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Monday, June 20, 2011

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Chair

Mr. Pat Martin

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● (1005)

[*English*]

The Chair (Mr. Pat Martin (Winnipeg Centre, NDP)): I call to order the fourth meeting of the government operations and estimates committee of the 41st Parliament.

Today's order of business is to examine and review the main estimates for the Ministry of Health.

We're very pleased to have as our witnesses the Minister of Health, Leona Aglukkaq, and her departmental officials, whom I may leave up to her to introduce.

I believe we have a point of order from Mr. Wallace.

Mr. Mike Wallace (Burlington, CPC): I have a very quick one, Mr. Chair.

I noticed in an online piece in *The Hill Times* last week some comments made by you as the chairman. I want to put on the record that I appreciate your eagerness as chair, but you represent the whole committee and the committee decisions that are made. In the future I would appreciate seeing it reflected in your statements that as committee chair, you are representing the committee and the decisions made as a group.

Thank you very much.

The Chair: That is duly noted, Mr. Wallace.

I think I do speak for the whole committee when I say that when we invite ministers to come and defend their estimates for billions of dollars of spending, we expect them to attend our committees and to be there.

Today we're examining the main estimates for Health, and we appreciate the minister's presence, but we should note that they've already been deemed to be reported as is, without examination and without a single question being put to a single minister. Billions and billions of dollars' worth of spending has been approved by Parliament without being approved by anybody. So when I make the comment that when we invite a minister we expect him to attend, unless there are extraordinary circumstances, I do not back off from that statement.

Mr. Mike Wallace: I have a point of order, Mr. Chair.

The Chair: You're already on a point of order, Mr. Wallace.

Mr. Mike Wallace: To respond to your rant....

The rant that you had in the newspaper is your issue. You even said at your own convention this past weekend that you need to use language in an appropriate manner to get your message across correctly. You even said yourself—

The Chair: I'm going to rule that this isn't a point of order, Mr. Wallace.

Mr. Mike Wallace: The point of order is that you, as chair, need to be professional, or if you wish not to be chair, we can make that happen. You can sit and be with your team and be as partisan as you want.

You have a chairmanship that has to be neutral, and you need to respect that. If you read the language.... You even said it to me directly. If you read the language in the article, you are over the top. You continue to be over the top, and we won't tolerate it for very much longer.

Thank you, Mr. Chair.

The Chair: Parliamentary committees are not run and controlled by the government. They are parliamentary committees—

Mr. Mike Wallace: Then who's chairing—

The Chair: —and we're masters of our own affairs.

Now, I don't think you have a point of order.

Mr. Mike Wallace: I made my point.

The Chair: If you want to talk about this later, perhaps it should be at an in camera session, because we have the minister here waiting to give testimony.

Mr. Mike Wallace: Well, I've spoken.

Mrs. Joy Smith (Kildonan—St. Paul, CPC): I have a point of order, Mr. Chair.

The Chair: Make sure it's a point of order and not just a debate that we could have behind closed doors.

Mrs. Kelly Block (Saskatoon—Rosetown—Biggar, CPC): You are not acting appropriately, Mr. Chair.

The Chair: I beg your pardon?

Mrs. Joy Smith: I want to let you know that the minister has spent a lot of time on my committee and has made sure that she has been there. She has spent copious amounts of time on committee. As you know, as chair of a committee you submit requests to have the minister come based on when she's available. The minister is here today, and she has spent.... When I requested it from our committee, she was there all the time, so I think it is very unprofessional.

As chair, you have to remain neutral, sir. We need to listen to what the minister has to say this morning and treat her with the utmost respect. She has put in a great deal of time to be very open and transparent. I say that we get on with this meeting and chair it in the proper way.

The Chair: Thank you for that input, Ms. Smith. I think you'll be challenged to find any disrespect I've shown to the minister. I said that I appreciate her being here today, but speaking on behalf of the committee, we have an obligation to review the estimates of the departments. We chose three, in a very truncated period of time, in order to give the government Parliament's permission to spend money throughout the summer. We chose three of the many government ministries we could have examined, and of those three, one of the ministers attended in time and before the estimates were reported back to Parliament. The other two were unable to attend. I expressed my dissatisfaction and I think we should leave it at that.

Minister, we're glad you're here. Thank you. After your report or presentation to us, there'll be questions, but we should note—and I will note once again—that your estimates have already been deemed adopted by Parliament without examination. The questions are a pro forma courtesy.

I've served notice, and I will say it again, that in future we're going to expand, I hope, the examination of estimates, much as we do in some of the provinces. We're talking about billions and billions of dollars' worth of spending here, and the constitutional right of Parliament to examine the estimates is something that we value and that we're going to exercise.

Minister, the floor is yours.

Hon. Leona Aglukkaq (Minister of Health): Thank you.

Good morning, Mr. Chair, and all members of the committee. It's a pleasure for me to be here. This will be my second appearance before a committee to discuss the main estimates that we'll be discussing this morning. I see this as a second opportunity to again discuss some of the good work being done in the health portfolio. As some of you may be aware, I appeared before committee in March for two hours.

It's good to see some familiar faces and some new ones as well. I would like to offer my congratulations to all of you on your recent election success. In addition to being a voice for your constituents here in Ottawa, you also have an opportunity to work in the national interest of the committee.

I want to start off by introducing the officials who are here with me today. We have Glenda Yeates, deputy minister for the Department of Health; Jamie Tibbetts, chief financial officer, Department of Health; Dr. David Butler-Jones, chief public health officer of the Public Health Agency of Canada; James Libbey, chief financial officer of the Public Health Agency of Canada; Dr. Alain Beaudet, president, and James Roberge, chief financial officer, both of the Canadian Institutes of Health Research.

For those of you who are new, I would like to give you a sense of some of the major priorities of the health portfolio. The federal health portfolio covers a lot of ground, with organizations playing leadership roles in health care, regulatory oversight, first nations and Inuit health, public health, and research. All of these activities feed into our clear mission and goal, which is to work together to maintain and improve the health of Canadians, and that's a goal I know each and every one of us here shares.

As you know, Budget 2011 renewed funding for important programs, including the chemicals management plan. Budget 2011 also allocated up to $100 million to help establish the Canadian Brain Research Fund to support the very best Canadian neuroscience and to accelerate discoveries to improve the health and quality of life for Canadians who suffer from brain disorders.

I would like to reflect on some of the accomplishments during the last session of Parliament. We saw some important change in the way we protect the health of Canadians and the way in which we help them maintain and improve their health. Most notable was the Canada Consumer Product Safety Act, which was passed during the last session and comes into force today. It replaces the 40-year-old legislation that had proven to be no longer effective in regulating the marketplace of today. This legislation will also give us, for example, the ability to recall dangerous products and track their path through the marketplace. The new act is full of common-sense changes that Canadians expect and deserve.

As well, on June 9 I tabled three new proposed tobacco labelling regulations for consideration by the House of Commons, as required under the Tobacco Act. Among the proposed changes are new requirements for cigarettes and little cigar packages, including 16 new health warning messages than would be even larger and more noticeable than what we currently have in Canada. The Government of Canada is also committed to increasing awareness of the health hazards associated with tobacco use and the benefits of quitting.

We have also invested in innovative projects that aim to counter some of the factors that contribute to mental health problems, especially among children and youth. I recently announced $27 million in funding for programs for those at higher risk of developing a mental health problem because of their socio-economic circumstances and living conditions. Those funds will support programs over the next five years that focus on children, youth, and families in diverse communities, including rural, northern, and those of low socio-economic status.

From the public health perspective, we continue to apply the lessons learned from H1N1 to ensure emergency preparedness. While it's important to be able to respond to significant health challenges like H1N1, I personally believe it's important that we work proactively to prevent disease and injury, which is why health promotion is important.

Last year my federal and provincial colleagues and I adopted a declaration on prevention and promotion, showing our commitment to work together on initiatives that would curb childhood obesity. I believe this is a critical step in helping Canadians live longer and healthier lives.

As we look towards the future, there is no shortage of daunting challenges. If we are to bring about positive change to health services for aboriginal people in Canada, they must be based on innovative partnerships between all levels of government, including first nations. Such innovative partnerships form the basis of a tripartite initiative currently under way in British Columbia, where we are working with B.C. first nations and the British Columbia government on the development of a new first nations health governance structure. Our shared vision would see first nations plan and deliver health services and programs that are better integrated with the British Columbia health system.

● (1010)

We are also proposing changes to the marijuana medical access program. Those changes would help eliminate some of the hazards that have developed under the program in the last decade. We are proposing changes that would shift production away from individuals in their homes to licensed producers who could be better regulated by our inspectors. I believe that our proposed changes strike an important balance between patient access and strengthening public safety.

Health Canada is both a leader and a partner in helping to ensure that Canadians have access to quality health services. Through the Canada health transfer administered by Finance Canada, the federal government provides long-term, predictable funding to support provincial and territorial health systems. Canada health transfers in 2011-12 will amount to $27 billion and will grow to an all-time high of $30 billion by 2013-14.

Cooperation with the provinces and the territories has produced some tangible results across many of the priority areas in the 2004 accord. For example, in the area of wait times, the Canadian Institute for Health Information has reported that at least eight out of ten Canadian patients are receiving priority procedures within medically acceptable wait times.

I have also asked the Senate Standing Committee on Social Affairs, Science and Technology to resume its review of the accord. I know that the committee's findings will help guide us as the time for renewal gets closer.

Our government is committed to working collaboratively with the provinces and the territories to ensure that the health care system is sustainable and that there is accountability for results. At this time, jurisdictions are reviewing results achieved against the accord commitments. It will be very important for this evaluation to occur in order to have an understanding, based on evidence, of where progress was made and where there may still be work to do.

In the meantime, we will maintain the 6% escalator for the Canada health transfer and will work to renew the health accord while respecting provincial and territorial jurisdictions in health care.

Our government is not waiting for the conclusion of the health accord to improve health services to Canadians. There are measures we can take today to address the health needs of Canadians, such as continuing to help improve access for Canadians to medical professionals.

Strengthening health care with more physicians for Canadians is a priority for our government. That is why I recently announced federal funding to support more than 100 family medicine residents to receive training and to provide medical services for work in rural and remote communities across Canada.

While we are improving access to health care professionals or increasing their numbers, we are working closely with the provinces and the territories to accomplish this goal.

Mr. Chair and members of the committee, I hope you have found this overview of where we've been and where we're going helpful. If you have any questions, I would be pleased to answer your questions this morning.

Thank you.

● (1015)

The Chair: Thank you, Minister. I believe there almost always are questions.

We begin first with the official opposition, the NDP, for five minutes, please.

[*Translation*]

Mrs. Nycole Turmel (Hull—Aylmer, NDP): Thank you, Mr. Chair.

I would like to ask a question about something in your report. It mentions that you are proposing changes to the Marihuana Medical Access Program.

Currently, the individuals who want access to this program have to wait much longer than the six to eight weeks you are suggesting. Quite frequently, people who are sick and are often at the end of their lives, must contact other clubs or use other means to buy marihuana in order to be able to relieve the symptoms of their illnesses.

We don't understand why you are not conducting a comprehensive review before making amendments to prevent people from growing their own marihuana for medical purposes. Why don't you ask compassion clubs to help you do the research to assist those people who really need medication or assistance at the end of their lives?

● (1020)

[*English*]

Hon. Leona Aglukkaq: Thank you for the question.

On Friday I announced that we're going to do a consultation on the medical marijuana access program. Our government is very concerned that the current program is open to abuse. The changes we're proposing will reduce the risk of abuse and keep neighbourhoods, children, and families safe while significantly improving the program participants' access to marijuana.

We heard loud and clear from the Canadian Federation of Municipalities, the fire departments, and the police officers that there is abuse in this program and that we need to address the public safety aspect of it and at the same time ensure that patients who require access to the program continue to have access to it.

In the past we were dealing with some backlogs with the program. We've addressed that. On Friday I made the announcement that we will be moving forward to consult Canadians on the revisions in addressing a better balance between patient needs and public safety.

Thank you.

[*Translation*]

Mrs. Nycole Turmel: Thank you for your reply and for mentioning that a number of groups have been consulted.

However, my party and I still feel that the people who are most affected by this program are not really being heard and cannot have immediate access to a compensation program that could make the last stages of their lives easier.

[*English*]

Hon. Leona Aglukkaq: Thank you. I appreciate your comments.

What we're trying to do here is address two things. As I said before, there is a public safety aspect and abuse, illegal activity associated with this program. We've heard the concerns of municipalities, provincial leaders, police officers. We need to address those. We cannot continue to not address the public safety aspects of this program that have been raised. It puts other people at risk of harm.

The consultation that I announced Friday will be talking to Canadians to receive feedback, and if you have constituents who want to present, they're more than welcome to do that. I'm seeking input from Canadians in terms of how we can better balance patient needs and at the same time ensure we are addressing the public safety aspects that have been raised by organizations—fire departments, police officers, and Canadian municipalities—across the country. The consultations will take place over the summer months, and I'm looking forward to receiving that feedback to see how we can address some of this.

Thank you.

The Chair: You still have about 30 seconds, if you have a quick question, Alexandre.

[*Translation*]

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): In your presentation, you said you wanted to invest $27 million in mental health resources. In the constituency I am representing, Rosemont—La Petite-Patrie, the lack of mental health resources is a priority health matter.

Can you tell us what the $27 million actually means for ten provinces and two territories in terms of helping people who are affected by those illnesses?

[*English*]

The Chair: Can we have a quick answer, please?

Hon. Leona Aglukkaq: Very quickly, it was our government that introduced the Mental Health Commission of Canada. We invested $130 million to establish that organization. The work of the commission is to work with the provinces and territories to put forth recommendations on areas that we can concentrate on to improve mental health services across the country.

They will be coming forward with their recommendations by 2012 for us to move forward, but in the meantime, we work with the provinces and territories that deliver health care on a number of initiatives. Recently I made an announcement of $27 million targeted to address the mental health issues of children. That's in partnership with community stakeholders and governments across the country. I was very pleased to make that announcement, the first of its kind that is really addressing the needs of youth with mental health issues.

Thank you.

The Chair: We will go to the Conservatives. Kelly Block.

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

And thank you, Minister Aglukkaq and members from the department, for being here with us this morning.

As a member of Parliament from Saskatchewan, I want to extend a special welcome to both Glenda Yeates and Dr. David Butler-Jones, both individuals who have served Saskatchewan very well in the past and are now serving our country in very similar capacities. It's good to see you here again.

Despite the comments of the chair, we here on the government side of the table are very pleased to have you here at committee today to give us the opportunity to have a dialogue with you and health officials.

As a newly appointed member to the health committee, I am very much looking forward to learning more about many of the initiatives you and the department have begun to put in place. I am very interested in the plans and priorities as reflected in the estimates and in the budgets going forward.

Today the new Canada Consumer Product Safety Act is coming into force. I'm wondering, Minister, if you could tell us how this act will better protect the health and safety of Canadians from hazardous consumer products.

● (1025)

Hon. Leona Aglukkaq: Thank you, and I appreciate your comments and feedback.

It actually took four attempts in the House before we were able to pass the consumer product safety legislation in December in the Senate.

As parents we make the assumption that when we walk into a store, products on the shelves are safe. Going into this role, as a mother, learning that we have 40-year-old legislation that does not protect children from harmful products, as an example, was a concern to me. The act we introduced and passed will give the government stronger and more.... This is modern legislation. The previous legislation was 40 years old.

Now, for the first time, we have the power to recall unsafe products from the market or off the shelves. The Canada Consumer Product Safety Act also increases industry's responsibility regarding the safety of the products they sell in Canada. It requires the industry to report incidents to Health Canada so we have a better monitoring system across the country. And it's in the interest of industry, in my view, to ensure that the products they do sell are safe as well, so they'll be working with us closely.

My department, in the last year, has been communicating with retailers and industries across the country to educate them on the new legislation. And I'm very pleased to be able to say that the legislation comes into force today.

Thank you.

Mrs. Kelly Block: Thank you.

I just want to follow up on the question of the previous speaker in regard to the Mental Health Commission of Canada that you referenced, and you didn't have very much time to expand on that. Would you be willing to tell us just a little bit more about the steps our government is taking to promote positive mental health for Canadians, especially for children and youth?

Hon. Leona Aglukkaq: Thank you for that.

Since our government came into force, as I stated before, we introduced the Mental Health Commission, the first of its kind in Canada, to address and improve the quality of life of Canadians dealing with mental health challenges.

In Budget 2007 we committed $130 million to create the commission, which will be going forward with recommendations on areas to address, by 2012, in partnership with researchers in provinces and territories that deliver health care. An additional $110 million was provided to the commission in 2008 for research projects for homelessness and mental health.

But we also recognize that there is an area for youth where we need to start addressing early diagnosis of youth with mental illness and start putting in place better support systems for their families, school teachers, and whatnot. So this is early diagnosis and working with children with mental health problems throughout their lives, as opposed to when they're homeless or incarcerated or when they get into trouble. We're trying to focus on the prevention aspect of it, which is why I was so proud to announce the $27 million of mental health projects our government has invested, which will deal with children's needs and youth needs. The focus is on children between the ages of six and twelve, and we're working with parents, school teachers, health care providers, and community partners in terms of how we will deliver these programs across the country. Basically that will build on the recommendations that will be coming forward through the Mental Health Commission that we are establishing in Canada, so this is a significant investment.

● (1030)

The Chair: Minister, I'm sorry to interrupt you—

Hon. Leona Aglukkaq: Thank you.

The Chair: —but you're well past the five minutes. Thank you.

Just before I go to the NDP, perhaps I could clarify something.

In your opening remarks, Kelly, you said that notwithstanding what the chair says, we think you're welcome here. Nothing the chair said should be taken that the minister is not welcome here. We're pleased the minister is here.

Alexandre Boulerice, five minutes, please.

[*Translation*]

Mr. Alexandre Boulerice: Thank you, Mr. Chair.

First of all, I would like to take a few seconds to thank the minister for being here with us this morning, since I had no time to do so in the 30 seconds I was given earlier. We appreciate it.

My question is about Vancouver; that's where we were yesterday. A recent study published in the British medical journal *The Lancet* has showed that the Vancouver supervised injection site was giving good results and was making real progress possible. It works, since there was a 35% drop in overdose cases for people with drug addiction problems in the Downtown Eastside. I was in this neighbourhood this past weekend. It is shocking and brutal to see.

A recent study from Quebec has also showed that a similar site in Montreal, which is unfortunately now closed, had not caused any disturbance in the area. So these sites are not under attack for security reasons.

If these methods are working and they are an effective weapon against substance abuse, making it possible to avoid senseless deaths, why does the minister or the federal government insist on wanting to close Insite in Vancouver?

[*English*]

Hon. Leona Aglukkaq: Thank you.

Our government is committed to addressing the issues related to illicit drug use in Canada. That is why we created the national anti-drug strategy, which focuses on reducing; preventing the use of drugs in the first place; treating those with drug dependencies; and combatting the illicit production and distribution of drugs. Our government also invested $11.8 million specifically for the Vancouver downtown east side and an additional $2 million to improve addiction services within aboriginal communities.

As the member may be well aware, this matter related to Insite is before the courts at this time. We'll wait until that process is completed before I comment any further.

Thank you.

The Chair: You have about two and a half minutes, Alexandre.

[*Translation*]

Mr. Alexandre Boulerice: Madam Minister, we prescribe many drugs in Canada. These are drugs for adults, but they are too often administered to children. In addition, there is no control over the dosage for children or the effects the medication has on them.

An article published recently in the *Canadian Medical Association Journal* has pointed out that Health Canada does not ask pharmaceutical manufacturers to do clinical trials of prescription drugs for children. Health Canada also does not require that the trials conducted by pharmaceutical companies in other countries be disclosed, which would give very useful information on the use of those drugs and their effects on children.

In the United States, the Pediatric Research Equity Act forces pharmaceutical companies to carry out these types of trials for drugs intended specifically for children.

Why does the Minister of Health not follow the example of the United States and force pharmaceutical companies to give out information that is crucial to the health of children across the country?

[*English*]

The Chair: Minister, you have about one minute for your response.

Hon. Leona Aglukkaq: Thank you.

I'm going to ask the deputy minister to elaborate on the work that's being done internally to address this type of issue.

Glenda.

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

Mr. Chair, the member raises a very important question in terms of, as we approve drugs, understanding as much as we can about the impacts on different groups. We at Health Canada have been very concerned about the pediatric issue the member has raised. We have in fact an expert group that has been looking at the issue and giving us advice. We have been working with the Canadian council of academies of sciences to get some of their advice as well.

It is a topic under active consideration—namely, what is the best way to make sure that as we deal with the labelling issues, as we advise both health providers and individual Canadians, we're able to have the best possible science information, not only for the general population but also for subpopulations, including the pediatric population?

So we're very pleased to have the question. We are very seized with looking at what is the best approach and how we can improve the information and the labelling requirements. That's something we are looking at currently.

Thank you.

● (1035)

The Chair: That concludes your time, Alexandre.

Peter Braid.

Mr. Peter Braid (Kitchener—Waterloo, CPC): Thank you, Mr. Chair.

Thank you, Minister and officials, for being here this morning.

I would like to begin with a question about the medical marijuana access program. I would like to follow up on some of the questioning that was submitted by the official opposition and bring some clarity to the announcements that were made on Friday.

Minister, you mentioned that you and your department will be embarking on a consultative process over the course of the summer. Is it not fair to say the changes that were announced on Friday, which have a focus on public safety, were themselves made after extensive consultation with municipal officials, public safety officials, firefighters, and police officers? Is that correct?

Hon. Leona Aglukkaq: Yes, that would be correct.

Mr. Peter Braid: The changes that were announced on Friday have a focus on public safety and will not affect access.

The Chair: Minister.

Hon. Leona Aglukkaq: No, we're not limiting the access issue. We're trying to address the public safety aspect, as you've outlined.

Mr. Peter Braid: Right. Thank you, Minister.

Moving forward, in your remarks this morning I noted that you used the word “innovation” a lot. Perhaps you could elaborate, Minister, on some of the initiatives Health Canada has been undertaking specifically with respect to mental health programs and good mental health promotion, anti-smoking measures and partnership programs with first nations.

Could you elaborate on some of the innovative measures and initiatives Health Canada has been undertaking in any or all of those areas?

Hon. Leona Aglukkaq: Can I—

The Chair: Actually, in future there is no need for me to recognize you on this committee.

Hon. Leona Aglukkaq: Okay. Every chair is different, so thanks.

The Chair: Every committee is different.

Hon. Leona Aglukkaq: In terms of innovation, I've been on the health portfolio for about six or seven years, provincially and now federally. I have seen a lot of changes in the provincial jurisdiction, a shifting to focus more on areas of better integration and prevention. I've always stated that equally important to treating people when they get ill is preventing them from getting ill in the first place.

When you consider the health indicators of the Canadian population, you will note very quickly that many of them are preventable. When it comes to illnesses associated with obesity, cancer rates associated with tobacco use, the lack of physical activity, and injury prevention, there are a number of startling statistics in Canada.

The shifting we're doing is the first of its kind. In September, for the first time, we signed a declaration on keeping Canadians healthy. That was signed with the provinces and territories. We committed to work together to combat the issue of obesity. There are other areas within our portfolio over which we have direct control, such as consumer product safety legislation and tobacco legislation. We're looking at prevention, illicit drug use by our children, and addressing mental health. These are programs designed to keep people healthier as well as to support individuals who require support, the more vulnerable. That is quite exciting.

Another area that is innovative would be the tripartite agreement discussions we are having in British Columbia. British Columbia first nations, the province, and the federal government have been working for four or five years on how to better integrate health care services for the first nations people within the province. The work we are doing with the British Columbia first nations is innovative. It integrates first nations to be part of finding solutions. They are at the table in terms of providing better programs in their communities.

It is an exciting time to be discussing some of those initiatives. I think they are changing how we deliver health care, in less of a silo environment, how we better integrate all residents in each jurisdiction to provide health care services, as opposed to first nations having certain services and that type of thing. It doesn't work, and we know that. The work has been—

● (1040)

The Chair: Minister, I'm sorry to interrupt you.

Hon. Leona Aglukkaq: The work has been very exciting.

The Chair: Perhaps you can continue that thought in response to another question.

It's now the Liberal Party and John McCallum.

Hon. John McCallum (Markham—Unionville, Lib.): Thank you, Mr. Chair, and thank you to the minister and to all her colleagues for being with us this morning.

Last week, Finance Minister Jim Flaherty made a trip to the United States. He gave a speech in New York in which he explicitly endorsed the views of Paul Ryan, who's the Republican chair of the budget committee of the House of Representatives. Mr. Ryan has called for the total repeal of President Obama's health care initiative, and also for a 33% cut in medicare in the U.S.

One can question the propriety of a Canadian finance minister getting engaged in a U.S. budget debate, but that's not my question. If the finance minister is telling the U.S. to balance the books by slashing health care, doesn't that logically imply he would pursue a similar policy in this country?

Hon. Leona Aglukkaq: I think our government is very clear on how we will continue to provide the provinces and territories with the health transfers. We've kept the 6% escalators, and we've stated that we will continue to roll out that commitment to provinces and territories so they will have predictable funding to address health care delivery in their jurisdictions.

Hon. John McCallum: I know that's what it said, but why would he go to the U.S. and tell them to slash health care?

Hon. Leona Aglukkaq: I can tell you what our government has stated on health care to Canada. You know in your party that there were huge cuts in transfers to provinces and territories. I was the health minister for Nunavut when we were dealing with all the cuts.

Our government is very clear that we will continue to transfer the funding to jurisdictions. We will be reviewing the health accord and looking at the success of the programs that were identified as priorities in the 2004 accord. We'll continue to do that. We're committed to working with the jurisdictions.

Hon. John McCallum: Thank you.

I'd just point out that, yes, our government had to make some cuts in the nineties because we inherited this $42 billion Conservative deficit and we were in a state of crisis. But having balanced the books, don't forget it was the Liberal government that initiated the 10-year health accord, where funds would grow at 6% per year for 10 years from 2004 to 2014.

Let me move to a different subject, which is the topic of funding for first nations and Inuit health care. I have two concerns. If one looks at the estimates on pages 163 and 164, in the current year we're getting less information than we did in the previous year. Under first nations and Inuit health care, for 2010-11 there were 10 categories of spending that were revealed in the estimates. In the more recent years, 2011-12, there are only three categories. So you've amalgamated a whole bunch of smaller amounts into a much smaller number of categories, thereby providing less information.

I have two questions. One, why do you think it's appropriate to give so much less information to Canadians and to this committee? Second, I note that the total expenditures are very similar for each of the two years, whereas the Assembly of First Nations has estimated a nearly 10% increase in the number of first nations people eligible for non-insured health benefits. So you have expenditures that are nearly flat, and the demand or need in terms of population growth is rising very quickly.

I guess I have two questions. Why collapse the information, and why are expenditures not nearly keeping pace with the population growth of aboriginal and Inuit people?

Hon. Leona Aglukkaq: Thank you.

● (1045)

The Chair: You have less than one minute to answer.

Hon. Leona Aglukkaq: I believe the non-insured health benefits on the items will be reflected in the supplementary budget piece.

On the question around the issue of less information, as a former territorial health minister, and looking at community-based programs, I'll give you one example of a community that had to apply 15 times for programs.

The community wanted to deliver programs to pregnant women to deal with obesity, tobacco, FASD, and diabetes. The way the program was designed before was disease-specific, so the community group of volunteers had to apply five times to be able to deliver to a pregnant lady prenatal programs on FASD, diabetes, and whatnot.

So the clustering of the programs means they are better aligned to address the need for a broader delivery of programs at the community level, as opposed to spending their entire time and resources reporting 10 or 15 times to deliver programs. That's the explanation around that.

The Chair: Minister, you're well over time, please.

Scott Armstrong.

Mr. Scott Armstrong (Cumberland—Colchester—Musquodoboit Valley, CPC): Minister, thank you very much for being here today. We appreciate your coming and presenting to us.

I'm going to read you a quote from what you said. It's on page 11, if you want to refer to it. You said:

> Through the Canada health transfer administered by Finance Canada, the federal government provides long-term and predictable funding to support provincial and territorial health systems. Canada health transfers in 2011-12 will amount to $27 billion and will grow to an all-time high of $30 billion in 2013-14.

You are a former territorial health minister. What would having consistent and predictable funding mean to someone trying to operate a local health care system or a provincial or territorial health care system?

Hon. Leona Aglukkaq: Thank you. As a former finance and health minister for the Nunavut government when we were dealing with the cuts to education and health, I can tell you it was very difficult. We didn't have that predictable funding arrangement.

Our government has stated that we will continue the growth to the jurisdictions. The provinces and territories deliver health care. They know their areas best in terms of the resources, and they'll be able to allocate accordingly.

The predictable funding transfers to jurisdictions allow us to think long term about how we address health care in Canada. Ten years is not long enough. We're still rolling out the 2004 accord priorities, and the Health Council of Canada has been able to report some progress, but the 10 years is not up yet. So in terms of going forward with jurisdictions, looking at the accomplishments of that 2004 accord, predictable funding will allow us to focus on areas where we need to focus collectively, as a nation. But we can't deliver health care and improve health care when we're dealing with cuts, and that's what we were dealing with back in 2003, and in 1998 and 1999, those years.

I can say the predictability goes a long way when you need to deal with long-term planning around health care.

Mr. Scott Armstrong: Many provinces, as well as the federal government, are trying to shift the focus toward more health promotion and prevention of health care problems, injuries and other long-term disabling sicknesses and things that are happening to us.

Would you please update us on your discussions with the provinces and territories regarding healthy eating and awareness and education?

Hon. Leona Aglukkaq: The provinces and the territories worked really in hard the last four or five years to talk about how we can keep our population healthy. As I stated earlier, equally important to treatment when you fall ill is to keep you from getting ill in the first place. I believe that jurisdictions...and I've stated before that with the trends we are seeing, with predictable funding going into health care.... You can't keep up, unless you start to shift, keeping the people out of the institutions in the first place.

So the work that we signed off on in September is an agreement with the provinces and territories for the very first time to keep people healthy, whether that be dealing with obesity, developing food guides, affordable food, diabetes, or tobacco. There are a number of initiatives and programs that we're funding through cancer initiatives. There are a number of projects that we're working on collectively that will benefit jurisdictions.

At the same time—you will not see the results overnight—we need to start focusing initiatives on the injury prevention piece. I'm excited about the work, and the group is looking at finalizing some of the recommendations this fall. You will see some announcements being made across the country on a number of initiatives. I can say that the commitment to working collaboratively across the country in the area of prevention is well received.

● (1050)

Mr. Scott Armstrong: Thank you.

The last question I have deals with electronic health card records. We've been talking about this for many years now. Could you update us on the status of that project and where your negotiations are in terms of electronic health records?

Hon. Leona Aglukkaq: As you know, our government made a commitment on developing electronic health records. The program will reduce duplication and provide better information to physicians on patient care. At the same time it will improve the efficiency of how we manage and provide services to our patients.

As of March 2011, over 50% of Canadians have electronic health records available. In March 2010 we were at 22%. So we have accomplished a lot in terms of rolling that out. Infoway continues to work with the provinces and the territories and the health care deliverers in moving those projects forward.

The Chair: Minister, if I could, I'll interrupt you at that point.

That concludes your time, Mr. Armstrong.

For the NDP, Nycole Turmel.

[*Translation*]

Mrs. Nycole Turmel: Thank you.

I would like to come back to the point raised by the deputy minister. It has to do with the lack of information about the side effects of medication on children. The minister said firmly that the situation was going to be looked at.

Could you tell me what concrete action the department is planning to take to improve the situation and to ensure that children are not affected by the side effects of prescription drugs due to lack of information?

[*English*]

Ms. Glenda Yeates: Mr. Chair, thank you very much for the question.

Again, this is a very important topic for us. I think we are working very hard, as all drug regulators are, to make sure we have the best and the utmost up-to-date scientific information.

As the member noted, in some cases for children, because they obviously have different metabolisms—they're in a different stage of life—there can be a need for specific information. That's why at Health Canada we have established a pediatric expert group to give us information. We've been working with the industry and with other regulators internationally to try to understand what is the best approach and what are the tools we can use to make sure we protect children as best we can.

Those are a number of the things that we are doing to tackle this issue.

Mrs. Nycole Turmel: Denis.

[*Translation*]

Mr. Denis Blanchette (Louis-Hébert, NDP): Good morning, Madam Minister. I am very pleased to meet you and to have the opportunity to ask you a question.

As you know, one of the health sectors where prices are increasing exponentially at a rapid pace is that of medication. Some provincial governments have been thinking out loud and have been talking about buying drugs.

At your end, are you planning to adopt a national drug procurement strategy?

[*English*]

Hon. Leona Aglukkaq: Thank you for your question.

The issue of drug costs and whatnot has been in the works for some time now. As I'm sure you're well aware, each jurisdiction determines which drug will be publicly funded within their formularies. Health Canada approves the drugs and the jurisdictions determine whether or not they will cover them within their public system. Recently, jurisdictions have been collaborating—the Atlantic region and Ontario—on how to better coordinate bulk purchase of products. That work continues with each jurisdiction.

From the meetings we had in September, I can say that it is quite encouraging in terms of what the jurisdictions are doing to partner. It's quite innovative, in my view, to have provinces and territories collectively recognizing that there's a benefit to this, and they are continuing those discussions. As Health Canada, we also purchase drug programs for our direct responsibility, which is first nations health care delivery, so we are a partner to that discussion with jurisdictions as well.

Thank you.

● (1055)

[*Translation*]

Mr. Denis Blanchette: The Patented Medicine Prices Review Board looked at the possibility of increasing the number of countries against which we can compare the prices of Canadian drugs in order to be able to offer Canadians—all while paying a fair price—drugs at a lower price, just by expanding the range of comparable countries from seven to 13.

Does the minister intend to take this approach and, therefore, allow Canadians to save more than $2 billion on drug prices?

[*English*]

Hon. Leona Aglukkaq: Thank you.

What you've just outlined is currently not something that we're having a discussion on.

Perhaps, Glenda, you can...?

Ms. Glenda Yeates: Certainly.

Thank you again for the important question.

The Patented Medicine Prices Review Board works to try to establish a pricing regime and a regulatory overview for Canada. They do have a series of countries that they look at as comparators for determining whether the prices for patented medicines are fair in the Canadian context. There is a group of countries, as the member noted, and they currently are used from time to time.

There are proposals put forward about possible changes to that group, and those proposals do come forward from time to time, but it's not something that is currently being implemented. Currently, the PMPRB is working very hard and diligently with the regulatory framework and with the group of comparator countries that is currently in force.

The Chair: That's the end of your time, Denis.

We'll go to Bernard Trottier.

Mr. Bernard Trottier (Etobicoke—Lakeshore, CPC): Thank you, Minister, as well as the staff in the Ministry of Health, for coming in this morning.

I want to ask you about an important issue for most Canadians, certainly in Ontario, where my riding is, but also across the country, I'm sure. It's the preoccupation with wait times for critical medical services.

Could you describe the progress that's really been made in various areas of health delivery? What is the federal government doing to improve the wait-time situation?

Hon. Leona Aglukkaq: Thank you for your question.

This is an area that jurisdictions have been working on for some time. I was the territorial health minister when we started dealing with how we can address some of the issues around wait times.

I can say that the latest data from the Canadian Institute for Health Information and the provinces and the territories shows that we have had some decrease in wait times across the country. Our government, as I stated before, will continue to provide to the provinces and the territories as they adopt innovative approaches to delivering on and addressing wait times. At the same time, we will continue to provide the provinces and territories with the 6% escalator, which they will use to allocate to areas of need.

We continue to work with the provinces and territories on a health accord. As I stated before, the health accord has three more years left. A lot of work has gone into addressing wait times, as an example, as a priority area. But in order to see the true reflection of what we were able to achieve within the 10 years, we need to let the course run itself. Within the wait-time reports across the country, we are seeing significant reductions, and we'll continue to work on that.

In addition, our government has made significant investments in prevention, such as the prevention of hip injury, as an example, and in a number of other areas, which will mitigate some of the pressures we see within the hospitals around wait times.

● (1100)

Mr. Bernard Trottier: Could you give some examples of specific procedures for which the wait times have been reduced? In what types of procedures are we experiencing some success, and what's driving the success?

Hon. Leona Aglukkaq: I can say that across jurisdictions we adopted wait-time targets. I'll use hip replacement surgery as an example. Different jurisdictions are further ahead than others. The Health Council just came out with their review of how we're doing in some of these areas. We don't do enough to share some of our success stories, and certainly that's an effort that I think we can do better at.

On the issue of wait times in jurisdictions that have had success, they are concentrating on putting the systems and processes in place, whether that be having better record systems, such as electronic health, or more staff, more human resources, to provide support. But part of it is also the ongoing, predictable funding that has come from our government, which provinces and territories are able to invest in areas of need to address some of their wait-time priorities.

Mr. Bernard Trottier: Thank you.

I have a final question.

A theme across all ministries when it comes to budgets is our aging population. Could you describe some measures or some programs the Ministry of Health is putting in place to improve health delivery for Canadians?

Hon. Leona Aglukkaq: Thank you.

As you know, globally we're dealing with an aging population. But where I come from, in Nunavut, it's the complete opposite. In Nunavut, we have more young people today, as opposed to other jurisdictions. So there will be some differences in provincial areas of work.

Our government is supporting areas to deal with our aging population, around injury prevention, as an example, and seniors in aging friendly communities. We've also encouraged communities to design programs for active and health living for aging. We have the Canadian prevention program for seniors—the name escapes me at the moment. But we're putting programs in place to address the healthy aging of our population.

Our government continues to also make significant investments in the area of research to support Alzheimer's care—the brain funding we announced—and dementia programs.

There are a number of significant investments we've made that way. As well, through the Canadian Institutes of Health Research, through the leadership of Dr. Beaudet, Canada is leading in coordinating Alzheimer's research internationally, as an example. The results, again, will help us identify programs we can make investments in.

Thank you.

The Chair: We're way over time with that.

Alexandre Boulerice has a question.

[*Translation*]

Mr. Alexandre Boulerice: Poll after poll has shown that Canadians are telling us that health is their priority and that the quality of the public health care system in the country is very important to them. A number of Canadians even see this as being part of their identities.

Over the past four or five years in Montreal, we have seen a real shift towards the privatization of health care systems through an increase in private clinics and private hospitals at times. Those institutions are charging more and more fees for some medical procedures or for patients to have tests done or see a doctor.

We hold so strongly to the principles under the Canada Health Act, including universal health care and access to health care.

Could you tell me what the department is going to do to uphold those principles, which are at the very heart of our public health system, and to prevent credit cards from replacing health cards in order to have access to care?

[*English*]

Hon. Leona Aglukkaq: Thank you for the question.

As I stated before, the Government of Canada is committed to the Canada Health Act, which requires the provinces and the territories to provide coverage for medically necessary hospital services. Jurisdictions often will experiment in terms of innovative ways to deliver health care under the publicly funded umbrella, but still consistent with the Canada Health Act. When we have concerns such as those you just raised, we investigate the incidents or reports in partnership with the jurisdictions. Some will raise questions around that, so we do follow up with jurisdictions when we hear of concerns. But our findings are that they have been consistent with the Canada Health Act.

Thank you.

● (1105)

The Chair: Because there's a moment left in that time, I have one question I'd like to put to you, Minister, and perhaps to Mr. David Butler-Jones as well.

Today the committee of the parties to the Rotterdam Convention are meeting in Geneva to determine what are those hazardous chemicals that require informed prior consent to be traded internationally. Canada has consistently said that asbestos should not be on that list. But we just recently got a memo from Health Canada advising the government that, yes, Health Canada believes chrysotile asbestos should be on the list of the Rotterdam Convention, the United Nations list of chemicals requiring informed prior consent.

Could you advise us on whether, since you've been minister, Minister Aglukkaq, your department has been asked for an opinion? I would put a similar question to David Butler-Jones.

Hon. Leona Aglukkaq: Thank you for that.

I'll start off. The Rotterdam Convention takes place this week. I'm not going to pre-empt the discussions that will take place around this subject there. What I can say is that the position.... The scientific review that has been done clearly has confirmed that chrysotile can be used safely under controlled conditions. Over the last 30 years this has been the position. If applied under controlled management and conditions, it is safe. So I will just pass that on.

Do you want to elaborate, Dr. Butler-Jones?

Dr. David Butler-Jones (Chief Public Health Officer, Public Health Agency of Canada): As part of one of my former lives I was actually the physician for asbestos miners and mill workers.

The Chair: I'm aware of that.

Dr. David Butler-Jones: If we had treated asbestos with respect in the beginning—and if not for smoking, which dramatically compounds the risk of disease as a result of asbestos—and it was used in controlled conditions, we wouldn't be having the kinds of concerns we have. But I remember, before I was the physician there, stories of people taking asbestos fibre and making it into snowballs to throw at each other and the industry of the day claiming there was no risk in any way. So finding the appropriate balance is key. I look forward to the results of the discussions.

The Chair: The only question I have, though, is this. The list doesn't ban asbestos. All it requires is that if you're selling asbestos, it has to have a warning label on it so that people can take health and safety protocols. Is it the position of Health Canada that people should be warned that asbestos is a class A carcinogen?

Dr. David Butler-Jones: Again in terms of the details of the negotiations—and that's not my area of expertise—I think as a general principle people should know what they're working with. It doesn't matter what, whether it's asbestos or any other chemical or drug. It's always a good principle to have the least intrusive, most effective, with the fewest side effects, whether it's medication or something we use in different industrial processes—knowing what it is. That's part of the reason why there are declaration sheets in Canada for different materials used in industrial settings, as an example.

The Chair: That concludes the time.

We have Ron Cannan for the last five minutes.

Mr. Ron Cannan (Kelowna—Lake Country, CPC): Thank you, Mr. Chair.

Thank you to the minister and staff for appearing before our committee. There has been a broad range of issues and discussions this morning, and we appreciate your commitment to the health, life, and safety of Canadians. Next to the economy, it's the number one issue in my riding, and I think probably the other 307 ridings across Canada.

Madam Minister, you briefly talked about Alzheimer's disease. I wonder if you could expand a little bit to inform the committee what the government is doing in regard to MS and some of the neurological issues.

I participated Saturday in my riding, for example, and many others probably did the walk for ALS, something that is affecting more and more Canadians. I lost a dear friend not too long ago to this disease. Maybe you can enlighten us a little bit on the government's present position and what we're doing to help deal with the neurological issues.

● (1110)

Hon. Leona Aglukkaq: Thank you for that question.

Our government recognizes the impact of neurological illnesses on Canadians, which is why we have acted to support brain research and will continue to do so.

Our government has also provided funding for a four-year study of persons with neurological diseases, and the national population health study will also bring together the Public Health Agency of Canada and the neurological health charities of Canada. The first annual progress meeting was held this past year in March.

We also have heard a lot about CCSVI and MS. I was pleased to support the development of the ongoing national MS monitoring system, which will provide those with MS, health care providers, and Canadians with a better understanding of the disease patterns and the use of treatments.

We also established a scientific expert working group in monitoring and analyzing results of the seven MS Society sponsored studies already under way both in Canada and the United States. If the expert advisory committee advises in favour of clinical trials, our government, working with the MS Society in the provinces and the territories, will ensure that we fund the programs.

In terms of research into neurological illnesses, including Alzheimer's disease, as I stated before, Canada is taking the leadership role internationally. I was recently joined by the honourable Minister of State for Seniors to announce important investments in the area of more than 40 Alzheimer's research projects across the country. CIHR will contribute to that as well, through a research strategy to address Alzheimer's disease on an international global scale.

Building on this effort, Budget 2011 includes significant funding to establish that Canada bring a research fund in support of the very best Canadian neuroscientists. That's in Budget 2011 to go forward as well.

Mr. Ron Cannan: What's the timeline for the expert advisory committee reporting back?

Hon. Leona Aglukkaq: On the...?

Mr. Ron Cannan: On the CCSVI.

Hon. Leona Aglukkaq: Oh, the....

Mr. Ron Cannan: Whether or not they are proceeding—CIHR funded this project and the studies.

Hon. Leona Aglukkaq: Yes. As I stated before, the MS Society of Canada as well as the United States are funding seven research projects.

Mr. Ron Cannan: I just wanted the timeline.

Hon. Leona Aglukkaq: The seven research projects are reported to the scientific advisory committee and are working through that. I believe they are supposed to have a report....

Dr. Alain Beaudet (President, Canadian Institutes of Health Research): It's going to be June 8—very soon.

Mr. Ron Cannan: That's what I understood. It's been the precipice. I appreciate that.

The other issue is a serious one. I had the opportunity to do a joint announcement with our health authority in UBC Okanagan. A variety of groups, first nations, see the alarming rate of obesity in their youth. They feel this could be the first generation that doesn't live as long as its parents.

I know it's a concern for government to have a healthy weight program. Maybe you could elaborate a little bit and inform the committee exactly what our government's initiatives are embarking on to deal with this issue.

Hon. Leona Aglukkaq: Thank you.

As I stated earlier, for the first time provinces and territories have agreed to a declaration to work collaboratively to address the issues of childhood obesity across the country. A number of projects are being rolled out by jurisdictions. Our government, through the Public Health Agency of Canada, is working with each jurisdiction to start addressing and working in partnership in the areas of research, diabetes prevention, healthy eating, the food guide—a number of initiatives across the country.

We're also working with the industry around trans fat. There are also other areas, like sodium and whatnot. Another area that I know some jurisdictions are quite interested in pursuing is the direct marketing of unhealthy foods to our children, just as the tobacco industry was targeting its products to our children for profit margins, of course. There is some work and awareness being raised across the country looking at the pieces that contribute to childhood obesity. The research on that work is quite exciting.

Perhaps I'll have Dr. Butler-Jones talk about some of the examples of projects that are currently under way to do that.

● (1115)

Dr. David Butler-Jones: As you identified, the risk is that this is the first generation not to live as long or as healthily as their parents. The work really is around how we get everybody to row in the same direction, whether it's industry in terms of marketing, the kind of production in terms of the value added to food, whether it's at the local level in terms of what's provided in school cafeterias, whether it's around education, or whether it's in terms of working with ParticipACTION and the provincial authorities around physical activity.

At one level it's very simple. The difference between the 10-ounce can or bottle of pop, when I was a kid, and the seemingly standard 20 ounces—15 pounds a year—if that's the only change, is one of those a day. So at one level it's very simple, but it's actually much more complex than that; otherwise we'd be ahead. By having ministers across this country now joined by their colleagues in sport, as well as their colleagues in education, looking at the after-school period, I think we're finally at the prospect that we're going to be rowing in the same direction, and we may actually be able to tackle this effectively.

Mr. Ron Cannan: So a holistic approach, then, looking at—

The Chair: As reluctant as I am to interrupt this, as it's a good debate and an interesting line of questioning—

Mr. Ron Cannan: I was just going to say that I appreciate that because we have youth in our community and it's a holistic approach. I appreciate that. Thanks.

The Chair: Excellent. We appreciate very much, Minister, your being here and staying with us. I understand you can only be with us for an hour and you've been here for an hour and 10 minutes already, so if you have to leave we understand.

With our thanks, if you could leave your departmental officials here, we can continue questioning them.

We'll suspend for 30 seconds or so while the Minister takes her leave.

●

(Pause)

●

● (1120)

The Chair: We'll call the meeting back to order and continue the examination of the main estimates of the Department of Health.

The first questioner will be John McCallum for the Liberal Party.

Hon. John McCallum: Thank you very much.

Thanks again for being here.

I want to go back to where I was before, because I didn't quite follow the answer. It was a double question on aboriginal and Inuit funding, from pages 163 and 164.

I don't really understand why service delivery is improved if you reduce the number of categories. It seems to me that you can provide the information to us without necessarily affecting service delivery. Perhaps more fundamentally, it seems that the expenditures are growing less rapidly than the population—or at least according to the Assembly of First Nations.

Those are the two issues that I didn't quite follow the answers to from the minister.

Ms. Glenda Yeates: Thank you very much, Mr. Chair.

I'm very happy to speak to this important issue. I think there are two issues: one is the amount of money, and the second is how it's displayed and shown in the estimates.

I'll start with the first question on the amount of money. The biggest change you will see in the estimates is because of the non-insured health benefits. They are supplementary benefits that we offer through Health Canada to first nations individuals. The largest components of that are for prescription and non-prescription drugs, and medical transportation for dental and optometric support, for example.

As the member notes, these are demand-driven programs, so as the population increases you will expect to see an increase in the amount. In fact, every year or two, depending, we look at the demand and the estimates and come up with a final estimate as to what we think the actual draw on the program will be. We're in the process of that as well. We typically get a base budget, and then we get money in the supplementary estimates that reflects the actual demand. But there's no change in the benefit levels for those programs for 2011-12. We expect to see—perhaps before this committee—the supplementary amounts in the supplementary estimates that will come in the fall.

The second part of the question was about the categories. I recognize that in these estimates there are changes that go in a couple of directions. The first one I will point the members to is on page 162. You can see that we previously portrayed the first nations and Inuit health programs—if you look at 2010-11—as $2.2 billion. They were portrayed there as one number. In a sense, this year, if we look again to page 161, we're showing that amount in three categories for 2011-12 . So there is the supplementary health benefits category that I mentioned—the sort of insurance program that is demand driven; primary health care—the second one—that tends to be our services for everything from public health immunization programs to emergency nursing services in remote communities; and then there's infrastructure support, which is support for the actual running of the services.

Rather than just showing the $2.2 billion, we have tried to give parliamentarians a better sense there by showing it in these three components. But as the member noted, on page 164 we're showing the transfer payments in these three big categories, because we think that better reflects the three particular program lines. But as the minister noted, we are taking the authorities down from what used to be 10 different authorities that ran these programs to three. That is very much in keeping with our desire to not essentially hamstring first nations communities in delivering the programs, because when we say it's precisely under this authority, we sometimes limit their ability to move the money where it's needed.

We are basically saying that if something is under the authority of primary care services, they have some ability, within all of the accountability frameworks we have in place, to move that money within that envelope. So we are reducing the authorities in that way.

● (1125)

Hon. John McCallum: Thank you.

The Chair: You have 30 seconds left if you want to keep it brief.

Hon. John McCallum: You have something called the sodium reduction strategy, but my understanding is that nothing has been spent on that. Is it correct that nothing has been spent? If so, why?

Ms. Glenda Yeates: Thank you for the important question on the topic of sodium.

We've had a working group, as members may be aware, that did some work and presented governments, essentially, with a report. As the minister noted, this was considered at the FPT ministers of health meeting last September. Governments collectively—federal, provincial, and territorial ministers of health—supported further work on this strategy. They endorsed the reduction of the target by 2016 from the current 3,400 grams to 2,300 grams.

They have endorsed that particular target. As FPT officials, they've sent us away to actually do work, saying, "Give us the strategies and give us the best research as to how we will achieve that."

That work is going on within our base budget. We don't have a specific targeted line item in these estimates that reflects this, but we certainly are trying to integrate it with our other food work, because we realize that it's about the entire diet that the population eats, and sodium is clearly one key component.

But we're integrating that work. We're working with our provincial and territorial colleagues on an integrated strategy. So that work is very much going on, but the member is quite correct: there's not a line item in the budget. But I can assure the committee that it's going on.

The Chair: Excuse me, Ms. Yeates. We're well over time.

We'll have Mike Wallace.

Mr. Mike Wallace: Thank you, Mr. Chair.

I want to thank the officials for staying. I am going to go fairly quickly, if I may. I may need another round.

I'll deal with the Public Health Agency first. The capital expenditures are down 38% in these estimates. That's on page 160 if you need to see it. What's driving the capital piece down, Doctor?

Dr. David Butler-Jones: Thanks very much for the question.

Essentially, the bulk of that is related to the refurbishment at the National Microbiological Laboratory to increase efficiency. That's now complete. So that's why.

Mr. Mike Wallace: Excellent. Thank you very much. So you're not finding other things to spend that money on.

I have a question for the department in general. There is an opportunity, if you spend under your budget by a certain amount, to carry forward a certain amount. How much did you carry forward last year? Were you able to carry forward anything or not?

Ms. Glenda Yeates: Yes. This is for the Department of Health?

Mr. Mike Wallace: Yes.

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

We did try to work to carry forward money last year. This year, we had some projects and some investments we wanted to make, and we think we were very fiscally responsible last year, so we've carried over an amount. I'm not sure of the precise number at the fiscal year-end.

Mr. Mike Wallace: Here's my additional question on that while you're looking up the actual number: does that go into your base or into one-time expenditures?

Ms. Glenda Yeates: The answer is that it doesn't go into our base. It is something that we can use one time.

Mr. Mike Wallace: One time? Okay.

Ms. Glenda Yeates: It's something, for example, that we can use.... I'm just looking here: I have the 2009-10 number, and in vote 1 we carried over $48 million—

Mr. Mike Wallace: Okay. Forty-eight million.

Ms. Glenda Yeates: —and some additional in some of the other votes.

Dr. David Butler-Jones: For the agency, it was about $19 million.

Mr. Mike Wallace: I have a couple of questions here on the part to do with health products. The environmental risks to health and pesticide safety piece is down significantly from the previous year. That's on page 161. Just tell me why.

Ms. Glenda Yeates: Again, thank you, Mr. Chair. I'm happy to respond to the question.

What we have here is the end of a number of programs that were sunsetted and reviewed periodically. So we had, for example, the chemicals management plan and the clean air agenda. At the time of these main estimates, those programs were sunsetted, thoroughly evaluated, and reviewed. We then saw in the 2011 budget the announcement that they would be renewed on a go-forward basis and that we would have new funding in those areas.

● (1130)

Mr. Mike Wallace: I can expect that in supplementaries, then. Is that correct?

Ms. Glenda Yeates: That's right. That will be reflected in supplementary estimates.

Mr. Mike Wallace: To play the devil's advocate here a little, your supplementaries as a department have been significant. In one year they were 18% of what you had asked for in the mains, and in another year they were 29% of what you asked for in the main estimates.

I'm assuming that's because we've had pandemics and other issues that we've dealt with. What would a member of Parliament expect in terms of supplementaries in the future? You don't have anything in the supplementary (A)s, so congratulations on that—nothing on an emergency basis, I guess. What can we expect in the (B)s and (C)s come the fall and early next year?

Ms. Glenda Yeates: I think the answer is that good management often requires us to take a look at actual spending levels. Governments choose different times to sunset programs and say, let's put this in place for five years and then let's evaluate to see whether we got the expenditures tuned and—

Mr. Mike Wallace: Thanks very much.

Ms. Glenda Yeates: —whether we evaluate, whether we think that's at the right level, whether we should go forward.

A couple of years ago, for example, we had five-year funding for our aboriginal promotion and prevention programs. It was very important work, but it came to the end of five years, and we evaluated. The government then built those into a budget announcement, but that put them into the supplementary estimates.

So I think it varies...very much on when these programs are coming due.

Mr. Mike Wallace: Okay.

I have a final question in this round. Contributions to first nations and Inuit primary health care has a delta change of 426%. If somebody was reading this they would think they're getting a tremendous amount. Can you explain if that's just moving money to a different line item, or...?

Ms. Glenda Yeates: Yes.

As I mentioned in answer to the previous question, Mr. Chair, we do believe that there will be better reporting to parliamentarians in the new method, but as we transfer from one to the other it is a difficult comparison to make this year. It is absolutely the case that it's not a 400-and-some per cent increase; it is just a movement from one reporting system to align to the new PAA.

Mr. Mike Wallace: So if I work hard enough I could add up those numbers somewhere else in deductions, or did they move from other departments to you?

Ms. Glenda Yeates: No, in the first nations situation, this is a realignment within Health Canada.

Mr. Mike Wallace: Thank you very much.

The Chair: That was well done there, Mike, right on time.

Peter Julian.

Mr. Peter Julian (Burnaby—New Westminster, NDP): Thank you, Mr. Chair.

I'm happy to be at this committee one more time under your able leadership.

The Chair: Thank you for that.

Mr. Peter Julian: I wanted to come back to the issue that Mr. Wallace raised, as I am a little concerned.

When I look at the supplementary estimates and you take the three programs that are laid out, it appears to me that there's actually a reduction in the funding when you compare it to 2010-11 programs that were linked to first nations and Inuit people.

Can you confirm that the numbers in the estimates, even though they're in three different sectors, are actually a clear reduction in the funding allocated to first nations and Inuit people compared to the estimates in 2010-11?

I certainly understand that there may be supplementary estimates coming forward and that it is demand-driven. It's very clear to me, though, when you look at the estimates, that we are looking at a reduction.

Ms. Glenda Yeates: If you do a comparison of main estimates to main estimates, there are two areas in the department. You will see that the Department of Health is down by $75 million overall. Most of that is in the regulatory area because of the money that was subsequently announced and renewed in the budget.

Mr. Peter Julian: Yes, I'll come back to that.

Ms. Glenda Yeates: Some of it is in the first nations area. Again, these are demand-driven programs. There's no change to the program, but the estimate and the final sense of how much we will put forward and expect to spend on those programs in 2011-12 will be coming forward in the supplementary estimates in the fall.

Mr. Peter Julian: Thank you for responding to that question.

So it is a net reduction in the main estimates. Can you confirm what the amount was for the supplementary estimates in 2010-11 for first nations and Inuit health programs?

Ms. Glenda Yeates: I don't have that figure at my fingertips. What I do recall for 2010-11 is that, as I mentioned, we had a number of programs that sunsetted, Mr. Chair, in that year. So again, some of those moneys came forward in the supplementary estimates. I have this year's mains in front of me, but I don't have last year's supplementaries.

We could certainly bring that forward to the committee, Mr. Chair.

● (1135)

Mr. Peter Julian: Thank you.

The Chair: Mr. Tibbetts may have something to add to that.

Mr. Jamie Tibbetts (Chief Financial Officer, Department of Health): I don't have the specific number. I can submit that to you shortly. Some of the things that were topped up were....

Oh, some of it's being handed to me here.

The Chair: That's good staff there.

Mr. Jamie Tibbetts: Yes.

I'm going to have to have a second to read this.

The Chair: We could come back to that if you have something to add.

Mr. Jamie Tibbetts: You can go back to it.

As the deputy was saying, the mains over mains, when you compare them, have gone down by $75 million, and each year we do come in with certain top-ups or program adjustments, as described.

Mr. Peter Julian: Well, as you can understand, we're very concerned, given that there is an increase in the need for services for first nations peoples and Inuit. That we're actually looking at a net reduction in the main estimates is a matter of some concern. Perhaps you can bring the supplementaries from 2010-11 back to us when you get those figures.

My second question is around the environmental risk programs. There's been a substantial cut there as well. I'm wondering what evaluation Health Canada has done in cutting back what is a significant program around environmental risks. Was there an evaluation done of the program? What are the impacts of a significant cut in funding to that program, and what are the health impacts on Canadians?

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

I want to reassure the committee members, Mr. Chair, that we are talking about a timing and a budget process on both of these questions. I would not want first nations people listening to this committee to be concerned that in fact there had been a reduction in the programs as outlined. This is a timing question. Some figures get reflected in the main estimates and some get reflected in the supplementary estimates. As I said, there is no change in the program, no change in this current year in any of the programs that are being cited. Again, I would not want anyone listening or following these proceedings to take what is essentially a budget mechanism issue with government budgeting about timing to think in any way that the programs had been reduced, because that's simply not the case.

Again, the situation on the environmental risk, as mentioned, is the same situation where these estimates...when we compare them to main estimates last year, we were at the end of the sunsetting programs for environmental assessment. Those have been reviewed, as was announced in Budget 2011, and the government has committed $200 million for the renewal of those programs on a go-forward basis over a number of years. The majority of it comes to Health Canada, but we work in close partnership with Environment Canada and some other departments, so that money will be allocated. I can assure the committee that we will see that budget figure reflected in individual departmental supplementary estimates.

The Chair: You're out of time, I'm sorry, Peter.

Joy Smith.

Mrs. Joy Smith: Thank you very much, Mr. Chair, and thank you to the deputy minister and the other health officials who have come to this committee today to present.

I'm very pleased with the $27 million mental health initiative that was recently announced by our government to address programs for youth at a higher risk of developing mental health problems because of their socio-economic status. As you know, 3.2 million youth in this country are at risk of depressive episodes, episodes that clearly take them out of school and put them in at-risk situations because of this mental health epidemic, I would say, that's beginning to grow in Canada. I know Senator Ogilvie has put together a caucus on depression and mental health to examine and research the different aspects of it, and many of our top doctors in this country are examining this very suppressive kind of problem that is happening among our youth. The 12-year-old to 19-year-old youth in this country are the ones who are suffering from this depression.

I noticed also in the estimates that there are moneys for programs around Inuit and first nations communities to support people and youngsters who were an indirect or direct result of the residential schools. I know now they're older, but they're children of parents who had that experience, so it has a domino effect.

Could the officials please elaborate on this newly announced initiative and how the networks connect between at-risk youth and aboriginal and Inuit youth, and how our government is addressing that? I think this is relatively new on the public radar screen. I think it's prudent to have some focus on that spotlight.

● (1140)

Dr. David Butler-Jones: Thanks very much for the question.

This is primarily for the information of members who haven't sat at the health committee. Every portfolio is structured a little bit differently. In some portfolios, agencies, the financing is done by the lead department, etc. In our health portfolio we actually have separate accountabilities. We're a departmental structured entity, so for the budget items, etc., that are part of the Public Health Agency, I'm the accounting officer related to them. For CIHR it's Dr. Beaudet. That's just for your information as background.

On the mental health piece, I'll start and then Glenda will pick up with the first nations piece.

On the $27 million that was announced, there are two aspects. One is that obviously health services are provincial, and we work very closely as a portfolio with our provincial and territorial partners around how, as a country, we can address issues collectively where that makes sense, particularly on public health issues. The $27 million, though, is specifically focused, as you identified, in terms of low socio-economic status in rural and northern communities, aboriginal communities. We'll address issues such as bullying, change in law, substance abuse, and suicide and look at really strengthening how we can, through some strategic investments and supports, actually promote and support so that people have the kind of living situation that makes them less likely to have mental health challenges later on.

Ms. Glenda Yeates: Thank you, Mr. Chair. I'll be very brief.

I think the question of first nations and mental health is one that we're all very thoughtful and concerned about. There are two aspects that I would refer members to. There is the national aboriginal youth suicide prevention strategy as part of our aboriginal prevention and promotion programs, so we have some specific targeted initiatives that we think are very important obviously in this area.

The member specifically asked about the Indian residential schools resolution health support program. We do have supports in that program as well to make sure that as people are going through with that process we have the mental health and emotional supports to eligible former Indian residential school students.

Those are two parts we have specifically in the areas the members raised.

The Chair: That's very helpful. Thank you.

Your time is up, Joy.

Alexandre or Denis.

[*Translation*]

Mr. Alexandre Boulerice: Thank you.

If we look at the numbers in the Main Estimates, we can see that three or four programs are being cut back. The First Nations and Inuit program is one of them. The budget for the environmental health risks program has also been reduced by 63%. There is also a 27% decrease in the pesticide safety program, which is quite worrisome given how dangerous and insidious some of those products are. It takes a long time for people to notice any effects on their health. And cuts in consumer product safety amount to 12%.

Could you tell us how Canadians are going to be served better when investments in safety are being cut?

[*English*]

Ms. Glenda Yeates: Thank you very much, Mr. Chair. I'm happy to speak to this important area.

I can absolutely understand the challenges that the mains to mains comparison gives in this circumstance, because we are obviously not at the time when we have the supplementary estimates. But with specific reference to the area the member raises, in terms of pesticide safety, they are also part of the department that is a recipient of the chemicals management plan, for example. Again, as that funding came to the end of its sunset, as it was reviewed and evaluated, the money came out of the main estimates. But then, of course, the government announced in the budget that the government intends to renew the chemicals management plan and some of the other environmental health agenda items. The government announced the $200 million funding in the budget, and that will then only appear, as budgeted initiatives do, in supplementary estimates. I just wanted to make it clear that also applies.

Thank you for the question, because it might not have been clear that the chemicals management plan affects several parts of the department, but it includes our pesticide area as well. Similarly, the reduction that was mentioned in the environmental area as well is this chemicals management plan being renewed. So I just want to mention that, again, with the budget announcement we will see those moneys be allocated to the departments and come back in the supplementary estimates.

But I appreciate that for members of the committee, at this point in time, what looks like a reduction would raise concern, and I would just want to reassure members that once we see the supplementary estimates you will see those funds get reflected back into the department's budget.

● (1145)

[*Translation*]

Mr. Denis Blanchette: The Canadian Agency for Drugs and Technologies in Health receives $18.9 million in funding. That's an increase compared to last year.

Could you tell us what this funding is for, what the idea behind it is and what the benefits are going to be exactly?

Ms. Glenda Yeates: Thank you for the question.

[*English*]

CADTH, the Canadian Agency for Drugs and Technologies in Health. I believe the member is referring to that line. And I'm very pleased, Mr. Chair, to be able to speak to that agency. As its name implies, it's a joint federally, provincially, territorially supported agency.

There was a sense a number of years ago, when I was the provincial health deputy, that there were economies of scale, looking at some of these new technologies one time, to gather the expertise and then share that among the provinces and territories. They do drug assessments. They do medical device assessments and other things.

One of the challenges we faced in the last number of years was a shortage of medical isotopes. What we learned through that period was that there are a number of ways, through good information sharing and working together.... Provinces coped with that shortage and actually worked very hard—positions on the front line.... We did a good deal of coordination as well to try to effectively make sure that patients were not harmed as different kinds of responses, different isotopes in some cases and different procedures in others, were used during that situation.

As part of this, we have given a grant, an increase, of $3 million to CADTH over two years—some of it is reflected in this year's budget—to do some follow-up work on isotopes, to make sure we learn the lessons, in a sense, that we're looking forward to the new technologies: what do we understand from what we learned in that experience, and how do we share those lessons? Some parts of the country did things differently from others. Who had the best outcomes? Can we understand that? And also, to work internationally, do a piece of research essentially on what is our best way going forward.

Again, we felt it was a positive experience. We wanted to make sure we learned the lessons and assessed that experience. That's why there's an increase in the CADTH budget.

The Chair: Thank you, Ms. Yeates.

Mike Wallace.

Mr. Mike Wallace: Thank you, Mr. Chair.

Before I begin, I've questioned a number of departments on estimates over the years, and you are doing a fantastic job today of being prepared, which hasn't always been the case. I appreciate the effort you've put in.

I have a question on page 162, an increase of $45 million due to the 3% Indian envelope. That's what it says. It's called the “Indian Envelope Growth”. Is that 3% an annual increase that's built in? Does it have a sunset clause? How long has it been in place? And how is it allocated?

● (1150)

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

As I mentioned, the basing of these programs is always a challenge over the year, because a number of changes take place. But yes, it is something that's been long-standing, in terms of a portion of the increase. It's not the whole increase that we would get every year, because again, we go forward with the very specific.... And there may be other adjustments to the budget—

Mr. Mike Wallace: But that 3% has been there for a while. Will it continue to be there?

Ms. Glenda Yeates: That 3% has been there, I'm told, since 1994. And of course, as a public servant, I would never preclude or prejudge parliamentarians' rights to give us future budgets, but that has been a long-standing investment.

Mr. Mike Wallace: I have two more questions. My next question is this. On page 167 we have the Canada graduate scholarships, which are down a bit. Then we have the Vanier Canada graduate scholarships, which are up a bit. And then on page 171 we have another program of grants for graduate and post-graduate students. Can you tell me why we have three programs doing exactly the same thing, or are they doing different things?

Ms. Glenda Yeates: My colleague Dr. Beaudet, from the Canadian Institutes of Health Research, will speak.

Dr. Alain Beaudet: Banting is a totally new program. It's a prestigious program to attract the best and the brightest to Canada to do post-doctoral studies. It's a program that's open both to Canadians and to foreigners.

The Vanier program is much the same. It was started a few years back and it's to attract students at the level of graduate studies, PhD students.

The Canada graduate scholarships program went through a temporary increase in the amounts invested in it. It's also a doctoral program for Canadians doing graduate studies in Canada.

Mr. Mike Wallace: The last one is for Canadians only.

Dr. Alain Beaudet: Yes.

Mr. Mike Wallace: The other one is to attract people from other parts of the world.

Dr. Alain Beaudet: That is correct.

Mr. Mike Wallace: Can Canadians also apply?

Dr. Alain Beaudet: Canadians can also apply.

Mr. Mike Wallace: Dr. Butler-Jones, you had a comment on that.

Dr. David Butler-Jones: Just to supplement on the reference to 171, that is specifically focused on public health training. It is not a duplicate of the others.

Mr. Mike Wallace: Those graduates have to be in that field for that to happen. Is that correct, then?

Dr. David Butler-Jones: That's correct.

Mr. Mike Wallace: My last question is on sunsetting.

I was a municipal councillor for 13 years. Once a program went into existence, it was very difficult to take away. Are there examples of when a program from the Ministry of Health or Public Health was evaluated—it was supposed to last four or five years and was funded, but it's done its day and isn't meeting its criteria or whatever—and the sunset actually meant that it's no longer? Does that actually happen, or do you just hope that through supplementary estimates you can get those things refunded?

Ms. Glenda Yeates: Mr. Chair, thank you very much for the question.

There's one example in the estimates today. It's from HMIRC, the Hazardous Materials Information Review Commission. You'll notice in the estimates that their funding actually goes down, and that is because they had a three-year program. They had some backlogs in handling their claims, and they were given three years of money to actually tackle those backlogs, and now the money is coming out. The reason their estimate has gone down—

Mr. Mike Wallace: It is permanently coming out.

Ms. Glenda Yeates: —is that they've caught up on the backlog.

That's an example. We've had other examples in health where, again, we have gotten into a backlog situation and we actually have tackled it.

Mr. Mike Wallace: As members of Parliament, we would never see.... Where would somebody find that? There's nowhere it's listed that these are the programs and this is what was funded.

This is at a fairly high level, so it's grouped together. There's no way for us to be able to figure that out, as members of Parliament, so that when you come here, I can question you about program A, B, or C. How is it doing? How is it evaluated? Does that exist anywhere for me to see?

Ms. Glenda Yeates: We report to parliamentarians in a number of ways with our program activity architecture. We try to give parliamentarians a good sense that here are all of our programs and this is what we do. We do reports on plans and priorities. I think those would be some of the places. It doesn't reflect the budgeting mechanisms or the scrutiny mechanisms a government might put in place, but it gives parliamentarians, I think....

Mr. Mike Wallace: Asking you back to discuss your plans and priorities document would be a good time for us to do that. Would that be correct?

Ms. Glenda Yeates: I think that's certainly a possibility, but the committee may have other possibilities as well, Mr. Chair.

Mr. Mike Wallace: Thank you.

The Chair: You're out of time, Mike.

Thank you.

The last round probably would be the Liberal Party and John McCallum. Do you have any questions?

● (1155)

Hon. John McCallum: I didn't realize that I would have another opportunity.

Mr. Mike Wallace: We're still generous with the Liberal Party. That's why.

Hon. John McCallum: Yes, I have a couple of questions.

The first is on first nations pandemic preparedness. How many first nations communities have tested pandemic preparedness and response plans? I think the goal for 2010-11 was 90%, if I'm not mistaken. How has that worked out?

Dr. David Butler-Jones: While Glenda is finding the specifics, I'd just say that we had the ultimate test in 2009-10, and the communities responded actually brilliantly at the end of the day.

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

As David mentioned, I think we were feeling that H1N1 was a significant real-time, real-life test with huge implications, obviously, for first nations. Communities and partners came together very well at that point. My information here is that 98% of the first nations communities have a community-level pandemic influenza plan, and approximately 87% of those have tabletop-tested the major components of those plans.

Again, we've been working very much to try to support communities to understand the importance. We're working, obviously, to understand the linkage with the work Aboriginal Affairs does in terms of the all-hazards planning that is done. This is something that is an ongoing follow-up piece of work for us.

Hon. John McCallum: Thanks. Sorry to interrupt. I don't have much time, and I have just short questions needing short answers.

There's a drug strategy community initiatives fund. I understand there was a cut in funding for that fund, and I'd just like to know if that's true, and if so, why.

I'll ask my third and final question at the same time. Regarding first nations and Inuit suicide prevention, how many suicide prevention projects have been implemented since 2010? Here I understand the target was 200.

Ms. Glenda Yeates: I may have to get back to you on the precise number since 2010. My information is that we are on track working with first nations communities on suicide prevention, but I don't have the precise information. I'd be happy, Mr. Chair, to get back to the committee with that.

I'm not sure that I know precisely which of the drug groups you are speaking of, Mr. Chair. I wouldn't want to mislead the committee by identifying a wrong group, so if I could just make sure that I'm clear on the question and which group we're talking about....

Hon. John McCallum: It's called the drug strategy community initiatives fund.

Ms. Glenda Yeates: Thank you for the question.

I would just note again that this is one of the restatement challenges we spoke about earlier. The funding has been preserved. My note here says it's a re-profiling issue.

Re-profiling is a little bit different from what we spoke of before. It's where sometimes in a start-up period a group says, “We can't spend our money this year. Could we re-profile some into the following year?” And then it goes back down. I think the Canadian Partnership Against Cancer has some ups and downs with re-profiling. They actually asked to put some of their money into a different year. I have a note here that says that for the drug strategy community initiatives fund, some of the money was re-profiled from one year to the other, but the funding has been preserved at the approved level.

Hon. John McCallum: Okay, thank you.

The Chair: If I might just say, some of the answers given today serve as a graphic illustration to the committee that we've got to find better ways to follow the money. Your answers are honest and they're forthright and fulsome, but really what you're saying is there's no way of telling. Looking at these books, comparing this set of mains to this set of mains, the public would never know really what's going on. As the oversight committee for estimates, it's really difficult.

Mike has made it his life's work to follow the money and try to compare. But to compare apples to apples, we should be able to review those books and be able to say at the end of the day, this department went up or that department went down. It's a very frustrating process. But it's no fault of your own. I appreciate your answers and we appreciate your being here today.

Peter, did you have a point you wanted to make?

● (1200)

Mr. Peter Julian: Yes, thank you, Mr. Chair.

Just to follow up on that, it would be very helpful to have the supplementaries on those departmental supplementary funds for 2010-11. A cut is a cut, and if the amount is coming back, and we're talking about the same programs that we have in the estimates for 2011-12, it would be helpful for the committee to be able to compare apples to apples, as the chair said.

I also wanted to say to you, Mr. Chair, that you bring a lot of poise and dignity to this position.

Some hon. members: Oh, oh!

Mr. Peter Julian: I think a lot of other chairs on Parliament Hill could be well served—

Mr. Mike Wallace: Did you read the article?

Mr. Peter Julian: —by following your example.

Thank you.

The Chair: Thank you, Peter. That's a very kind, unsolicited compliment.

Mr. Mike Wallace: Good thing you stuck with the left, Peter.

The Chair: Thank you very much to all of our witnesses today.

Just to note, everybody, we're back at 4:30 p.m., 4:30 to 6:30 p.m., for the Treasury Board's estimates.

Thank you again. That concludes the meeting.

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