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The Honourable Michael Chong

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•(0845)

[Translation]

The Chair (Hon. Michael Chong (Wellington—Halton Hills, CPC)): Welcome to the 12th meeting of the Standing Committee on Official Languages. We are here today, pursuant to Standing Order 108, to continue our study on the evaluation of the Roadmap regarding improving programs and service delivery.

Today we will hear from representatives of three groups. From the Consortium national de formation en santé, we have Ms. Lalonde and Ms. Gagnon. Welcome to you. From the Fédération des francophones de la Colombie-Britannique, we have Mr. Roy and Ms. Sotteau. Welcome to you. From the Société Santé en français, we have Ms. Rivet, Mr. Fortier and Mr. Schofield. Welcome, everyone.

We'll begin with the representative of the Consortium national de formation en santé.

Mrs. Jocelyne Lalonde (Executive Director, Consortium national de formation en santé): Mr. Chairman, committee members, dear partners who are here today, on behalf of the board of directors of the Consortium national de formation en santé and myself, I want to thank you for this opportunity to present the major initiatives and results that CNFS has been able to achieve thanks to the financial contribution from, and the exceptional collaboration with, Health Canada as part of the Roadmap for Canada's Linguistic Duality.

Following our presentation this morning, the committee will be convinced that CNFS has enabled the Government of Canada to fulfil the commitments set out in the Roadmap for Canada's Linguistic Duality with regard to improving access to high-quality French-language health services in francophone minority communities by means of enhanced training for francophone and bilingual health professionals and researchers throughout the country.

Thanks to its wide range of training and research activities, the CNFS has been able to ensure quality and range of access to French-language health services in francophone minority communities in light of the upcoming renewal of the Roadmap. The CNFS is eager to build on this solid foundation and, with the support of the federal government, meet the evolving needs of those communities.

It was the work of an advisory committee established by the Department of Health in 1999 that led to the creation of the CNFS in 2003. Sponsored by Health Canada, the CNFS was created as part of the Action Plan for Official Languages and continues to operate as part of the Roadmap. The mission of the CNFS is to ensure the establishment of an expanded postsecondary network of training and

research in French in order to support the postsecondary institutions that offer health training programs and the researchers who are working in the health field.

The CNFS is a consortium of 11 university and college education institutions offering training programs in French in various health disciplines and six regional partners that facilitate access to those programs. The CNFS also has a national secretariat in Ottawa.

The CNFS engages in a wide range of activities classified under four strategic axes. First of all, there is recruitment. We have to support and reinforce efforts to promote health careers and student recruitment. Recruitment faces some significant challenges. For one thing, the pool of young francophones potentially interested in postsecondary studies is decreasing and competition from anglophone institutions is fierce. Over the next few years, promotion of and recruiting into CNFS French-language health programs must be increased in order to attract francophones as well as francophiles, and youth as well as adults.

The main goal of the training axis is to promote the maintenance, development and consolidation of existing training opportunities and institutional training partnerships. Since the Roadmap was implemented, it has made it possible to introduce 15 new French-language health programs, for a total of 48 new French-language health programs in Canada since 2003. In addition, since 2008, there have been 3,000 new registrations, 3,000 new students in programs supported by the CNFS and 1,000 new graduates. Since 2003, 6,000 students have registered for French-language health programs in our francophone communities. Nearly 3,000 of that number have now graduated and are working as professionals providing services in our communities. According to a survey we conducted, 86% of our graduates are working in health institutions and agencies serving our communities, and 79% of them are working in their home province or territory.

As acknowledged in the Roadmap, health human resources for minority communities require particular attention as there are numerous challenges. Francophone minorities are widely dispersed and find it difficult to access training programs.

•(0850)

Whether it be theoretical, clinical, ongoing or linguistic training, the solution lies in the inter-institutional sharing specific to the CNFS, that is to say sharing among various provinces, various institutions, which makes it possible to reinforce all educational institutions.

The CNFS also devotes considerable energy and human resources to health research, which, among other things, makes it possible to facilitate national research projects that examine the health of francophone minority communities. One such project currently has pan-Canadian thematic research teams studying aging and mental health. Unfortunately, the recent decision by the Canadian Institutes of Health Research to terminate the health of official language minority communities research program will have a significant impact on our current and future projects.

Through its established activities and main programs made possible through federal funding, the CNFS has for several years been able to establish significant complementary initiatives in immigration. We are working on remedial training for francophone health professionals who have been trained outside Canada. We are assisting in their integration into the communities and making them aware of specific issues before they arrive in Canada.

Data collected to date demonstrate certain key findings on the impact of CNFS activities and show how well this organization has been able to overcome significant challenges. The main impacts have included: the rise in the number of French-language health training programs and their noticeable effect on the number of francophone and bilingual health professionals serving the communities; the availability of distance education, an approach that provides better access to postsecondary education in French for francophone students in remote and often poorly served communities; increased collaboration on health issues among all involved parties, on a federal-provincial/territorial level as well as on inter-provincial and inter-institutional levels, thanks to the leveraging effect created by federal funding.

Lastly, at mid-point in the current phase, a recent study has shown a marked increase in participation by CNFS universities and colleges in a number of health human resource planning initiatives. Provincial and regional human resource planning authorities are relying more and more on their expertise.

As you can see, CNFS's actions are making a difference in the lives of francophone minority communities. Since the release of the Roadmap, we have consistently surpassed our expectations and objectives, and the pace of our achievements continues to improve. Our numbers of registrations and graduates are greater than initial commitments. This result shows an undeniable return on the Government of Canada's investment.

The CNFS is therefore making a tangible contribution toward improving access to high-quality French-language health services by increasing the number of francophone and francophile health professionals throughout the country, thus contributing to the development and well-being of francophone minority communities.

The CNFS has worked hard to earn its status as the undisputed leader in postsecondary health training and research in French. In light of the upcoming renewal of the Roadmap and the Health Accord of 2014, it is essential to remind the federal government to continue to ensure that Canada's linguistic duality is acknowledged in health and service planning and funding for official language minority communities.

The CNFS and its partners, such as the Société Santé en français, are deserving of support for their work and for the consolidation of their foundations in communities across the country. We therefore hope that the recommendations of the Standing Committee on Official Languages will recognize the unique and exemplary model of collaboration that is the CNFS and the importance of training, which is central to the active offer of high-quality health services.

Thank you for your attention.

• (0855)

The Chair: Thank you.

I now give the floor to the representatives of the Société Santé en français.

Dr. Aurel Schofield (Steering Committee Member , Director, Centre de formation médicale du Nouveau-Brunswick, Associate Dean, Faculté de médecine et des sciences de la santé de l'Université de Sherbrooke, Société Santé en français): Good morning, everyone.

My name is Aurel Schofield. I am a family physician in New Brunswick, or at least I was because now I am director of the Centre de formation médicale du Nouveau-Brunswick and associate dean of the Faculté de médecine et des sciences at the University of Sherbrooke for the francophone Atlantic region.

With me are Colette Rivet, executive director of the Société Santé en français, and Denis Fortier, who is a physician in Manitoba, a member of the Conseil communauté en santé du Manitoba and vice-president of medical services at the Regional Health Authority Central Manitoba Inc.

We are going to divide up our presentation. I'll address the Réseau de santé en français, whereas my colleague Denis will touch more on services. We have prepared a kit for you containing additional information. Perhaps we can look at it in the second part.

Mr. Chairman, ladies and gentlemen members, on behalf of the Société Santé en français, we thank you for this opportunity to tell you about the progress made in the health field in the context of the Roadmap for Canada's Linguistic Duality and to share with you our ambitions for the future because we do have ambitions. We would also like to express our gratitude for the interest the committee has shown from the outset in the work we have done. In 2006, when your committee met in Moncton, I had the opportunity to welcome it to the Centre de formation médicale.

Health is a very big priority for the francophone communities. That's understandable because the language of communication is a central factor in offering high-quality services. We often hear about people who were unable to obtain an appropriate service because it wasn't offered in their language, one of this country's two official languages.

We thought we would present to you some cases that have arisen in the context of the Société Santé en français in recent years. These are actual cases, which show the importance of offering health services in French.

The first is the case of a woman from the Ottawa region who suffered a stroke. Of course, her situation left her vulnerable to disease. She had trouble speaking and was unable to receive services in French, her language, at nearly every level of care. The experience was very negative for that woman.

There was also the case of a young man from northern Ontario who suffered a mental illness and did not respond to treatment provided because, since his health was deteriorating, he did not understand what people were trying to tell him. When it was understood that there was a major communication problem, he was transferred to an institution where French-language services were provided, and that individual returned to normal after receiving appropriate treatment.

Lastly, a francophone father from Manitoba who was living out his final days in an anglophone care facility told his son: "Léo, I don't want to die in English." He felt very vulnerable and incapable of expressing his needs as he lived out his last days.

Illness leaves us all vulnerable, and, unfortunately, we will all need appropriate services in our language one day or another.

We rely to a great extent on studies conducted on Spanish-speaking communities in the United States. Some very interesting studies have shown, based on very convincing data, that language and cultural barriers make it difficult to access high-quality services, undermining the determination of an accurate diagnosis and compromising the patient's commitment to his or her treatment. This has consequences for the system and for patients themselves. There is an increase in the incidence of inappropriate treatment, deteriorating patient health, greater need for care, more hospitalization and increased treatment costs for those patients.

● (0900)

The entire issue of cultural and linguistic skills has become very important in more than one respect. At the Association of Faculties of Medicine of Canada, requirements respecting cultural and linguistic competencies are increasingly high and will probably even become accreditation standards for our Canadian faculties of medicine.

The study conducted in 2001 showed that 45% to 55% of Canada's minority francophone communities did not have access to health services in their language. That finding formed the basis of the strategy to improve access to French-language health services.

That strategy is based on three major axes. The first is networking, which promotes concentration and cooperation among all partners wishing to improve the situation. In fact, when you work in a minority community, people are often remote and isolated from one another. Networking is therefore absolutely necessary in order to bring all those individuals together.

The second axis is professional training. Ms. Lalonde just did a very good job of addressing that. The third axis is the organization of services, that is to say all the initiatives and levers that can be put in place to enhance the establishment of health services in French.

For budgetary reasons, we have had to downplay two areas of action. For lack of funding, they were not given priority like the first three. Those two axes were the development of new technologies to

support service organization and delivery and the development of strategic information, that is to say how to obtain convincing information on the francophone communities that enables groups to make the appropriate decisions to establish better services.

The networking approach that we adopted was the key factor in the success of the Société Santé en français. It was based on a World Health Organization model called *Towards Unity for Health*. That model promotes joint action by partners and involves all principal partners: communities, health professionals, academic institutions, service facilities and political decision-makers at the federal, provincial, territorial and regional levels.

This close matching among the partners makes it possible to identify needs and to adopt common strategies to address them. The networks are known as the agencies that can facilitate or put in place projects to accurately meet the needs of the scattered and often remote minority francophone communities.

We have always wanted to put the emphasis on the quality of health services in French and patient safety. Through that, the networks have managed to build bridges promoting communication and joint action among the partners, including the provincial and territorial departments.

For your information, since 2009, we have had nearly 500 co-operation agreements which we develop and maintain every year with partner agencies. Furthermore, in a report on implementation of the Roadmap, the Hon. Bernard Lord said we were a model of federal-provincial/territorial and community cooperation. I believe that model is definitely very promising.

The Santé en français networks have carved out a place in the health system across Canada. In Ontario, two of the Santé en français networks have been recognized as French-language services planning entities to regional health authorities.

In Manitoba, the departments of health and social services have designated the Conseil communauté en santé as the principal liaison for the francophone community. The Conseil communauté en santé has also been assigned important responsibilities for which it receives additional funding from Manitoba's health department.

In Prince Edward Island, the network is a joint entity of the provincial government and the francophone community. The Alberta Health Services Authority has just established an advisory committee with the Réseau santé albertain on French-language services. I could continue this way for virtually all the provinces where *Towards Unity for Health* networking model has been adapted and shaped to suit local systems.

The networks have established close cooperative arrangements with the provincial health departments across Canada.

As you will agree, this collaboration with all partners is not a goal in itself, but rather a win-win strategy.

● (0905)

The really important point is that it has given rise to hundreds of actual achievements that improve the access of francophone populations to high-quality health services in their language. In your kit you will find a document listing all the projects that have been carried out in recent years.

Through this close collaborative effort, the Société has managed to provide financial support to more than 225 initiatives across the country promoting access to health services in French in widely varying fields under the Roadmap for Canada's Linguistic Duality, whether it be primary or community care, general or specialized institutional care, health promotion, disease prevention or support for human resources.

A lot of these initiatives are ongoing and have now been integrated into the health system. This is another one of our successes because the efforts made and projects put in place have been integrated into the existing system. These actions have affected seniors, children, youths and immigrant families. Very recently, in cooperation with the Mental Health Commission of Canada, the society has begun to shape a development strategy for the issue of mental health.

Dr. Denis Fortier (Vice-President, Medical Services, Regional Health Authority Central Manitoba Inc., Member of the Board of Directors, Conseil communauté en santé du Manitoba, Société Santé en français): Allow me to give you a few examples among others.

In Winnipeg, Manitoba, as a result of intervention by the Conseil communauté en santé with the Minister of Health and Winnipeg Regional Health Office, the new birthing centre that has just opened in Saint-Vital, a Winnipeg neighbourhood, will be designated bilingual and will offer services in French to the francophone population of that neighbourhood. I must tell you that, without the influence of the Conseil communauté en santé, I'm not sure we would have had bilingual services at that centre.

In my region, a rural area southwest of Winnipeg, a financial contribution of approximately \$30,000 by the Société Santé en français in 2005 helped mobilize the entire community of Notre-Dame-de-Lourdes and get the provincial government involved in the construction of a community health centre. After the project was developed, with the support of the CCS network and Société Santé en français, the local community responsible for the project held a fund-raising drive in the community and generated \$1.7 million. Then the provincial health department paid out \$800,000 for the construction of the Centre Albert-Galliot, valued at a total cost of \$3.3 million.

The Regional Health Authority Central Manitoba Inc., our authority, then took over by making available resources such as two nurses, one nursing assistant and a nurse practitioner, who are supported by four physicians.

The centre offers a number of health services in areas such as physiotherapy, occupational therapy, nutrition, mental health and public health, chiropractic, massage therapy and access to telehealth for online medical consultations and via telephone conferencing.

With regard to the use of new technologies, the CCS network gathered various partners together to develop francophone programming with Telehealth Manitoba. Last year, four video conferences were offered and reached eight francophone communities, thus enabling francophones across Manitoba to take charge of their health without having to go to Winnipeg.

Closer to here, in eastern Ontario, the Société Santé en français and the Réseau des services de santé en français de l'Est de l'Ontario, the RSSFEO, helped to develop the FrancoForme program with the cooperation of the University of Ottawa's Institute of Cardiology.

It's intended for any Franco-Ontarian who presents with one or two risk factors for heart disease and who has previously had cardiovascular disease. Recruited by their family physicians, participants have access, via telephone consultation over a period of three months, to the advice of an advisor who assists them in improving their physical condition, nutrition, stress management and other risk factors.

We could continue in this manner for all regions of the country but do not have the time to do so. And that's not to mention the numerous initiatives that have not required financial support but have received technical or professional support from the network.

We have created close collaborative ties with the provincial and territorial health departments and have enjoyed excellent cooperation by Health Canada, as was emphasized in the annual report of the Commissioner of Official Languages.

We should also mention an appreciable contribution from the Government of Quebec, which has been seconding two executive managers since 2004. Their expertise has been of invaluable assistance to us.

As you can see, the achievements are impressive. We have established a solid foundation. We are proud of having mobilized hundreds of partners, health institutions, professionals, community agencies and training institutions that have taken all kinds of initiatives in all areas.

We feel we have started a movement that is making real changes, but that movement is not complete it is still fragile and much remains to be done.

To implement health in French in a sustainable manner, we still need action based on the three initial components, that is to say, the network, training and projects that put sustainable mechanisms or structures in place.

● (0910)

In closing, we would like to emphasize that the progress we have made can also serve as a model for other communities. It can help better adapt our health systems to the growing diversity of Canada's population.

It should also be emphasized that very often the services we put in place in regions also serve anglophone clientele because they are bilingual services.

Thank you.

The Chair: Thank you, Mr. Fortier.

I now hand the floor over to Mr. Roy from the Fédération des francophones de la Colombie-Britannique.

Mr. Réal Roy (President, Fédération des francophones de la Colombie-Britannique): Mr. Chairman, committee members, my name is Réal Roy, president of the Fédération des francophones de la Colombie-Britannique. I would also like to mention that with me is the executive director of our organization, Christine Sotteau.

Thank you for this invitation to appear before the Standing Committee on Official Languages to present our views on the evaluation of the Roadmap as regards improving programs and service delivery.

First we will introduce the FFCB and the community we serve. Then I will draw your attention to the Overall Development Plan (ODP) 2009-2014, which the francophone community of British Columbia adopted in June 2009, as well as the priorities that stem from it. We will also conduct an overview of the impact that government programs are having on the francophone living environment that we have created, developed and implanted in our province. We will close with a number of recommendations and considerations for improving and reinforcing the Roadmap for Canada's Linguistic Duality 2008-2013.

The Fédération des francophones de la Colombie-Britannique is the official organization representing francophones living in British Columbia. It was founded in 1945 and its role is to promote the advancement of the francophone and francophile community. Its main aims are to increase the francophone space and to strengthen the capacity of the francophone and francophile civil society and the influence of the French-language and francophone culture in British Columbia.

In 2011, the federation has 37 member associations across the province. Those associations operate in numerous fields such as education, culture, youth, health, the economy, justice, social services and communications. The community has 14 community centres that serve francophones and francophiles and are located in the province's main cities.

According to the 2006 census, our community comprises 70,410 persons whose mother tongue or first official language spoken is French. However, it is important to note that nearly 300,000 persons can communicate in French, which makes it the second most spoken language in British Columbia. Those 300,000 persons live part of their lives in French. That represents slightly more than 7% of the entire population of the province.

The figure for the Victoria metropolitan region is approximately 10%, a one-percentage point increase since the 2001 Census. Not only is the community of French speakers growing in absolute terms, but it is also increasing in relative terms. This is an undeniable indication of the vitality of our community. These 300,000 persons demonstrate the success of French in our province thanks, among other things, to the support of the education and French immersion system and to the interest that British Columbians in general take in linguistic duality.

Lastly, the FFCB represents the francophone community of British Columbia to the Fédération des communautés francophones

et acadienne du Canada and participates actively in the development of the pan-Canadian francophone community.

In June 2009, the FFCB, together with the community network as a whole, established the Overall Development Plan on behalf of the francophone community in order to target its actions more effectively. This has been the fourth strategic plan since 1995. Based on the results and accountability of all players, this approach helps develop and measure, on an ongoing basis, performance for the entire francophone community over the period from 2009 to 2014.

When it was developed, we felt it was appropriate to adjust our Overall Development Plan to the federal government's Roadmap for Canada's Linguistic Duality. That is why, last year, nine federal government departments and agencies, including Canadian Heritage and the British Columbia Francophone Affairs Program, adopted our plan, together with 34 francophone agencies, as part of a thinking and awareness effort involving government institutions and the support of the Pacific Federal Council. I believe this is a first in Canada. We would definitely like to give you a copy of our Overall Development Plan with the support of the various departments.

The priorities of the francophone community in British Columbia are based on four strategic axes. The first is access to programs and services. The second is strengthening ties. The third is promotion, awareness and recruitment, and, lastly, the fourth axis is improving organizational capacity.

Since the start of the Roadmap's activities, the francophone community of British Columbia has recognized and supported the federal government's official languages initiative. It is important to recall that the Roadmap is a comprehensive approach that also involves interdepartmental joint action and the contributions of the provincial government and municipal authorities.

• (0915)

Federal government support in all its forms is a lever for expanding services and diversifying our sources of funding. We entirely adhere to the area for action designated in the Roadmap of improving access to services for official language minority communities.

Access to health services is a priority sector for the community's ODP and essential to its well-being. Support for community networks and regional projects has made it possible to establish the RésoSanté Colombie-Britannique and to open up access to French-language health services for francophones by enabling us to establish ties between our francophone agencies and regional health authorities. This of course involves issues concerning prevention, diabetes, smoking and healthy nutrition, but also direct services more particularly for vulnerable and at-risk francophones in the mental health and dependence fields.

In justice, thanks to the Access to Justice Support Fund, the Association des juristes d'expression française de la Colombie-Britannique is continuing its work with the provincial government to provide francophones with better access to justice services in their language. This work is also part of the community's ODP. As a result, our grade 11 and 12 students were able to receive law workshops on topics of concern to them, human rights, consumer issues and the environment. We are working with the Association des juristes and the provincial department to ensure that francophone juries are impaneled when trials are held in French.

In the community development sector, the immigration area addressed by the Roadmap coincides with an area targeted in the community's ODP. We want to meet the newcomer recruitment need identified in cooperation with the province, as well as newcomers' social, economic and community integration needs. There are a lot of newcomers because 35% of our francophone population was born outside Canada.

The support of Citizenship and Immigration Canada enables joint action involving the province, the community and educational institutions, in particular the Conseil scolaire francophone, the Bureau des affaires francophones et francophiles at Simon Fraser University, the BAFF, the Collège Éducentre and employers, thanks to the Société de développement économique de la Colombie-Britannique for immigrant recruitment and integration.

In the area of early childhood, family and literacy, we would like to single out the work of one of our members, the Fédération des parents francophones de la Colombie-Britannique, which works with our education partners, the Conseil scolaire francophone, the Collège Éducentre and the provincial government to put in place direct services for families to provide support for French-language learning by francophone children from birth.

In arts and culture, we know that the major cultural events in our province receive support from Canadian Heritage's Cultural Development Fund and afford francophones and francophiles access to cultural products. These include the productions of the Théâtre la Seizième and a number of festivals, including the Bois de Maillardville festival, the Victoria and Prince George francophone festivals, the Festival d'été de Vancouver, the Coup de coeur francophone and the Rendez-vous du cinéma.

All these events also have a direct economic impact on their region. In Nanaimo, for example, the provincial government, through its department of tourism, has taken an interest in the growing success of the Sucre d'Érable festival and has facilitated implementation of a pilot project, the "Bonjour!" program. The tourism industry is an economic driver for our province and this program is an effort to involve the francophone community more closely in the development of this sector.

It is important to note that, although we acknowledge the federal government's investment in our community and are able to measure participation and the number of services offered, it is still difficult to measure its impact on the lives of francophone citizens in British Columbia. However, we wish to report to you that the work we have begun pursuant to the development of the ODP, with the support of the Department of Canadian Heritage, and the ties we have managed to establish with the various federal government

departments and agencies will enable us to assess the ODP's direct impact, if not to measure its actual effect on our community.

It must be borne in mind that the support program for the official language communities managed by the Department of Canadian Heritage is part of the Roadmap and is still the cornerstone of our community's development. The cooperation agreement entered into between the community and its various components and the Canadian government through Canadian Heritage must be maintained and also revised upward.

● (0920)

That agreement enables the community volunteer sector, which for more than 65 years has been working with francophone citizens to protect and promote linguistic duality, to get involved as a partner in the federal government's action to realize and promote what a majority of Canadians feel is this fundamental aspect of Canada's federation.

It is essential that we inform the members of the standing committee that the federal government must rectify the situation regarding funding transfers to the provincial government. The situation prevailing in British Columbia following the transfer of employment programs, has not enabled francophone organizations receiving services to continue offering the services that have been available for more than 10 years thanks to the federal government.

The language clauses included in the agreements entered into between the federal and provincial governments must include accountability mechanisms that are binding on both levels of government and that are developed in cooperation with the community. We would like the federal government to renew the Roadmap, while implementing mechanisms that enable the communities to access the programs that are managed at the national level.

The Roadmap must also enable us to develop and negotiate multi-year funding agreements with agencies in the field. These longer-term partnerships are key to the development of our community. In its throne speech in March 2010, the federal government stated, "... the best solutions to the diverse challenges confronting Canada's communities are often found locally."

Since its inception in 1945, and more particularly since the first strategic plan was developed 16 years ago, we have demonstrated our community's ability to meet the challenges involved in promoting French, one of Canada's official languages, in British Columbia.

On behalf of the francophone community of British Columbia, I would like to thank you for your attention.

● (0925)

The Chair: Thank you.

We have one hour for questions and comments.

We'll begin with Mr. Aubin.

Mr. Robert Aubin (Trois-Rivières, NDP): Thank you, Mr. Chairman.

I would like to welcome all of you here today.

First of all, on behalf of all my colleagues and myself, I would like to offer my sincere apologies for this disruption. We will very definitely be reviewing our transportation strategy to prevent a repeat of this situation. My apologies in particular to Ms. Lalonde, who was in the middle of her presentation.

That said, I would like to thank you for the quality and relevance of your presentations, which are definitely enabling us to form a clearer picture of the situation.

We have begun the process of evaluating the Roadmap, and even before thinking about the next one, which is probably already on the drawing board, I would like to know one thing.

Before the presentation that you prepared and made this morning, did the departments you dealing with pass on to you any communications, questionnaires or forms, or contribute in one way or another to the evaluation of the programs previously implemented under the first Roadmap?

Perhaps you could respond briefly in turn.

Mrs. Jocelyne Lalonde: We receive our funding from Health Canada. That department is currently beginning a mid-term evaluation of the Roadmap. We expect that we will shortly be receiving calls concerning the evaluation of the work that Health Canada is doing through our agencies. An entire process is underway, and consultants have been hired to evaluate the work Health Canada has done under the Roadmap.

Mr. Robert Aubin: All right, but that hasn't reached your level?

Mrs. Jocelyne Lalonde: Not yet.

Mr. Robert Aubin: Thank you.

Dr. Aurel Schofield: I'd like to add that project implementation is being done together with the departments. We had to ensure that the projects were consistent with the objectives that our provincial departments and communities wanted to achieve. Most of the time, our projects therefore were very focused on needs acknowledged at both levels, even at the three levels, federal, provincial and community. The mid-term, project-by-project evaluations have enabled us to report some very relevant results. I also believe that the process involved in doing that was very interesting. People took part in the entire project development process.

Mr. Robert Aubin: That's good.

Mr. Réal Roy: In fact, Canadian Heritage has started to send forms to member agencies. So that has already been done with the businesses.

I'd like to ask Ms. Sotteau to give you a more specific answer.

Mr. Robert Aubin: Please do.

Mrs. Christine Sotteau (Executive Director, Fédération des francophones de la Colombie-Britannique): In fact, certain federal departments had already begun the evaluations and consultations last year. I remember taking part in a strategic planning effort. Service Canada consulted our B.C. communities. I suppose that was also done outside our province.

We also took part in an evaluation of the programming in the entire health field conducted by Health Canada and in an evaluation conducted by Justice Canada. I was consulted and was asked by

telephone whether I could conduct an evaluation on behalf of the community. They wanted to know what justice services it was able to offer its citizens. So those three studies were done.

I believe another important aspect should be added. When the provincial government asks us to evaluate work being done under the Canada-British Columbia Cooperation Agreement, that's at least in part an assessment of what, within this broad Roadmap for Canada's Linguistic Duality, the interdepartmental aspect represents, the direct intervention of the support program and what the province and federal government together are able to offer the community. We also want to know what kinds of services we can offer with the provincial government's cooperation.

I believe the evaluation of the Roadmap for Canada's Linguistic Duality must be very comprehensive and involve all the partners mentioned taking part in it.

● (0930)

Mr. Robert Aubin: That's perfect; thank you.

My second topic focuses perhaps more on the agencies working in the health field.

In recent testimony before the Standing Senate Committee on Official Languages, the Commissioner of Official Languages, Graham Fraser, said he was concerned about the fact that the Canadian Institutes of Health Research had abolished the Official Language Minority Communities Initiative. Do you share that concern? If so, were you consulted by the CIHR before the program was abolished?

Mrs. Jocelyne Lalonde: Perhaps I can tell you about that because the Consortium national de formation en santé has been working closely with the Canadian Institutes of Health Research since 2003. In 2004, we established an official languages advisory committee with our anglophone partners in Quebec. At the advisory committee's last meeting, we learned that funding for the Official Language Minority Communities Initiative was to be terminated at the end of March.

As I mentioned in my presentation, we understand from this situation that it will be increasingly difficult for francophones to make funding requests. Furthermore, it won't be as easy to fund the entire research issue, which directly concerns the health of francophone minority communities, if there is no more dedicated funding for research on French-language health services.

A meeting has been scheduled between the Consortium national de formation en santé and the president of the CIHR to look at how we'll continue to work together.

The Chair: Thank you.

Mr. Gourde, go ahead, please.

Mr. Jacques Gourde (Lotbinière—Chutes-de-la-Chaudière, CPC): Thank you, Mr. Chairman. I'd like to thank the witnesses for being here this morning. This is very interesting.

My first question is for the representatives of the Consortium national de formation en santé.

Our minority francophone communities sooner or later need specialized health services. When we need health services, we are more vulnerable and have a greater need for care in our language. That's somewhat comforting. Just ensuring that the doctor, nurses and those offering us services have a good idea of what we are going through is very important. I believe the Consortium national de formation en santé has put the emphasis on training health specialists.

How has the Roadmap for Canada's Linguistic Duality helped you achieve those objectives?

Mrs. Jocelyne Lalonde: Thank you, Mr. Gourde.

To be able to improve access to health services, the minority francophone communities must first have professionals who can deal with their francophone patients in French. We therefore have to be able to train health professionals in various fields. People in Canada are currently being trained through federal government funding and assistance. The funding we receive from the federal government is a lever. It enables us to increase the number of health professionals across Canada. In particular, we're talking about physicians, nurses, speech therapists and social workers who work with people suffering from mental health problems.

Since 2003, that funding has enabled us to register 6,000 new students in programs, and 3,000 of those students, who have now graduated, are working in our francophone communities. I believe these are real results. Without those results, we can't say we're working to improve access to health services in French.

• (0935)

Mr. Jacques Gourde: Are these people who come from the communities themselves, who come from across Canada, or who have moved? Is there a mix of all that?

Mrs. Jocelyne Lalonde: No. In most cases, these are people who live in francophone communities in various regions of Canada. Of course, we don't have medical programs across Canada. We have one in New Brunswick, particularly with Dr. Schofield at the Centre de formation médicale, as well as the University of Ottawa. However, I can tell you that spaces are being set aside in New Brunswick to meet the needs of the communities in Nova Scotia and Newfoundland and Labrador. Spaces are also being reserved at the University of Ottawa to meet the needs of the western provinces.

One female student from British Columbia is currently training at the University of Ottawa as a result of the fact that the federal government is contributing to funding for spaces at faculties of medicine, which the Government of Ontario would not do since that person comes from British Columbia.

In short, our people come from our francophone communities.

Mr. Jacques Gourde: My next question is for the Société Santé en français.

The Roadmap has clearly made it possible to improve services in francophone minority communities. What does your society think is the most important service?

Dr. Aurel Schofield: As you know, when we started work on this file, a lot had to be done. So we had to monitor the trends at the time. The federal primary health care strategy helped us a great deal. It

gave us a framework for the development of health services in French.

If you take a look at the directory we submitted to you, you'll see that we've covered a range of issues because the needs of the communities differ depending on where you go.

Some communities were better organized and able to do more in developing the offer of actual services to individuals. However, other communities didn't even have one health professional.

The communities therefore undertook a number of disease prevention and health promotion projects. A fairly impressive range of projects was developed. I believe the society's strong point was taking our broad general direction and adapting it to the specific needs of each of the communities.

To add a point in response to the question you put to Ms. Lalonde, it's extremely important to train health professionals because we know there is a significant shortage of francophone health professionals.

However, we also know that those professionals very often are not administrators or managers. They aren't trained to organize, to start up practices or to establish clinical environments. However, the society was able to do that through its work with its partners. Using our small financial levers, we were able to put infrastructure in place or to complete files.

I believe that what Denis presented with regard to Manitoba is a good example of that. We had the same thing in New Brunswick. A community health centre was established in Fredericton based on the approach of the Société Santé en français.

A small community in the region of Clare, Nova Scotia had no access to health services in French. Now there's a medical clinic that has four young francophone doctors who provide health services and can take in our students for clinical internships.

We've tried as much as possible to look at the major axes, the major trends and needs and to combine our training strategy with the CNFS and the Société Santé en français to ensure that we have appropriate environments in which to take in those students.

In closing, as I mentioned during my presentation, a lot of these projects have provided models that have been adopted by various provinces and are now integrated into the health system. We've had good results.

• (0940)

The Chair: Thank you.

Mr. Bélanger, go ahead, please.

Hon. Mauril Bélanger (Ottawa—Vanier, Lib.): Thank you, Mr. Chairman.

Thank you for being here this morning, ladies and gentlemen.

Mr. Chairman, I don't have the list of future witnesses in front of me, but I suggest that if they aren't already on our list, we add the names of representatives of the Canadian Institutes of Health Research to ensure we follow up on what we've heard this morning. I believe it would be appropriate to ask them to appear.

Mr. Roy, you discussed your overall development plan. I can't wait to read it. Could you send it to the clerk so that we can examine it, please?

If I understood correctly, you said 34 provincial departments and agencies supported the ODP?

Mr. Réal Roy: There are 34 francophone agencies. There are nine federal departments and agencies. There are some provincial ones as well.

Hon. Mauril Bélanger: How much money comes from the province?

Mr. Réal Roy: That's a good question.

Ms. Sotteau, can you answer?

Mrs. Christine Sotteau: When we talk about the province, that means the provincial government as a whole.

We work with the Bureau des affaires francophones et francophiles. Of course, when we started evaluating the ODP, we contacted all the federal agencies and the Bureau des affaires francophones et francophiles.

When the document I sent to the clerk is distributed to you, you'll see that the columns include—

Hon. Mauril Bélanger: Ms. Sotteau, I have to interrupt you because I only have seven minutes. I have to be brief.

I wanted to know whether the province was financial involved.

Mrs. Christine Sotteau: Yes.

Hon. Mauril Bélanger: What is the amount?

Mrs. Christine Sotteau: I can't tell you the exact amount. It's difficult to determine at this point. There are certain key departments.

Hon. Mauril Bélanger: That's fine.

Mr. Roy, you also said that you recommended an accountability mechanism.

Did you consult the province about adding that kind of mechanism to the agreements?

Mr. Réal Roy: We talked to them about it in response to the employment services problems.

One thing surprised us. We hadn't been consulted at all, by either the federal or the provincial government. That prevented us from maintaining service delivery as we had previously done.

Hon. Mauril Bélanger: The question is whether the province was ready to add an accountability clause?

Mr. Réal Roy: We haven't yet asked it to do so.

Hon. Mauril Bélanger: Ask it to do so. We should see whether it would agree to allow the community to take part in the consultations. If so, I would like to know that because it would be important for that to be included in future agreements. All right?

Mr. Réal Roy: Yes.

Hon. Mauril Bélanger: Mr. Chairman, please allow me a brief aside. I don't often congratulate my adversaries, but I'm going to do it today. Even though it wasn't my objective, I'm going to congratulate the former premier of Ontario, Mike Harris.

When Mike Harris wanted to shut down Montfort Hospital through Ontario's Health Services Restructuring Commission, that triggered a crisis, and that's essentially what gave rise to the two agencies present here this morning. I admit that some efforts were made elsewhere, but the CNFS was definitely born out of that crisis. The government's massive support for Société Santé en français at the time, which I admit has continued, originated in that crisis.

Mr. Harris—and I'm not talking about Dan here—wherever you are today, I thank you for the impact that your attempt at the time has had, even though that was not your intention.

My question is for the CNFS.

I noticed in the document that there's nothing at Laurentian University, where an undergraduate level medical program is now being offered. Why?

Mrs. Jocelyne Lalonde: The medical program jointly offered by Lakehead University and Laurentian University is given in English only. No courses are offered in French. However, a number of francophones are taking courses and are registered at the faculty of medicine. We are helping them with clinical placements through the CNFS.

Hon. Mauril Bélanger: Do you consider that situation acceptable?

Mrs. Jocelyne Lalonde: The Government of Ontario determined at the time that the medical program would be offered in English.

Hon. Mauril Bélanger: Are any efforts being made to change the situation?

Mrs. Jocelyne Lalonde: I believe people are considering the possibility of starting to offer certain courses in French. Some groups are meeting in French. They're making some efforts.

Hon. Mauril Bélanger: I encourage you in that direction. I know there are quite specific preconditions in your case, and probably even in that of the SSF. You have to know well in advance whether a program is going to continue. That means programs of at least three years, and that can go up to five years.

● (0945)

Mrs. Jocelyne Lalonde: Yes.

Hon. Mauril Bélanger: When do the educational institutions need to know whether the program is going to continue?

Mrs. Jocelyne Lalonde: If we don't know it in April 2013, we'll assume the program is continuing. We can't stop registering students for our programs. If we registered students in a four-year program in 2009 or 2010, they'll be in the system in 2014. We can't stop registering students overnight. We know these are five-year agreements, but we have to take the risk of continuing to register our students in programs. It's easier in the case of a one- or two-year program.

Hon. Mauril Bélanger: Has the CNSF or SSF determined the need for professionals? You said there were already 3,000 and that 5,000 more were currently in the system. So here we're talking about 2,500 to 3,000 professionals who are being trained. How big is that need?

Mrs. Jocelyne Lalonde: Unfortunately, it would take more than a minute to answer you.

Hon. Mauril Bélanger: You could send us that information.

Mrs. Jocelyne Lalonde: Yes, I can do that. The reason is very clear. A large number of medical personnel, both anglophone and francophone, will be retiring in the next few years. That is particularly true on the francophone side. There are all kinds of reasons for this phenomenon, including the aging of the population. We've just conducted a study on the reasons why we need to continue training professionals. There are shortages in all areas.

Hon. Mauril Bélanger: My final question is for Mr. Fortier. And this may perhaps be for a piece of advice.

Earlier you mentioned the FrancoForme program, which is offered by telephone. It concerns nutrition. You saw me eat my breakfast. We're talking about physical condition here, and I won't say anything more about that. You also deal with stress management. I'm particularly interested in that part because at times we go through quite stressful situations in committee. So I was wondering whether you had any private advice to give me on the subject.

Dr. Denis Fortier: I could do that in private, of course.

The Chair: Thank you, Mr. Bélanger.

Mr. Galipeau, go ahead, please.

Mr. Royal Galipeau (Ottawa—Orléans, CPC): Thank you very much.

First of all, I in turn would like to welcome our guests.

However, before asking my questions, I'd like to put one to Ms. Lalonde. She and I come from the same tribe. Mr. Bélanger asked you a question earlier, and you didn't have enough time. I'm going to give it to you.

Mrs. Jocelyne Lalonde: Yes, I started explaining something to Mr. Bélanger concerning human resources in health, whether it be in English or in French. It is very clear, for example, that by 2025, there will be a very significant shortage of nurses.

The francophone community will have a greater shortage as we have only recently started training our people in French. Since 2003, we've established 50 new health programs to train professionals. That means there wasn't much health training in French before 2003.

In addition, since we have an aging population, we'll have an increasing need to serve our communities, which will have increasing needs, and our health professionals are aging as well. That is one of the reasons why we know we'll be experiencing an even greater shortage in the coming years than the one we're currently experiencing as a result of the aging of our health professionals.

It is very difficult to do any long-term human resources planning because, as my colleagues said, no attempt is being made to address the linguistic variable, that is to say whether the professionals in the provinces are anglophones or francophones or whether they can serve the francophone population if they are bilingual. We don't have those kinds of figures. We only know that, when we look at the situation and also evaluate regions, we see that we still have major

needs and that our communities are not always served in French, far from it, when they in fact need to be.

● (0950)

Mr. Royal Galipeau: Thank you very much, Ms. Lalonde.

Mr. Roy, I've been interested in the defence of francophone minority rights for more than 50 years, even before it was called that. I am very impressed by what you're doing in British Columbia, particularly when I see...

Yes, you too, Mr. Weston, but don't distract me; I don't have a lot of time left.

I see that, in British Columbia more than anywhere else, francophones and francophiles like Mr. Weston are not anxious about their francophone condition as we are in Ontario. They consider it an asset. They attract much more support from francophile anglophones and are well-established downtown. People go and eat in their homes and that's cool. Help me and help other francophone societies elsewhere in Canada understand how you do it.

Mr. Réal Roy: B.C.'s francophone community is a bit different from other communities elsewhere in Canada. We have to deal with a major challenge as a result of the low percentage of francophones. In absolute terms, our community is very large. It's the third largest after those of Ontario and New Brunswick. However, in relative terms, we are forced to turn to the anglophone majority.

As you said so well, there's an enthusiasm or an interest that is reflected, for example, in a very great attachment to Canadian Parents for French. Moreover, the largest provincial branch of that national organization is the one in British Columbia. We have excellent relations with Canadian Parents for French. I attended their annual gala two weeks ago. Furthermore, the current opposition leader, Adrian Dix, speaks French. We hope to maintain this interest in French.

As regards what the federal government can do, it could help us stimulate further interest in French among the large population of anglophones who are learning French. In British Columbia, the number of people in French immersion programs has doubled in 10 years, from 20,000 to 40,000, and it's now 45,000, which represents roughly 7% of the entire student population in British Columbia. We still have a lot to do, but we've already made major progress.

In 1983, I was a student in British Columbia, and very few people spoke French to me. Eighteen years later, when I started teaching at the University of Victoria in 2001, I often crossed paths with students of 18, 19 or 20 who recognized my French accent or heard me speak French and spoke to me or spontaneously served me in French. They were young people working at a Tim Hortons, a gas station or in stores.

Personally, I'm quite optimistic.

Mr. Royal Galipeau: The member for Victoria is doing a very good job in French here in Ottawa.

Mr. Réal Roy: Excellent.

Ms. Denise Savoie is doing an excellent job, which we very much appreciate. The Hon. James Moore is also a major francophile from the community in British Columbia. A number of other members also speak French, including Mr. Weston, whom I don't know, but who supports Powell River, one of our organizations. I think that's quite positive.

I was born in Quebec, but I've been living in British Columbia for 10 years. I think linguistic duality is possible. Since I teach in English and live in French, I have one foot in each community. A number of my anglophone colleagues who don't speak French send their children to immersion schools because they're convinced that linguistic duality is important. And surveys conducted by the Commissioner of Official Languages have shown that 70% of people in British Columbia support linguistic duality.

The Chair: Thank you, Mr. Galipeau.

I now turn the floor over to Mr. Lauzon.

Mr. Guy Lauzon (Stormont—Dundas—South Glengarry, CPC): Thank you, Mr. Chairman.

I'll continue with Mr. Roy.

I'm very impressed by what you're doing in British Columbia. You mentioned that 300,000 people speak French in British Columbia. Is that correct?

• (0955)

Mr. Réal Roy: Yes.

Mr. Guy Lauzon: Francophiles and francophones?

Mr. Réal Roy: Exactly. According to Statistics Canada, there are 70,000 mother tongue francophones and 230,000 persons with knowledge of French. We are often reminded that the francophone community is the fourth or fifth largest community in British Columbia. However, it should be noted that French is the second most widely spoken language in British Columbia, if you include those francophiles.

Mr. Guy Lauzon: There are three times as many francophiles as people of francophone origin?

Mr. Réal Roy: Yes.

Mr. Guy Lauzon: Perhaps that's encouraging for the rest of the country.

Can you explain the reason for your success?

Mr. Réal Roy: I'll start answering the question and then hand off to Ms. Sotteau.

The important fact I mentioned earlier is that the number of students in immersion programs has doubled in 10 years. That's a significant phenomenon. Immigration is also a significant phenomenon. Over time, the community is becoming dynamic. On the other hand, if we increasingly encourage young people to learn French and to get involved in the francophone community, we as francophones have to welcome them and expand our idea of what a francophone is.

I liked the definition of Ms. Kenny, the president of the FCFA, that a francophone is someone who wants to live part of his or her life in French. The fact, for example, that that individual teaches in a science department in English, as I do, should not exclude him. I have a number of colleagues at the university who are bilingual and

with whom I speak in French, even though some of our meetings are conducted in English.

Now I would like to hand over to Ms. Sotteau so she can supplement my answer.

Mr. Guy Lauzon: We could move along quite quickly. I have a lot of questions, but little time.

Mrs. Christine Sotteau: Allow me to add a brief point.

Ultimately, the children who grow up in our French-language schools in British Columbia are bilingual as well. They have a lot of things in common with the children who come out of the immersion programs. It's very interesting to see what's going on at Simon Fraser University's Bureau des affaires francophones et francophiles. In fact, the young people taking courses in French at the BAFF are very often children who have come out of the immersion programs—as Mr. Weston knows very well—and, for the moment, much more often than those from the francophone school boards.

So there's a group within the population. People are speaking French. There's a willingness to share activities and services and to offer services not only to francophones, but to francophiles as well who belong to this entire community. It's really extraordinary.

Mr. Guy Lauzon: Do those 300,000 persons belong to a number of communities?

Mrs. Christine Sotteau: They probably live much more in the cities. However, immersion programs are offered across the province of British Columbia. Parents line up the day before to register their children. In some communities, it's overwhelming. In Prince George, for example, the community mobilizes the moment immersion programs are threatened. Our association has previously been asked to assist parents in immersion schools.

Mr. Guy Lauzon: Are there cultural centres?

Mrs. Christine Sotteau: Of course. There are 14 francophone community centres across the province organizing cultural and artistic activities.

Mr. Guy Lauzon: Are they all very active?

Mrs. Christine Sotteau: They're very active.

Mr. Guy Lauzon: You said it was difficult to determine your organization's impact on the community. Is that correct? Is there a way to determine that impact? I think it would be important to know that since we're spending money and efforts are being made.

Mr. Réal Roy: That's precisely what the Overall Development Plan 2009-2014 will enable us to do. We're going to start evaluation efforts next year. We've already planned some meetings. Since we've established some evaluation tools by adopting our Overall Development Plan, within two years, that is before it expires, we'll be able to determine, in the field, what has worked well and what has worked not so well.

Would you like to add something, Ms. Sotteau?

Mrs. Christine Sotteau: I believe that's what we'll be able to achieve, as the president said. We're starting that right now. We have the document that we'll be submitting to you. As you'll see, everything is clear. We have evaluation measures and we know what departments and levels of government have contributed to the activities of our member organizations. This is an effort we're going to make together as a community.

• (1000)

Mr. Guy Lauzon: You're making a lot of progress in this area.

Mrs. Christine Sotteau: Thank you, sir.

The Chair: Thank you.

Ms. Michaud, go ahead, please.

Ms. Éline Michaud (Portneuf—Jacques-Cartier, NDP): Thank you very much for being here; it's very much appreciated. I believe the questions and issues you're raising are very interesting and really crucial to our minority communities.

We've already addressed the next topic in a general manner. My question is for each of you. I would like you to answer it in turn.

Do you believe the official language minority communities have well-developed consultation mechanisms and channels through which the communities' needs can be heard on a regular basis? Among other things, I'm thinking of the first Roadmap, for which we're now at mid-term stage. Are you able to express yourselves on a more regular basis, on an annual or monthly basis? In what specific circumstances might you request consultations?

Mr. Réal Roy: I'll begin.

We frequently conduct consultations. We have two major bi-annual meetings, one in June and the other in November. In the context of those meetings, we usually organize a community cooperation forum in which members take part, along with the francophone community as a whole, that is to say the Conseil scolaire francophone, the Éducacentre and other organizations. These community forums provide the environment in which the Overall Development Plan is shaped. We hold these regular meetings every six months, and the community forums are held approximately every two years, before the overall development plan is adopted.

Ms. Éline Michaud: So your community consultations are going well, but I wonder whether federal authorities will ask you about the consultations you subsequently conduct. I'm asking you the question in that perspective.

Mr. Réal Roy: Yes.

Mrs. Christine Sotteau: May I answer?

Ms. Éline Michaud: Of course.

Mrs. Christine Sotteau: I believe it should not be forgotten either that the Roadmap for Canada's Linguistic Duality was prepared following Bernard Lord's consultation. I remember very well that the FFCB took part in that consultation. So this wasn't something invented by the federal government. It was prepared in consultation with the community. That's the first point. We have to continue operating that way

There have been consultations back home in British Columbia on two occasions. In fact, even Minister Moore came and sat down at

the table with the members of our community to ask them what they thought of the results they are able to achieve through the funding provided under the Roadmap for Canada's Linguistic Duality. I believe the federal government wants to consult the community on this matter at the mid-term point.

Ms. Éline Michaud: That's good to hear. It's very encouraging.

Is the situation the same for you?

Dr. Denis Fortier: In Manitoba, we are linked to the community in a number of ways. The community has an important role to play with regard to the strategic plan for French language services. We're working with the authorities and with the Conseil communauté en santé du Manitoba, our member network of the Société Santé en français and, of course, the government. This information will subsequently fuel the strategic plan of the Conseil communauté en santé du Manitoba, our provincial network. In fact, someone from the Conseil communauté en santé du Manitoba sits on the Société Santé en français. That will also inspire a national five-year strategic plan.

Mrs. Jocelyne Lalonde: Health Canada provides the agencies' funding. Health Canada conducted a consultation of 25 individuals in the spring of 2011 because they wanted to meet the members of the community. People from across Canada attended that meeting, and that enabled Health Canada's Official Language Community Development Bureau to prepare a brief report on what emerged that day. They wanted to verify with community members how the funding granted under the Roadmap for Canada's Linguistic Duality was meeting expectations and achieving expected results.

Ms. Éline Michaud: Has it generally been easy to identify initiatives that stem directly from the Roadmap for Canada's Linguistic Duality and not other programs?

Mrs. Jocelyne Lalonde: That's very clear for us working with Health Canada. Funding is granted to two agencies, Société Santé en français and the CNFS, and, for anglophones, it goes to two agencies in Quebec. That's very clear for us.

• (1005)

Ms. Éline Michaud: What about the others?

Dr. Aurel Schofield: The work, as such, of the Société Santé en français at head office in Ottawa is a very important aspect for us. The national office links the 17 networks in the provinces and territories. There is thus a consultation and communication in real time between the branches of our networks and the national office. In addition, the board of directors consists of representatives of each of the networks, members from the two government parties at the federal and provincial level and one Health Canada representative.

That enables us, in almost real time, to be constantly aware of the directions the various orders of government want to take. We always try to position ourselves as a tool enabling both orders of government to achieve their objectives. So we do planning at all levels. In our binder, you'll see the future direction we're taking. That's our basic framework for our strategic planning for 2013-2018. All our partners are taking part in this process in order to finalize it. This is a draft, but we nevertheless did quite a lot of thinking and made good progress in the consultations we had.

The Chair: Thank you, Ms. Michaud.

Mr. Trotter, go ahead, please.

Mr. Bernard Trotter (Etobicoke—Lakeshore, CPC): Thank you, Mr. Chairman. I want to thank the witnesses for coming this morning.

I've very much interested in training for linguistic minority health professionals. My father graduated from the University of Manitoba and the Collège universitaire de Saint-Boniface and practised for a long time as a physician in northern Alberta. Some of his patients were anglophone, but he also provided care in French when necessary.

Health care in fact involves a very intimate discussion between a physician or health professional and his or her patient. It is very important to be able to speak the patient's language.

I'd like to know how you actually intervene. How do your two organizations intervene with the universities to provide good training for health professionals? For example, you described the program at Laurentian University, where courses are given in English for reasons of critical mass, which is not being achieved. However, the students can take courses in French. How can you actually intervene with those universities to ensure good professional training is provided?

Mrs. Jocelyne Lalonde: I'll answer your question.

The Consortium comprises 11 universities and colleges. For example, the University of Ottawa, the Université de Saint-Boniface, the University of Moncton, the Centre de formation médicale du Nouveau-Brunswick and the francophone colleges are all members of the Consortium. The health professionals who are able to provide services in French are trained at those institutions. Some students come from immersion programs in western Canada. For example, a number of students taking health training on the Campus Saint-Jean have come from immersion programs. There is a nursing program at the Campus Saint-Jean of the University of Alberta. The Université de Saint-Boniface offers a bachelor of social work program which has produced a number of graduates, more than 30. That training has only been provided since 2004-2005. There are also programs to train health care attendants. People are being trained to work in seniors homes, which is very important in the context of an aging population such as ours.

All these programs offered by these institutions where 6,000 students are being trained, as well as the funding we receive from the federal government, are important factors contributing to an increase in the number of students registering for the various health programs. It is these institutions, with which we work, that are training people.

Mr. Bernard Trotter: What is the situation in Manitoba and elsewhere?

Dr. Denis Fortier: As you suggested, we don't have the necessary critical mass to offer professional training in medicine, for example. However, with the help of the Société Santé en français and our provincial network, and with the money received from the federal government, we have nevertheless been able to shore up our service centres. We have three in Manitoba and they are currently quite good. They're in Saint-Boniface, Sainte-Anne and Notre-Dame-de-Lourdes.

For a number of years now, we have been offering bilingual training and French-language training to health professionals, nurses and physicians at those three locations. Our organization is still quite small. We can't keep them for two years, but we take them in for three months and they work in French and English. In Manitoba, being able to speak two languages and to provide services in French and English is nevertheless an asset. We train our professionals by working together in this way.

• (1010)

Dr. Aurel Schofield: I can provide some additional information on that point.

We've developed a francophone Atlantic mission for the Centre de formation médicale du Nouveau-Brunswick. We're collaborating on the admission process for francophone students from the entire Atlantic region under the Quebec—New Brunswick Agreement and then repatriating them to New Brunswick for the training as such. As a result, we've taken on the mandate of developing clinical internship environments at francophone, francophile and bilingual locations in the Atlantic region.

There has been a major development in recent years, particularly in Nova Scotia. When we started eight years ago, we admitted one student a year from Nova Scotia. Now we admit three a year. The first graduates have just finished and are going into the Nova Scotian communities where we have one of the eight clinical internship sites.

The situation is the same in New Brunswick. We are everywhere in the province, except in Fredericton and Saint John. Those cities have just organized their own community health centres, which will be the clinical internship sites for our students in the coming years.

We're also developing a partnership with the Association of Faculties of Medicine in Canada, with which we are collaborating. Since the association has to meet requirements pertaining to linguistic and cultural competencies, the partnership between the Société Santé en français and the association will be able to link the francophone and francophile areas of all the regions of Canada with the faculties of medicine. They will then have francophone and francophile clinical internship sites where they can send students from their faculties.

Consequently, to answer Mr. Bélanger's question, there are ways for the local networks of the Société Santé en français to work very closely with a faculty of medicine to make this connection. We believe it is a win-win partnership in this case as well. It will meet the certification standards of the faculty of medicine, because it will become standard for the years to come, and will meet the community's needs.

The Chair: All right, thank you.

Mr. Harris will now have the floor.

Mr. Dan Harris (Scarborough Southwest, NDP): Thank you very much.

My colleague Mr. Bélanger mentioned Mike Harris's name. Mr. Harris is one of the reasons why I am here today. I became a member of the NDP the day after Mike Harris was elected premier of Ontario. I sensed that crises would follow.

There has been a strange situation in the health field, as there has been in education as well. The situation of the francophone community has been improved through accidental crises.

I was a high school student at the time, and it was during the education crisis that we finally got our own school board, which improved our situation. Now they have grass and trees in the yard of my old school, which was all concrete when I went there. Everything has changed. Sometimes it's strange how things happen.

First, I would like to clarify some results from the survey the Consortium national de formation en santé conducted. We note, among other things, that most people work in the health field once they graduate.

Have you determined what percentage of those people worked in French or in the minority language?

Mrs. Jocelyne Lalonde: What we were able to do, as a result of confidentiality issues, was to check to see whether our students are working in regions that provide health services in French now that they've become health professionals. Eighty-six per cent of them are working in regions where there is a francophone community and where they can be called upon to provide health services in French.

Mr. Dan Harris: I'm going to continue on the topic raised by my colleague Mr. Aubin, regarding the Commissioner of Official Languages and the cancellation of the official language minority communities initiative of the Canadian Institutes of Health Research.

Ms. Lalonde has had a chance to speak. Would the Société Santé en français have something to say on this point?

• (1015)

Dr. Aurel Schofield: Yes, we share exactly the same position. It clearly isn't very prestigious to conduct research on the francophone minority communities. People view research in terms of basic research, but these are much more innovative things than people think. However, it is clear to the Société Santé en français that conclusive data are required in order to exercise a certain influence. As we don't have conclusive data, we're forced to go into the field to try to identify needs in a hit or miss manner. However, there's nothing like having conclusive data on the minority francophone community if we want to establish truly relevant strategies.

We're currently conducting a population study. We've received the funding to do the study, which will provide us with data that we have never previously had and a better picture of the minority francophone communities and their needs in order to guide our strategic plan more precisely. It involves a sample of 10,000 persons across Canada. That isn't enormous, but it's the best we can do for the moment.

That's why it's very disappointing not to have the necessary tools to pursue this research. We think this should be an integral part of the government's recommendations to ensure that these figures are compiled regularly so that we can study them and base our actions on them.

Mr. Dan Harris: Later on in the meeting, we'll discuss a motion on the mid-term report of the Roadmap. At this stage, the report won't be published, and the motion suggests that it be made public. Do you think it would be important for the report to be made public so that we can begin planning for the next Roadmap?

Mr. Réal Roy: Yes, I believe it would be important to make it public.

Dr. Aurel Schofield: Yes, because we need a starting point. Whether the report is made public or not, there could definitely be an addition so that we can forward the data to the agencies so that they can reorient or improve their performance. I believe those figures should be sent to the people who will be developing winning strategies for everyone in the coming years.

The Chair: Ms. Lalonde, what do you think?

Mrs. Jocelyne Lalonde: I think that's essential. We at the Consortium national de formation en santé are conducting our own evaluation and our report will be made public in two weeks. We'll be able to send it to you, if you wish. I believe that will enable us to make adjustments, if we need to do so, to see whether certain things have to be improved and to orient our management. We also need that in the Roadmap.

The Chair: All right, thank you.

Mr. Weston, go ahead, please.

Mr. John Weston (West Vancouver—Sunshine Coast—Sea to Sky Country, CPC): Thank you, Mr. Chairman. Thanks to our witnesses for being here today.

You probably won't be surprised that I am focusing on the testimony of the members from British Columbia for two reasons. I believe that what you have said is very good for us, and I myself am particularly interested in the issue.

My family and I went camping at Guillam Lake in northern British Columbia. The trip was put together by the organization of parents who support French in British Columbia. My three children went to Pauline Johnson school in West Vancouver, where they were able to develop their French.

As well, it's a bit of a unique situation in my riding. We have two mayors and a provincial representative who speak French. It's perhaps the only riding where all three levels of government are able to speak French in British Columbia. This is something we are very proud of.

I have a few questions to ask you. The first question is this: is it currently possible to go to British Columbia to study French? There are now international schools that wish to attract students to study French in British Columbia. I personally believe this is a really good breakthrough for official language duality.

As for my second question, do you think we really need more regulation? If not, is this something that is increasingly rooted in the hearts of British Columbians who wish to study French themselves?

Regarding my third question, there is a growing trend to have children in British Columbia study Chinese. Do you think this could curtail interest in studying French? If not, will it help?

• (1020)

Mr. Réal Roy: Thank you for your questions. I will begin with the last question as to whether the interest in teaching Chinese will necessarily have an impact on French.

Personally, I have lived in China and I learned Chinese. I believe it is a beautiful language that certainly deserves to be studied. However, there are very long waiting lists for French immersion programs. So we first need to make sure that French is learned since it is the second official language in order to be able to work at the federal level. So it is often desirable to be able to speak French.

My concern is that by adding the possibility of Chinese or Hindi immersion, we are diluting already-limited provincial resources. First, I think it would be important, while not preventing learning a third language, to ensure that priority is given to learning French.

As for studying French in British Columbia at the postsecondary level, the Office of Francophone and Francophile Affairs has been in place now for more than six years and has created two programs: one in administration and the other in education. So, it is becoming possible, but it would be preferable to provide more support to this core at Simon Fraser by supporting the development of postsecondary education in other universities in British Columbia. There are a number of Francophones and Francophiles who could teach. For example, at the University of Victoria, about 15%—about one hundred profs—have French as their first, second or third language. They could teach courses in French. There are several people from various communities who could teach courses in French.

Mr. John Weston: There are also private schools in British Columbia. There are even some in my riding. What is your opinion regarding this concept?

Mr. Réal Roy: Personally, I don't know about it, but Christine seems to be more up to speed. So I will turn it over to her.

Mrs. Christine Sotteau: In British Columbia we are working on establishing a group of all organizations interested in teaching French and teaching in French, as well as in the promotion and use of French. This is a new group that will be created near the end of next week with the help of the Fédération des francophones to combine the interests of all these people, and the International School will be included in this group, as will the Alliance française,

Canadian Parents for French, core French teachers, as they are called in British Columbia, and teachers at immersion schools and with the school boards. An entire network of people is being established. These are people who are interested in teaching French and teaching in French, including literacy. This will be an absolutely crucial force in promoting how we can maintain French and how we can live in French to the fullest.

As Réal just said, choosing to live part of one's life in French is what we're aiming for in expanding this francophone space everywhere around us.

The Chair: Thank you.

Mr. John Weston: Is there a role for an MP who is proud of our duality but does not speak French very well?

Mrs. Christine Sotteau: Come see us next Saturday, Mr. Weston.

The Chair: Thank you.

Ms. Doré Lefebvre, go ahead, please.

Ms. Rosane Doré Lefebvre (Alfred-Pellan, NDP): Thank you, Mr. Chairman.

I too want to thank our guests for being here today. It's very much appreciated. My question is for the representatives of the Société Santé en français.

Can you tell us about your plans starting in 2013. Could you perhaps tell us more specifically whether there is a priority that you would like to see in the next Roadmap?

• (1025)

Dr. Aurel Schofield: As I said earlier, we have conducted a consultation on the next Roadmap. The areas we have established are very much interdependent. Our network and strategy for developing and matching our partners are eliciting an enormous number of requests. So that's very important.

The projects we want to implement are actual projects intended to deliver services. As I said in my presentation, there are areas that we were unable to prioritize, in particular the use of new technologies and the development of meaningful data on the health and needs of our populations. All that really forms a whole. As you can see in the strategic plan, we've attempted to group all that together. So it's really like a table: if you cut off one leg, you throw the whole system out of whack. That's very important. The *Toward Unity for Health* strategy is an integrated approach directed at the needs of the communities. That's why all the factors are really interrelated. In our view, it is important for this to be considered in a comprehensive manner.

The Chair: That's fine, thank you.

I want to thank our witnesses for their testimony.

We are going to suspend proceedings for two minutes to allow our witnesses the time to leave the room. Then we will discuss two motions, that of Mr. Bélanger and that of Mr. Gourde.

Thank you, everyone.

[English]

We are suspended for two minutes.

•(1025) _____ (Pause) _____

•(1030)

The Chair: We're coming out of suspension.

Before I give the floor to Mr. Bélanger, I just wanted to indicate to members of the committee that they have three documents in front of them that the clerk has distributed.

The first document is the calendar for our committee from now until the Christmas pause. It outlines all the witnesses who have been invited, and that will give members some idea of what we're going to be doing over the next five weeks. The first meeting after we get back from the pause I'll dedicate to committee business so that members of the committee can give me direction as to how they want to plan the January, February, March timeframe. But you have a calendar in front of you now for the rest of this calendar year and that will help guide our discussions.

The other two documents are a notice of motion from Mr. Bélanger and a notice of motion from Jacques Gourde. I just want to draw to the attention of members of the committee that the motions are the same. If the committee rejects the first motion that Mr. Bélanger will move, the second motion will be ruled out of order by the chair because the committee has already made its decision on that matter.

So I give the floor to Mr. Bélanger.

[*Translation*]

Hon. Mauril Bélanger: Thank you, Mr. Chairman.

Thank you for the schedule you've just distributed. However, I see that no representatives from the departments will be appearing before the winter break. I'm a bit disappointed by that. I would have thought it would be useful to hear from the representatives of at least one or two departments to ask them questions quite directly about

what they're doing so that we can have an idea of what's being done and to prevent any duplication of work.

Would it be possible to arrange that? I leave it in your hands.

Mr. Chairman, I'm very pleased to see that my colleague Mr. Gourde has been inspired by my resolution. I will therefore be introducing the motion in public.

I'm essentially moving that we ask the Department of Canadian Heritage, which is responsible for coordinating the mid-term evaluation of the Roadmap for Canada's Linguistic Duality, to make its study public and to send it to us, obviously, once it's available. It's being done and, according to the Roadmap for Canada's Linguistic Duality, it should be complete in March 2012.

The motion is before you, Mr. Chairman. I move it. I will read it, and that way it will be very clear.

That the Committee respectfully request the Department of Canadian Heritage provide the mid-term report of the *Roadmap for Canada's Linguistic Duality 2008-2013: Acting for the Future* as part of its study on the evaluation of the Roadmap: improving programs and service delivery, and that this report be made public.

The motion is also in French. I am formally moving it.

[*English*]

The Chair: Okay, thank you, Mr. Bélanger.

Mr. Menegakis.

Mr. Costas Menegakis (Richmond Hill, CPC): Mr. Chair, I move that we go in camera, please.

The Chair: I'll call the vote first.

(Motion agreed to on division)

The Chair: I will instruct the clerk to move us in camera.

[*Proceedings continue in camera*]

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