the federal government has the responsibility to protect health and ensure the safety of treatments, and find tools to “strengthen the health care system”. Once again, that is taken from the minister's opening statement.

Currently, the federal government does not oblige pharmaceutical companies to report their stock decreases. It is clear that the voluntary system whereby they provide information on stocks is not at all producing the hoped-for results, since we are once again facing a shortage.

We know very well that fires or technical problems can occur in any kind of industry. All companies do not release that information regarding their stocks. They choose what information they release. Consequently, several provinces and health experts are unable to obtain information on time. The proof of that is that it took several months before people in Quebec knew about the production slowdown at the Sandoz plant.

Madam Minister, it seems to me that the time has come to take preventive action, rather than doing crisis management to handle events that occur on a regular basis, even if they are spontaneous. It seems to me that there ought to be permanent coordination between the provinces, the federal government, health experts and the suppliers of pharmaceutical products, in order to guarantee continuity in the production and supply chain.

What concrete measures do you intend to take to prevent further shortages? Is it not time to show leadership—that is being called for by everyone, everywhere—and bring in a mandatory information disclosure system, as well as adequate regulation of drugs?

● (0930)

[*English*]

Hon. Leona Aglukkaq: Thank you, Madam Chair.

I'm going to start off and then pass it on to my officials, who have been working with the provinces and territories and the industry to respond to the latest situation with Sandoz.

As I stated last night and in a number of conversations, we need to work in partnership with the provincial and territorial health ministers on this very issue. We cannot ignore the fact that the provinces and territories deliver health care. My job is to work with the jurisdictions to provide support in responding to the situation they find themselves in.

Through this process, as I stated last night when we started dealing with the issue of Sandoz, we provided to the provincial and territorial health ministries a list of companies in Canada that are already approved to produce the drugs Sandoz can no longer produce.

[*Translation*]

Ms. Anne Minh-Thu Quach: Madam Minister, that is a very short-term solution.

[*English*]

Hon. Leona Aglukkaq: That information was provided to provinces and territories, and it's up to each jurisdiction to move forward to purchase them.

The other thing that needs to be made clear, again, is that the provinces and territories deliver health care. They provide services to their citizens. They know what drugs and products they use.

[*Translation*]

Ms. Anne Minh-Thu Quach: Yes, and the federal government has a responsibility to ensure the provision of health care.

[*English*]

Hon. Leona Aglukkaq: At the same time, they have a contract with industry to determine what those contracts are. I do not have access to the provinces' and territories' contracts with their drug suppliers, as to whether there's a provision in the contract or not.

[*Translation*]

Ms. Anne Minh-Thu Quach: No, but you can create laws to protect the provinces from all of these shortages.

[*English*]

Hon. Leona Aglukkaq: If there's a provision in the contract for the industry to provide notice to the province when they're going to shut down production or slow down production or are not going to be able to provide drugs, that question needs to be answered by the provinces and territories. They have the contract. I do not. Our role has been to provide the support to the provinces and territories in identifying the other companies in Canada that they can go to. At the same time, we have a process in place within Health Canada as a regulator to be able to move very quickly on approving drugs in Canada, which may be a need for each jurisdiction.

A lot of work has gone into this process. I will have Paul Glover elaborate a bit more on that.

Hon. Hedy Fry: I have a point of order, Madam Chair.

The Chair: Yes, Dr. Fry.

Sorry, Minister, my apologies.

Hon. Hedy Fry: Thank you very much.

Madam Chair, the minister has been kind enough to come here. The reason the minister is here is so she can answer questions put by this committee on issues that we consider to be of importance. I think it is inappropriate for the chair to continue to stop a member of this committee who feels that her question is not being answered and wishes to redirect the question—

● (0935)

Hon. Leona Aglukkaq: It's probably not the answer you want to hear.

Hon. Hedy Fry: Madam Chair, the minister cannot respond if I'm making a point of order.

Listen, Madam Chair, I have not finished my point of order—

The Chair: Dr. Fry, this is no point of order. I'm sorry, you are finished. This is not a point of order.

We'll now go to Ms. Block.

Ms. Block, you're next. Thank you.

Mrs. Kelly Block (Saskatoon—Rosetown—Biggar, CPC): Thank you very much, Madam Chair.

I would like to welcome all of our guests here today as well as our minister. I'd like to thank you for the very good work you're doing on behalf of Canadians.

As you are aware, in the spring of 2010—

Hon. Hedy Fry: I have a point of order, Madam Chair. I brought up a point of order. I did not get a response from the chair—

The Chair: With all due respect, you're talking over me, Dr. Fry —

Hon. Hedy Fry: If the chair is ruling me out of order, I would like to challenge the chair—

The Chair: You do not have a point of order—

Hon. Hedy Fry: Madam Chair, while I'm speaking I would really appreciate it—

The Chair: This is a debate; you do not have a point of order.

Hon. Hedy Fry: —if you would allow me to finish my sentence. If the chair is saying that I am not in order, then I would challenge the chair—

The Chair: Dr. Fry, could you state which standing order or practice you consider to have been breached right now for your point of order? Could you tell me what that is?

Hon. Hedy Fry: Madam Chair, this is not really about a breach of anything. It's about the principle behind your not allowing questions to be appropriately asked—

The Chair: You do not have a point of order. You can't just talk right now—

Hon. Hedy Fry: You intervene every time a questioner is asking a question and you continue to stop the process from actually occurring—

The Chair: Dr. Fry, I'm trying to explain this to you.

Hon. Hedy Fry: Well, I would like to finish my sentence, Madam Chair, because you speak over me, and I don't think that's very polite or appropriate—

The Chair: That's because you keep going on and on without stopping, and everything is being held up—

Hon. Hedy Fry: When I make a point of order, I expect you to listen to my point of order. At the end of the point of order, you can then respond. That is how it works.

I would appreciate it if the chair would understand what she's doing by intervening every time someone wishes to clarify a question with the minister. This is an inappropriate way of dealing with the whole concept—

The Chair: Rulings are not subject to debate, Dr. Fry.

Hon. Hedy Fry: —of question and answer.

The Chair: We'll go to Ms. Block.

Mrs. Kelly Block: Thank you very much, Madam Chair.

As I was saying, you are probably aware that in the spring of 2010 an all-party parliamentary committee on palliative and compassionate care was formed after a private member's bill was defeated, which called upon the government to legalize euthanasia. Obviously, this committee was formed as a response to recognizing that. It was not enough to just defeat that bill, but we needed to take a look at end-of-life care and provide compassionate care to those who were in a palliative state. This past fall a report was published called *Not to be Forgotten*. It focused on palliative care, suicide prevention, and elder abuse.

My question for you, Madam Minister, is this. What is our government doing in regard to advancing palliative care for Canadians?

Hon. Leona Aglukkaq: Thank you for the question. Health Canada works with a range of palliative care experts and other stakeholders on initiatives to enhance Canada's capacity to provide quality palliative and end-of-life care. We're investing in the establishment and implementation of national quality standards for palliative care services. We're helping to ensure that all doctors, nurses, and social workers graduate with a core knowledge of how to care for people at the end of life.

We have also been investing money over the past decade to foster the promotion of knowledge sharing and public awareness, and we've invested significant funds through the Canadian Institutes of Health Research to help build capacity for palliative care research across Canada. More recently, this government is pleased to provide a one-time funding of $3 million to support the development of community-integrated palliative care models. The provinces and the territories are primarily responsible for the delivery of palliative care.

While the federal, provincial, and territorial governments have their respective areas of responsibilities, our collective goal is to facilitate access by Canadians to quality palliative care services across a variety of settings.

Thank you.

● (0940)

Mrs. Kelly Block: Thank you very much.

You mentioned in your opening remarks the issue around the debate that's been taking place publicly about multiple sclerosis, and we know that Canada has one of the highest rates of MS in the world. I come from Saskatchewan, and I'm sure you're aware of the work that our provincial government is doing in providing some of the funding of clinical trials. I know you spoke to it, but you probably couldn't cover everything in the short period of time that you had to make your opening remarks.

I just wanted to give you an opportunity to expand further on the work that our government is doing, perhaps even on the monitoring system that has been initiated.

Hon. Leona Aglukkaq: Thank you for the question.

Multiple sclerosis, or MS, is the most common neurological disease affecting young adults in Canada. Every day three or more people in Canada are diagnosed with MS. In fact, Canadians have one of the highest rates of MS in the world. Our government knows that action is necessary, and that is why we are funding research towards more effective treatment and ultimately a cure.

We have invested about $55 million in MS-related research to date. We are also investing more broadly in neurosciences and stem cell research—areas that are increasing our understanding of neurological diseases and expanding the potential for therapies.

We have made significant investments in neuroscience research and stem cell research in the last couple of years, and the funding is supporting our top health researchers, such as Dr. Wyse of the University of Calgary, whose fundamental research in the area of neural stem cell has been built upon by the neurological researchers, not just in Canada but around the world.

Based on the advice of scientific experts, our government decided in June 2011 to proceed with clinical trials to test the safety and efficacy of the CCSVI procedure. CIHR is currently selecting the research team who will conduct this clinical trial. The funding for the study will start as soon as May of this year. We're also establishing a monitoring system to capture better information on MS patients, including those who go outside of the country for treatment. The monitoring—

The Chair: Thank you, Minister. Sorry to interrupt you, Minister. We're running out of time.

Please go ahead, Dr. Sellah.

[*Translation*]

Mrs. Djaouida Sellah (Saint-Bruno—Saint-Hubert, NDP): Thank you, Madam Chair.

Thank you to the minister and to the officials for appearing before the committee.

Given the issues raised by my colleagues, such as the drug shortage, which we discussed with the minister during her previous visit, and the well-known issues of salt reduction and the regulation of energy drinks, I have a great deal of trouble believing that public health is a priority with this Conservative government.

This government has always been clear: it has asked the various federal departments and organizations to prepare budget reduction scenarios of 5% and 10%. Each one of you has received various scenarios prepared by the government, and you are only waiting for the March 29 budget to know the extent to which your budgets and employees are going to be affected.

This committee has repeatedly heard testimony on health promotion and disease prevention, as well as the crucial role of the Public Health Agency of Canada in the prevention of several diseases and conditions, and I am concerned about possible cuts in your budget, Madam Minister.

In her testimony before our committee, Ms. Elmslie, from the agency, in fact referred to an excellent investment. She spoke about the Aboriginal Head Start in Urban and Northern Communities program, a program that seems primordial when we know to what extent aboriginal people are affected—more than the Canadian average—by chronic diseases.

Can you guarantee to the committee that the Public Health Agency of Canada will not have to truncate its programs after the tabling of the budget on March 29? Failing that, can you guarantee that it will be able to fulfil its mandate? The committee has heard several witnesses testify on the importance of prevention and the role the agency should play in that regard.

● (0945)

[*English*]

The Chair: Minister, I'm sorry, but we're just about out of time. I know you have to leave at a quarter to, so could you respond to Dr. Sellah's question? Thank you.

Hon. Leona Aglukkaq: Thank you.

I think our government has made it very clear to the provinces and the territories, which deliver health care, that we would not cut health transfers to respective jurisdictions. It was made very clear by the finance minister when he met with the finance ministers in British Columbia that health transfers will not be cut. In fact, they have predictable and long-term funding, which each jurisdiction that delivers health care can use to do their own planning in the future.

In terms of Health Canada, along with the federal departments and agencies, we have been engaged in efforts to support the Government of Canada's goal to return to a balanced budget. When we developed our cost-saving proposals for this government, we took a close look at how we conduct our business and how we can best continue delivering our core mandate of protecting the health and safety of Canadians. Departments were asked to provide the proposals. Again, the final decision will be made when the budget is delivered this month.

Thank you.

The Chair: Minister, we all want to thank you so much for attending today and for your very thorough answers. I know that department representatives are going to stay and continue to answer questions, so I will just suspend for a minute to allow you time to get to your further duties.

Thanks again. We really appreciate it.

Hon. Leona Aglukkaq: Thank you.

The Chair: We'll suspend for one minute.

● (0945)

(Pause)

● (0945)

The Chair: We'll begin again.

Thank you so much to the Health Canada representatives and the representatives from the Public Health Agency of Canada.

The presentation was already made by the minister, so what I'm going to do is just go straight into the questions. I think that's fair enough, and it will give us more time.

Does the committee agree to just going straight into the questions rather than to any more presentations?

Some hon. members: Agreed.

The Chair: Okay. We will begin with Dr. Morin.

Mr. Dany Morin (Chicoutimi—Le Fjord, NDP): Thank you very much.

The residential school system represents a shameful part of Canada's history, and we've since been forced to apologize for it. While the government's apology was certainly historic, its actions since then have done little to improve the lives of first nations in Canada. As with many things done by this government, words, sadly, were louder than actions.

As a result of continued government inaction, the suicide rate in aboriginal communities is reaching epidemic proportions in some regions of Canada. Survivors are angry and outspoken. They expect Canada, they expect Ottawa, to work with them to find long-lasting solutions for themselves and their children.

Enough is enough. When will this government stop wasting everyone's time and finally implement the recommendation of the Truth and Reconciliation Commission on the extension and enhancement of health support services?

● (0950)

The Chair: Ms. Yeates.

Ms. Glenda Yeates (Deputy Minister, Department of Health): Thank you.

The member raises a very important question. We are all very much focused on providing the kinds of supports for communities and individuals that we know are needed.

There are two things I would mention in response to the member's question about what we're doing at Health Canada as part of this process.

Budget 2010 expanded five years of coverage, essentially, for a series of prevention programs in a number of areas, including mental wellness, early childhood development, and youth suicide prevention, for example. We have a number of programs across the country. Some are in very targeted communities. For example, on youth suicide, we're working with 160 communities very specifically on this issue to try to provide prevention and support to communities. It varies community by community.

Our regions work with individual first nations and the people in those communities, and in some cases the AFN and others, to try to tailor the supports needed.

The member also raised the issue of the truth and reconciliation process. We are working very closely with that process to provide the supports we know are needed. As individuals come forward as a part of that process, they themselves need support. We've been working very closely to provide those supports. When the reconciliation commission is in a centre having discussions or hearings, we are very much there providing both health professional support and traditional support. The court has indicated that we must provide these. We are working very hard and have had some very good comments on the support we're providing under some very challenging circumstances, obviously.

[*Translation*]

Mr. Dany Morin: Will the Minister of Health implement the three recommendations—I could read them—of the Truth and Reconciliation Commission?

Ms. Glenda Yeates: I do not have those recommendations with me, Madam Chair, but we work very closely with the commission. We are going to study the recommendations and do everything we can to help and support people who need those services.

Mr. Dany Morin: I will continue on the topic of aboriginal populations.

The 2012-2013 main estimates indicate that there will be a decrease in the contributions for First Nations and Inuit primary health care over 2011-2012. I find this rather surprising. There is a decrease from $684.5 million last year to $665.3 million this year. Does this $20 million decrease reflect a drop in your commitment to the priority given to first nations in Canada? We saw this with Attawapiskat—there is no shortage of needs in these communities. Why are you saying that these aboriginal populations do not deserve those $20 million this year? Would it be in order to pay for the fighter jets?

Ms. Glenda Yeates: It is very important for you to know that we are focused on primary health care for aboriginal communities. It is one of the most important aspects of our mandate in remote communities situated far from locations where provincial services are dispensed, for instance. There are communities that are very close to cities, whose members can access provincial services. Several of our communities are located very far away from urban centres and we must ourselves provide primary health care in those communities. We work with the aboriginal communities.

I can assure the committee that there is no budget decrease in that area.

● (0955)

[*English*]

I'll just mention that we have in some cases supplementary estimates. In fact, before the committee today are both the main estimates for the following year and also supplementary estimates (C), which are the last set of estimates for this year.

Because the primary care services are very important, we sometimes adjust them from year to year, and we would typically review those. Those would come later in the supplementary estimates. Just as last year I think the committee raised the question, not all of the moneys for our primary care nor some of our initiatives were in our main estimates, those are things for which we review the precise need levels and then we make adjustments.

We can assure the committee that there is no reduction planned for primary care service levels. This really reflects the budgetary process rather than a diminution of service.

The Chair: Thank you, Mr. Morin.

Mr. Strahl.

Mr. Mark Strahl (Chilliwack—Fraser Canyon, CPC): Thank you very much to all of the officials for being here today.

My question is about the medicinal marijuana directorate, the system that Health Canada has responsibility for. In my riding, which includes the city of Chilliwack, it's a very big issue. Medical marijuana is being grown in residential settings. The local government is very concerned that they aren't allowed to really know where things are and about the threat to public safety when a medical marijuana grow op is found.

We're now finding that organized crime is becoming a problem. They're latching onto those folks who have a licence. There are concerns about neighbours being misidentified as having a grow op.

I was encouraged when I heard about the minister's initiative to make it easier for patients to go straight to a doctor and get prescribed medicinal marijuana, but I was also encouraged to hear that we were looking to move medicinal marijuana grow operations out of residential settings altogether.

I'm hoping you can provide the committee with an update on that program and perhaps give us some timelines—I know the consultation period has ended—so that communities like Chilliwack and others can know what the future holds for that program.

The Chair: Who would like to take that particular question?

Ms. Yeates.

Ms. Glenda Yeates: This is also a very important program within Health Canada, so I'm very pleased to bring the committee up to date on the progress. As the member mentioned, we hear a number of concerns as well. I would say they fall into two categories. In one case, individuals are often concerned about whether we're able to approve their requests in a timely way. I'm happy to report to the committee at this time that the number of users has been growing significantly, so we have staffed up. We are in fact meeting our timelines—less than ten weeks—for approvals. We are now in a position, I'm happy to report to the committee, of doing those in a timely way.

That's one set of concerns we often hear, but the other is the one the member raised, which is whether we have the right model, essentially. As was mentioned, we have been hearing concerns about the program perhaps being open to abuse or exploitation. We've heard concerns about the municipalities and police or fire officials. That's the reason why, in a sense, we've put forward for public consultation a proposed set of changes that would look to perhaps treating medical marijuana more in the way we treat other medications, for example. So we've put that proposal out for consultation.

We've had a number of very excellent comments back. We've been doing focus groups as well, so in addition to the public consultation, we wanted to make sure that we heard specifically, for example, from physicians, from municipalities. We've been talking to the provinces and territories, so we're trying to make sure we get that input as well.

Those two processes of consultation have just wrapped up, as was mentioned, and we're now in the process of working through what we heard in response to the proposal we put out. I think it's fair to say that once the government has considered that, it will then make its decision about how we move forward. I think we're also thoughtful that if we do make a change here, as has been proposed in our consultation document, it won't be an immediate one. It will take some time to transition from one system to another.

So in terms of timing, we're pulling together the analysis now. Once the government makes a decision, part of that will obviously deal with the appropriate way to transition from one system to another.

● (1000)

Mr. Mark Strahl: A lot of members here have met with firefighters. I know the fire chiefs will be here again tomorrow. Dr. Butler-Jones, they've raised concern about the priority for vaccinations like an H1N1 situation; they weren't considered a priority in the first round of immunizations.

I'm wondering what goes into that decision-making process, that ranking, and if any thought has been given to first responders like firefighters, getting them moved into that top rung.

Dr. David Butler-Jones (Chief Public Health Officer, Public Health Agency of Canada): Thanks very much for the question, because it's one of those eternal questions. The principles that underlie the recommendations in terms of priority are those who are most likely to be seriously ill or die, so protecting life, and then protecting essential functions. Clearly police, fire, first responders, central services, etc., obviously come into the category of essential services, trying to minimize disruption in the face of an outbreak, etc.

With H1, clearly firefighters and others who were at risk of severe disease were in the first tier, but we found that with people of that age, it was not a threat to civil society. If it had been, if they were either at greater risk or there was an issue of access, then clearly they would have moved up the queue.

We also had antivirals, which were very effective, so we found early treatment was particularly effective during the pandemic. Even if somebody—a firefighter, doctor, or whoever—became ill, getting immediate treatment shortened the duration and reduced the severity as well. As it turned out, we were able to manage that without changing the priorities, ensuring that those who were at greatest risk of getting severely ill and dying had first access. In Canada, we essentially wiped out the pandemic before Christmas, which no other country can say.

The Chair: Thank you so much.

Dr. Fry.

Hon. Hedy Fry: Thank you very much, Madam Chair.

I wanted to go back to a question I asked earlier. I wondered if you could give me some information about what the outcomes are in terms of the Aboriginal Healing Foundation, since it has been transferred to Health Canada and moved away from the aboriginal communities.

As you know, it was proven to have been a very successful program within aboriginal communities, and when the evaluation was done by the Department of Indian and Northern Affairs, they decided it should have stayed there. I want to know if that move has made health outcomes better for aboriginal people. How many programs do they have access to? Is the whole fund being used? That's my first question.

My second question is for Dr. Butler-Jones, and it has to do with the HAART program. As you know, in British Columbia, with regard to the treatment as prevention...that was the new drug that has been.... In fact, it's a Canadian celebration, in that Canadians have been the ones who have brought this drug forward, and the World Health Organization thinks it is the best step to take in preventing HIV infection and in dealing with the problem of its transformation, etc. You know what I'm talking about, so perhaps you can answer me.

Ms. Glenda Yeates: Thank you very much for the question.

As I mentioned earlier, I think the issue of support for first nations clients in terms of mental health services and healing is very important.

I should clarify that the Aboriginal Healing Foundation funding was not transferred to Health Canada. It was always intended to be a time-limited program. It reached the end of its time limitation and was not renewed. That is certainly the case.

As that programming wound down, we tried to reach out to the communities that had projects that had been supported by the Aboriginal Healing Foundation to try to connect them to the services I mentioned we have within Health Canada. The funding wasn't transferred, but we do have support programs for mental illness and suicide prevention.

We also have programming under the Indian residential schools resolution health support program. We have specific money tied to that process. We've tried to make sure we are linking individuals in communities with that process as well. That's the activity we've been doing.

● (1005)

Dr. David Butler-Jones: Thank you for the question.

Basically, treatment as prevention is actually an old concept, which is secondary prevention. It's early identification and treatment to minimize the impact of any disease, whether it's through screening, and then early treatment, or, in this case, with HIV/AIDS, the recognition....

It's come clearer in the last while, with Julio's and others' work in Vancouver, that this is an effective way of doing it, but it's one of a series of measures. It's not a substitute for not getting infected in the first place. Clearly, identifying, and people being able to come forward to get diagnosed, to get appropriate treatment, is one part of that. Even in some parts of the world, circumcision is a primary prevention. The development of a vaccine ultimately will be the ultimate in dealing with it.

It really requires a focus on primary prevention—in other words, not getting infected in the first place—early diagnosis and treatment for those who are infected, and appropriate care for what's becoming a chronic disease.

Hon. Hedy Fry: I realize that this is the spectrum of how public health would look at an issue, but to my knowledge, this new drug actually brings the viral load down to zero for as long as that drug is being taken, so that the patient is not able to pass on HIV. That's a significant new development. It's almost as if you've given the person.... Well, “almost”; you know what I mean.

This is not simply secondary prevention. This is actually a new drug that is dropping the viral load to zero.

Dr. David Butler-Jones: It does not cure the disease. It is secondary prevention.

Hon. Hedy Fry: But it's—

Dr. David Butler-Jones: It's a very important thing, but it's not a substitute. In clinical trials, well-controlled clinical trials with close follow-up, we know that it does work. In a population level where people sometimes take their drugs but don't consistently take their drugs, it's not a substitute for not being infected in the first place.

Hon. Hedy Fry: No one is suggesting that. I'm saying that while you're waiting for your vaccine, it is a way to actually bring transmission down to zero.

Dr. David Butler-Jones: Oh, no, absolutely, and we're very much supportive of that identification and coupling it with all the other measures as well. It's a very important finding, there's no question about that. It is not the answer to HIV/AIDS, though; ultimately that will be the vaccine for it.

Hon. Hedy Fry: No, and I'm not asking you about the answer to HIV/AIDS, Dr. Butler-Jones. I'm just asking if you think this is something you could utilize because of its importance in, say, aboriginal communities, or the groups and the cohorts that the federal government is directly responsible for in terms of health care.

I mean, given that the World Health Organization has endorsed it as “the” thing to do currently, right now, to bring down the spread of HIV/AIDS, I'm wondering if you would think of doing it within the RCMP...the aboriginal communities, Inuit communities, etc.

Dr. David Butler-Jones: Clearly it's one of the options. I wouldn't go so far as to say that the WHO says this is the one thing. It is an important tool, and it really requires assessment in the right context for how you're using it. It's very promising.

I'm not arguing with you; it's very promising. But it is not the only answer.

Hon. Hedy Fry: Thanks.

The Chair: You have less than a minute left, Dr. Fry, but that's probably not time for you to do anything.

We'll now go to Mr. Brown.

Mr. Patrick Brown: Just briefly, because I know we're running short on time, I have a question on the CIHR.

I have a constituent, Greg McGinnis, who runs our local Parkinson's chapter. I just wanted to know on his behalf what types of allocations we're making for Parkinson's research and what type of progress we're making.

I know that the CIHR has made a focus on neurological disorders, which is wonderful to see. That was my question to the minister, but I spoke to her more on general terms about neurological research.

In particular for Parkinson's, what type of progress are we seeing in Canada, and are we making any allocations this year?

● (1010)

Dr. David Butler-Jones: If you don't mind, I'll let the people from CIHR speak to that.

Dr. Jane Aubin (Chief Scientific Officer and Vice-President of Research, Canadian Institutes of Health Research): Thanks very much for the question.

I have the numbers from 2010-11; we have committed $8,760,000 to Parkinson's specifically.

Mr. Patrick Brown: Perfect.

Do you have any information on the type of research we're funding for Parkinson's?

Dr. Jane Aubin: I don't have that with me, but I can get it and provide it to you.

Mr. Patrick Brown: Thank you.

The Chair: Thank you so very much.

Now we'll go directly to the voting on the main estimates.

I want to thank our witnesses for being here.

Did you have something, Ms. Davies?

Ms. Libby Davies: Just before you go to the vote, I know that the supplementary estimates are in effect done, so we're not really dealing with that. Just as a matter of information—

The Chair: Yes.

Ms. Libby Davies: —we are dealing with the main estimates, and they actually don't have to be reported back until the end of May, so what I would like to suggest, and I will move, is that we defer voting on the main estimates. We know that the budget is coming up and, based on what we see in the budget as it impacts health care, I think it's possible that we may want to call back the minister relative to the budget as it affects the main estimates.

I would like to move that we defer that, because we will still have an opportunity to vote on it later.

The Chair: Are there any comments on that motion?

Dr. Carrie.

Mr. Colin Carrie: Well, it is unusual. I think we would like to actually vote on the estimates today.

The Chair: All in favour of voting on the estimates, raise your hands.

Mr. Colin Carrie: No, I—

Ms. Libby Davies: Actually, it would be my motion.

The Chair: Oh, I'm sorry. Go ahead.

Ms. Libby Davies: The motion would be as follows: that we defer the vote on the estimates until after the budget to allow the committee the opportunity to invite the minister back should there be issues arising out of the budget as it relates to the estimates.

I hope that's clear.

The Chair: Thank you, Ms. Davies. Yes, it is clear.

Is that clear to everybody?

Let's go to that vote.

Ms. Libby Davies: I'd like a recorded vote, please.

The Chair: Okay.

Please go ahead.

(Motion negatived: nays 6; yeas 5)

The Chair: The motion is defeated. We'll now go to the voting on the main estimates.

Ms. Libby Davies: Can we do it on division?

The Chair: Yes, if you want to.

HEALTH
Health
Vote 1—Operating expenditures.....$1,742,385,000
Vote 5—Capital expenditures.....$28,158,000
Vote 10—Grants and contributions.....$1,442,233,000
Assisted Human Reproduction Agency of Canada
Vote 15—Program expenditures.....$9,926,000
Canadian Institutes of Health Research
Vote 20—Operating expenditures.....$49,057,000
Vote 25—Grants.....$922,269,000
Hazardous Materials Information Review Commission
Vote 40—Program expenditures.....$3,926,000
Patented Medicine Prices Review Board
Vote 45—Program expenditures.....$10,780,000
Public Health Agency of Canada
Vote 50—Operating expenditures.....$365,951,000
Vote 55—Capital expenditures.....$17,133,000
Vote 60—Grants and contributions.....$200,560,000

(Votes 1, 5, 10, 15, 20, 25, 40, 45, 50, 55, and 60 agreed to on division)

The Chair: Shall I report the main estimates 2012-13 to the House?

Some hon. members: Agreed.

The Chair: That is carried. Thank you so much.

Thank you to our witnesses today for joining us.

We will now go in camera for a business meeting. I'll suspend for one minute. Thank you.

[*Proceedings continue in camera*]

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