House of Commons
CANADA

Standing Committee on Health

HESA • NUMBER 044 • 1st SESSION • 38th PARLIAMENT

EVIDENCE

Thursday, May 19, 2005

Chair

Ms. Bonnie Brown

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● (1105)

[*English*]

The Chair (Ms. Bonnie Brown (Oakville, Lib.)): Good morning, ladies and gentlemen.

We have quite a full agenda this morning at the Standing Committee on Health. Our first business is a notice of motion we received from our colleague Réal Ménard last week, and I will begin by asking Mr. Ménard to explain his motion to us.

Mr. Ménard, the floor is yours.

[*Translation*]

Mr. Réal Ménard (Hochelaga, BQ): Madam Chair, over the past few weeks, there have been several reports in both English Canada and Québec about the increase in smuggling of tobacco products. The cities of Montreal, Halifax, Vancouver and Toronto, as well as a certain number of indian reservations, are particularly affected.

I have met with people from Revenue Canada, Health Canada and the RCMP. Obviously, this is a problem that involves several agencies and departments. The motion that you have before you has also been tabled at the Standing Committee on Justice, Human Rights, Public Safety and Emergency Preparedness as well as at the Standing Committee on Finance. I am keen to see Health Canada be the springboard for a comprehensive enforcement drive.

The current problem is that packets of cigarettes not bearing the statutory labels are being sold. A number of reporters travelled to Montreal, and to other cities, and were able to buy these cigarettes in stores. You will recall that back in 2001, we voted to require cigarette packets to carry 16 rotating messages.

A network of smugglers currently exists, and Health Canada, in my opinion, is failing to enforce the law as thoroughly and effectively as it should. The labelling aspect is therefore the responsibility of Health Canada. The sale of counterfeit cigarettes falls under the jurisdiction of the RCMP.

Basically, I would like to see three things done. Firstly, that Health Canada, together with the RCMP, ensure compliance with the Tobacco Act and the Excise Tax Act. Do you realise that the excise tax on cigarettes accounted for 7 billion dollars in government revenue last year.

We really have to be vigilant because if we fail to dismantle these smuggling networks and to enforce the law, we could end up in a situation like the one we had in 1995.

My Conservative colleagues have indicated to me that they have some misgivings with regard to the third part of my motion dealing with Revenue Canada. Revenue Canada is the agency responsible for issuing licences for the manufacture of tobacco products. There are 76 manufacturers in Canada as a whole and 45 in Québec. I would be prepared to withdraw the third section of my motion if it would make it more acceptable to the committee.

However, I would just like to reiterate the fact that this is a serious problem in Montreal, Toronto and Vancouver. I think that we should endorse the first, second and fourth sections of my motion. Then, you could report to the House, not necessarily tomorrow, since the situation is not that serious, but perhaps after the break week.

I think this federal department should report back to the Committee as a way of keeping us up to date with developments on this issue.

[*English*]

The Chair: Thank you, Mr. Ménard.

My understanding is you're withdrawing part three. Would you like to move parts one, two, and four?

[*Translation*]

Mr. Réal Ménard: Indeed, I would.

[*English*]

The Chair: That motion is on the floor now.

Mr. Thibault.

Hon. Robert Thibault (West Nova, Lib.): This is just for the committee's information.

Health Canada is not involved in the control of smuggling. However, Health Canada supports the work of the Canada Border Services Agency and the Royal Canadian Mounted Police in reducing the sale of contraband tobacco. Health Canada tobacco inspectors inspect manufacturing facilities, including those on reserves, to assure compliance with the Tobacco Act and its regulations. Like all other tobacco manufacturers, manufacturers located on reserves must also comply with the Tobacco Act and its regulations. The federal tobacco control strategy of April 2001 includes funding for the Canada Border Services Agency and the Royal Canadian Mounted Police to monitor smuggling and contraband tobacco products.

That being said, I just want to make a brief comment on the three. I don't disagree with the intent. I just wonder if we should get further clarification, perhaps from staff, as to how we should proceed on the first part. Questions of tax administration are not the responsibility of the Minister of Health. Therefore, the reference to the Excise Act, 2001, should be deleted. Also, there are no cigarette manufacturers known to Health Canada in either Vancouver, Halifax, Akwesasne—on the Canadian side—or Kanesatake.

With respect to the second part, questions of enforcement related to contraband and smuggling tobacco products are not the responsibility of the Minister of Health. The chair perhaps would like to refer this section to the Standing Committee on Justice, Human Rights, Public Safety and Emergency Preparedness.

Finally, with respect to the fourth part, questions of tax policy and tax administration are not the responsibility of the Minister of Health. Again, the chair may want to refer this section of the motion to the Standing Committee on Finance.

● (1110)

[*Translation*]

I would just like to say to the member that this is perhaps not the best way of dealing with these issues.

Mr. Réal Ménard: Madam Chair, I would just like to say two things.

Firstly, we must endorse the whole motion. The anti-tobacco strategy involves several partners. I am sure you will agree with me on that since you have seen the budgets.

The situation we are facing is an upsurge in cigarette smuggling in major urban centres. There are three types of offences being committed here. Firstly, there is the sale of packets of cigarettes not bearing the statutory labels. That is an issue for Health Canada. Secondly, when this type of smuggling flourishes, it deprives the Government of excise-tax revenue. Of course, this tax is not collected by Health Canada but rather by the Canada Revenue Agency. The third type of offence is bringing counterfeit cigarettes, mainly from China, into Canada.

This all undermines the integrity of Health Canada's strategy and we must avoid taking a piecemeal approach. Health Canada, Revenue Canada and the RCMP are all involved.

This motion was also tabled at the Standing Committee on Finance. I hope that it will see fit to endorse it at the 11-o'clock meeting. My colleague Serge Ménard also tabled the same motion at the Committee on Justice, Human Rights, Public Safety and Emergency Preparedness. If it were to be carried by all three committees, it would be reported by all three chairs and would provide us with the tools we need. We are asking the Government to be more vigilant.

I am not trying to suggest that the Government is not doing anything. It would be dishonest to do so. Health Canada currently has 45 inspectors, including 12 in Québec. However, I think that complaints are dealt with in a piecemeal fashion and there has been no comprehensive action taken on this issue.

I would just like to reiterate that there have been daily reports on television in English Canada and in Québec over the past three weeks showing how reporters were able to buy packets of cigarettes not bearing the statutory labelling from licenced vendors. I have not even touched on what is going on on reserves.

I think that this motion addresses the whole problem. It calls on Health Canada to deal with the issues falling under its jurisdiction, i. e. the Tobacco Act and on the Department of Finance, the Canada Revenue Agency and the RCMP to each play their respective roles. I believe that it is in the best interests of Quebeckers and Canadians.

[*English*]

The Chair: My feeling is that the problems you raised could be resolved simply by the fact that it's being presented in those other two committees.

I think we all recognize that the Minister of Health is not going to be on a boat checking the smugglers or anything like that, but I don't think it hurts that we as the health committee deal ourselves into a thrust that has to do with tobacco. I don't see any harm in it.

Mr. Merrifield and then Mr. Thibault.

Mr. Rob Merrifield (Yellowhead, CPC): With regard to this, we did have a little problem with section three, which was withdrawn; we appreciate that. But the rest of it, I believe, is in order. The Tobacco Act is something we've dealt with around this committee. Smuggling and anything that contravenes the Tobacco Act certainly would be within that. Although we don't, through Health Canada, deal with smuggling, we do deal with tobacco. I think it's appropriate that it's here, and I would say we would be supporting this.

The Chair: Mr. Thibault.

Hon. Robert Thibault: I have just one final word, which is that we do deal with tobacco, the safety of Canadians, advice to Canadians, the manufacturers, and all those questions of safety. Most of what we're dealing with here is a question of smuggling and contraband. It's all on that side, and I think the other committees are more appropriate places for it, particularly the justice committee, which has all these responsibilities.

While it might look okay that we all do it, there are repercussions. If every committee started putting the same motions all the time, we could have six reports on the same thing and 18 hours of debate in the House on the same question, on the same report. I think the committees have to take a little bit of responsibility and look at the motions that are put before them and see if it really is the responsibility of that committee.

Otherwise, we could stall the House. With the rules we now have in the House of Commons, every motion that creates a report takes up to three hours of debate. We could have three reports from three committees bringing the same thing forward and have nine hours of debate on the same subject. I think we have to take our responsibility seriously as a committee and say, are we the most appropriate?

I would suggest, if this same motion is being put forward at the justice committee, then Parliament is dealing with it. I don't know why we should repeat it here when we have very little impact in any of these areas suggested, except for the inspection of the manufacturing facilities.

The Chair: Mr. Thibault makes sense, and we could avoid an extra six hours of debate if we could get mutual agreement around the table that this committee will not ask for concurrence in their motion, because that is the thing that triggers the extra debate, I believe.

● (1115)

Hon. Robert Thibault: Any member of the House can.

The Chair: Any member of the House can, but these people can speak for their own parties on the health side of it. If the justice committee wanted to do that, then we would have a debate in the House—as long as it doesn't come from here, because we don't have the agencies responsible for enforcement.

[*Translation*]

Mr. Réal Ménard: Firstly, the role of the House is to debate issues of concern to Canadians. We should not start off by saying there will be too much debate. We are concerned that there will not be enough. We are not worried about there being to much.

Secondly, I hope that Mr. Thibault grasps that it is the Tobacco Act that is the issue here. Packets of cigarettes without statutory labelling are on sale. This encourages smuggling. It is up to Health Canada to take action on this matter.

We have had the anti-tobacco campaign explained to us. All the stakeholders that I have mentioned are involved in the Federal Tobacco Control Strategy. What's more, they are also partners in the National Drug Strategy.

I am keen to vote on and endorse this report. Health Canada has a role to play. However, its inspection system is not up to par. The monitoring system has been shown to be lacking since many unlabelled packets of cigarettes have slipped through onto the market. I think that we should vote on the motion so that you may report to the House. If you like, the Bloc Québecois would be prepared to ask for consent to limit debate on all three reports to three hours. We can sort that out.

I think that the motion should be brought to a vote at the Standing Committee on Health, the Standing Committee on Justice, Human Rights, Public Safety and Emergency Preparedness and the Standing Committee on Finance because the issue cuts across many jurisdictions.

[*English*]

Hon. Brenda Chamberlain (Guelph, Lib.): This is excluding part three, right?

The Chair: This is excluding part three.

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

[*Translation*]

Hon. Robert Thibault: But it is not up to the committee to...

[*English*]

The Chair: Thank you for the distinct expression of your opinions. We're right within the timeframe.

Because we have this business and we also have another motion from Madame Demers, I'm going to suggest that instead of an hour each on sections two and three of your agenda we restrict them to 45 minutes each. That will still leave us time at the end for Madame Demers' motion.

May I invite our witnesses to come to the table, please?

Mr. James Lunney (Nanaimo—Alberni, CPC): Madam Chair, we've been waiting for these witnesses to appear before committee for some time. With 45 minutes, there is not going to be an opportunity for all members to ask questions.

The Chair: We've heard them once already. If we had never heard them before, I would agree with you.

I'm suggesting that to accommodate that we cut the time for questions back a little bit. I talked to Mr. Merrifield and asked him if he would cut your initial time from ten minutes to eight minutes, and I'm asking everybody else if they would agree to cut from five to four. Is that agreeable?

Mr. Rob Merrifield: Another option would be to give these people an hour and then have Mr. Bernstein present his case, because I think it's a review of what's happening. We could ask a few questions and cut that time down a little bit. That may facilitate it. Why don't we do that?

The Chair: That's another possibility, yes.

Well, we'll just see how we do. Let's try it with the restricted time.

Hon. Robert Thibault: Madam Chair, I would suggest that four minutes isn't very much. Five minutes is very little for us to be able to cross-examine or question witnesses, and you're cutting it to four.

Hon. Brenda Chamberlain: Ms. Demers won't get her motion in if that's the case.

Hon. Robert Thibault: We can do the motion at the next committee.

The Chair: Unless Dr. Bernstein only requires 15 minutes. If people don't want to question him—

Hon. Brenda Chamberlain: I think we should go with the chair. Take a vote.

[*Translation*]

Ms. Nicole Demers (Laval, BQ): Madam Chair, I will be brief. It will not take long. I think that eight or ten minutes will be enough to debate and dispose of my motion.

Mr. Réal Ménard: Could we not vote on Ms. Demers' motion now? That would get it out of the way.

Ms. Nicole Demers: It will not take long.

[*English*]

The Chair: Shall we do it now?

Some hon. members: Agreed.

The Chair: I'm going to change my mind, witnesses. If you have the patience, please sit while we do one more motion.

We had the notice in time. It's in order, so Madame Demers, would you like to explain your motion and then move it?

[*Translation*]

Ms. Nicole Demers: Fine. I will just give you a bit of background.

Both silicone and physiologic saline breast implants were first sold in Canada in 1962. Between the early 1980s and 1992, several women complained that silicone leaking into their bodies had led to them developing auto-immune diseases. In the early 1980s, Mr. Pierre Blais, a scientist with Health Canada, who had spoken out about the dangers associated with breast implants, was dismissed. The courts subsequently ordered his re-instatement.

There was also the case of Ms. Nirmala Chopra, who exposed the lack of adequate study and the automatic licencing of breast implants. She was dismissed at the end of the 1970s.

In 1992, Health Canada asked the manufacturer to halt the sale of its breast implants in Canada pending further studies. In 1997, a study conducted by Dr. Gordon Robinson on 300 consecutive cases showed that more than 70 p. 100 of women experienced significant implant leakage or deterioration after 14 years.

Many women suffering from breast cancer and the subsequent immune-system deficiency are currently being offered breast reconstruction involving a prosthesis consisting of a saline solution in a silicone bag. I am one of those women. I know what I am talking about since this is what I was offered. Depending on the person's particular disposition, this silicone may lead to a disease called siliconosis. Silicone is toxic. There have been 20,000 deaths in Québec, including between 800 and 900 well known cases. There have been a lot more in Canada as a whole.

On 22 and 23 March, Health Canada organised a two-day in-camera meeting of experts to discuss current and emerging issues surrounding the safety and effectiveness of breast implants. Two expert consultants taking part in this meeting were Dr. Michael A. Brook, from McMaster University in Hamilton and Dr. Brandon, assistant professor of reconstructive and plastic surgery at Washington University. They were deemed to be experts. They were reported to have been in the pay of Inamed, which is one of the two companies attempting to obtain licences for their breast implants.

This is the rationale behind our motion. More meeting are to take place. We would like to have access to the transcript of the meeting and also to documents tabled at it. We would also like to have the opportunity to observe any future meetings because this is a genuine tragedy. It would be a real tragedy for all Canadian women if we were to agree to reintroduce silicone breast implants.

A member: Hear! hear!

● (1120)

[*English*]

The Chair: Would you move it, please, Madame Demers?

[*Translation*]

Ms. Nicole Demers: Yes, I so move, Madam Chair.

[*English*]

The Chair: Thank you.

The motion is on the table.

If I can, I'll just ask one question. You said this Dr. Brandon was actually on salary with one of the manufacturers who was applying for a licence. Was there another one?

Ms. Nicole Demers: Dr. Brook.

The Chair: Dr. Brook also.

Thank you very much.

[*Translation*]

Ms. Nicole Demers: Yes.

Madam Chair, I do not have the evidence with me today, but they appeared before a United States Senate committee a few weeks after we met them. It was there that they admitted to being paid by Inamed.

A member: Incredible! Unbelievable!

[*English*]

The Chair: Thank you very much.

Mr. Thibault.

[*Translation*]

Hon. Robert Thibault: I would just like to point out that Health Canada is not in any way opposed to that. All the information could be provided to the committee. Public hearings are in the process of being organized and we will have the opportunity to take part. There is to be a panel set up and the public will be given the opportunity to express their opinions. The documents provided to the consultants are to be posted on the Health Canada Web site and will be made widely available to the general public.

The department would be pleased to provide all these documents, with the exception of those that are the private property of individual companies. We are not in a position to share that information.

Ms. Nicole Demers: Could you provide us with the transcripts of the meeting?

Hon. Robert Thibault: Of course. I will send that along with the rest. As I was saying, we cannot divulge information that is the specific property of companies involved.

Ms. Nicole Demers: I understand.

May we move the vote now, Madam Chair?

(Motion is carried.)

[*English*]

The Chair: Thank you, Madame Demers, for being on top of that.

Hon. Robert Thibault: Madam Chair, in light of what Mr. Merrifield suggested earlier, that the time needed for Dr. Bernstein might be relatively short, and since Dr. Bernstein is present in the room, it might be advisable that the committee hear from Dr. Bernstein first. That would solve your problem as to the allocation of time for the second part; you'd know what you had left.

● (1125)

Mr. Rob Merrifield: I think we should do the panel first and then see what time we have left. It may go faster.

The Chair: Do I have agreement on the eight and four minutes? If you oppose that, if you think that's not long enough, please raise your hands.

A voice: Five.

A voice: Five and four?

The Chair: I only see two people who oppose it. Everybody else agrees with eight and four?

Hon. Robert Thibault: We don't agree. No, four minutes doesn't make sense. This is a very serious subject we're discussing.

The Chair: That's your opinion. My opinion is that eight and four would do, so I'm asking for a vote on this. Those people who oppose eight and four as the timing, please raise your hands. I see five.

Those in favour of it, please raise your hands.

We'll go back to ten and five, then, because I didn't see enough hands the other way.

Go ahead. Which of you is going to start?

Mr. Shiv Chopra (As an Individual): Thank you, Madam Chair. We are here at your disposal and at your request.

We are grateful to Mr. Ménard for having brought the motion before this committee. We are grateful to this committee for desiring to hear us on the circumstances that led to our dismissal by Health Canada management.

We should say at the outset that the matter is before the labour board of the government, so we will refrain from talking about the specifics of the actual dismissal, except that we will be quite willing to speak and answer questions on matters that are already in the public domain.

I should say at the very outset that the circumstances of our dismissal go a long way back, approximately fifteen years or maybe longer. It's all about pressure to pass drugs of questionable safety that go into Canadian food production. It goes back to at least the beginning of 1988, when there were two specific drugs. One is called bovine growth hormone and the other one is called Baytril, which is an antibiotic. Both of those went through my hands, and I objected to both of them as a matter of human safety, because I was in the human safety division.

The three of us, from our different perspectives, eventually blew the whistle on bovine growth hormone, and ultimately it was not approved in Canada. The European Union followed Canada. They actually banned it in Europe, despite the fact that it was recommended for approval; after what Canada did, the European Union did not approve it. We have some credit to take for that—and the Parliament of Canada—for intervening and doing what needed to be done. We are fortunate as a country that this drug was not approved in Canada.

The second drug is even more controversial. It's a critical antibiotic, one that produces cross-resistance against a critical antibiotic necessary for human use called ciprofloxacin. It's from the same class of drugs. When it is used in poultry, beef, turkeys, pigs, or whatever, then it causes cross-resistance in the intestines of those animals. Then those bacteria, like salmonella, campylobacter, or E. coli, get transferred to people and cause disease and death of immense order.

It was my personal file, beginning in 1988, and I was pressured to pass it because the Americans had passed it back in 1995. I would not pass it. I did not pass it.

I was asked to write a report. It was going all the way up to the minister and the deputy minister, and then I was specifically ordered to write a report. It was called *Roadblocks to the Human Safety Approval of Baytril*. It was my report. In that report I showed there was absolute corruption inside my department, going all the way up to the deputy minister, David Dodge.

After we appeared at this committee on Bill C-28 the last time, a couple of days later you invited Health Canada officials, and there was also a lobbyist present, Dr. Dittberner. We were not here, but we've read the statements.

● (1130)

We were most disturbed by the false statements, ignorant statements, misleading statements that were made here before this committee by Ms. Diane Kirkpatrick, the director general who fired us for insubordination.

We so far have not spoken about what the actual cause of insubordination was. However, unfortunately, the Prime Minister has spoken about it and in fact has written to Senator Spivak that he upholds what Health Canada did. We find that to be a most unfortunate statement by the Prime Minister, because we are in the political arena and you're looking at the circumstances. We are public service officials. We are public servants. We don't go with any one party or the other. Our job is to serve the public without wearing any political stripes—in spite of the colours.

This is how we have conducted ourselves and have always been conducting ourselves. If public health and safety is in jeopardy as a result of our jobs, then we are directly responsible. If we don't do that, then we are liable. We could go to jail for that.

When we are told in the media, from the statements by the Prime Minister, that he accepts what Health Canada did, unfortunately we too are considered to be part of Health Canada, and the Prime Minister should have either waited for the court to decide or consulted with us as well. We find that to be completely unfair on the part of the Prime Minister.

We're not saying the Prime Minister has done it deliberately. This is because of the tradition that has developed, that senior management are closer to politicians, so they take their word for it.

If we look at Justice Gomery's statements from the last couple of days, that's precisely how corruption is going on. What Justice Gomery is talking about is a few hundred million dollars; what we're talking about is corruption, year after year, going into the supply of Canadian food, into agricultural jobs, and we happen to be caught in the middle of it as public servants.

I worked in the department for 35 years, my colleague Dr. Lambert for 31 years, and Dr. Haydon for 22 or 23 years. Imagine these three senior officials in the department being fired on the same day, for the same reason, for insubordination, within five minutes of each other, and while all three of us were on extended sick leave due to stress caused by the same director general. One of us, the fourth person, died under that stress.

When Ms. Kirkpatrick appeared before you at your request, we read her statements. She was the director general of the Veterinary Drugs Directorate. She has come and made this statement before this committee—and many times before, in the media—that everything in nature is a chemical and it's dangerous, and it's only a matter of dose.

I am appalled. I'm ashamed that a director general would come and make that statement before a committee and say you can swallow carcinogens where one single molecule attached to the appropriate cell can begin the cancer, cause cancer, and cause reproductive disorders. This is the director general, who has since resigned from the department and has now—we're talking about the public record—said she will go back and apply to be trained as a kindergarten teacher.

She was the director general. She has no qualifications. Here all these highly qualified scientists, working collectively for close to 90 years in the department, have been fired, and she has now resigned and will go away and not be responsible.

● (1135)

Madam Chairman, this is our initial statement on the circumstances. We've been talking about it for 15 years. We've written to every Prime Minister since then; we've written to many ministers; we've been in the media; we've been everywhere. What are we to do?

Thank you. We're open to questions.

The Chair: Thank you very much.

We'll begin the questions now.

Mr. Merrifield.

Mr. Rob Merrifield: I'll split the time with Mr. Lunney, five and five.

I want to start because what you're bringing to committee is alarming to us. We've heard similar alarming testimony when we were doing a drug study with regard to Health Canada and some falsification of documentation, as well as some problems with clinical trials on the pharmaceutical side. When you bring this kind of testimony before this committee, it certainly raises our interest in what is actually happening over at Health Canada.

I don't want to get into the specifics, because that's in a court case, and that will be settled hopefully under law. The last time you were here, you mentioned something not only about these two products, but also the BSE issue. At that time you said you had warned Health Canada, with regard to the BSE issue, that animal to animal, ruminant to ruminant feeding was going to cause the potential of BSE in animals. You had alerted Health Canada of that at the time. Am I correct in that?

Mr. Shiv Chopra: Absolutely. In fact, I have a letter with me from the president of our union, who back on December 16, 1997, wrote an open letter to Prime Minister Jean Chrétien saying that the problems were so serious at Health Canada that BSE could occur in Canada. We predicted it because we're scientists. We knew what happened in Europe, and because we were not taking care of it in Canada, we knew that it could occur in Canada. We drove that. I have that letter with me. Back in 1997 when it did occur, we, the four of us, wrote to ADM Gorman saying, now that it has happened, here's how to stop it, because that's precisely how Europe stopped it: stop feeding any animals to any animals and BSE would stop immediately. We were ignored.

Then we wrote to the Minister of Health, Anne McLellan.

Mr. Rob Merrifield: But isn't that when we actually did change the protocol, in 1997?

Mr. Shiv Chopra: In fact, that is again a misleading expression by the Department of Health. They keep on saying that they put together a protocol and it was mandatory. If you put a ban that nobody can drive on the 401 at more than 100 kilometres, but you don't have a policeman issuing tickets—

Mr. Rob Merrifield: You're saying the ban was there, but it wasn't complied with, and we have no way of knowing whether it was complied with.

Mr. Shiv Chopra: It was a voluntary ban: don't feed ruminants to ruminants. So it didn't happen.

Mr. Rob Merrifield: Okay. Before that, though, when did you alert the department that the potential was there? Was it just after it happened in Great Britain?

Mr. Shiv Chopra: We alerted them as to the potential in 1997.

Mr. Rob Merrifield: Okay. So that's about the same time as they actually put on the ban.

Mr. Shiv Chopra: Everybody was talking about it, and we said, it could happen in Canada as well, because it's happening everywhere else in Europe, and we're making the same mistake they were; therefore, we should do something about it.

The FAO had said something should be done, but Canada never took care of it. Canada was importing material from dead animals from Europe, from England, and then we were feeding it. They just issued an advisory—don't do this—but then they didn't control anything. They didn't prosecute anybody. Certainly they did not stop. To this day they're feeding blood—to this day. And there are other kinds of things that are happening to this day. There is no ban.

Then when it actually happened, we said this is what we should do. If you do that today, immediately, the further spread stops. It'll take five or six years and it'll disappear from Canada. We were ignored.

Then we wrote to Anne McLellan. Anne McLellan on television said this is the first time she'd heard of internal dissension. I'm sorry, she was justice minister. She was sending lawyers to fight us for years. She was health minister and now she's Deputy Prime Minister. Why is it nobody is speaking in Canada? Now there's a $7-billion law suit against the Government of Canada. If they'd followed what we said about BSE in Canada.... Even today I'm saying, if we do that, BSE would immediately stop and the borders of the whole world would open to Canadian beef—today. But we're not doing it, because there's corruption. We're going with corporate corruption. We're going with the American interests rather than Canadian interests. That's what's happening in Canada.

● (1140)

Mr. Rob Merrifield: Thank you.

The Chair: Thank you, Mr. Merrifield.

Mr. Lunney.

Mr. James Lunney: Thank you, Madam Chair.

To our witnesses, three scientists with such long service to the country, I would say that many members of the committee were particularly incensed that you were dismissed over the summer after the election, when Parliament was not sitting and we were as far away as possible from Ottawa.

You have raised some serious concerns here. I want to go back to one of your former colleagues, Michèle Brill-Edwards, who was the head of the pharmaceutical division and who stepped down some time ago. She made allegations at the time of troubles at Canada's Health Protection Branch, now the Health Products and Food Branch, and of persistent and deliberate interference by manufacturers. Are you aware of direct interference by manufacturers with Health Canada officials?

Mr. Shiv Chopra: Michèle Brill-Edwards and I were colleagues, because for the first 18 years I worked in the human area on human drugs. You're beginning to see some problems emerging even today with mumps and measles, and so forth. Those vaccines went through my hands, but against my recommendations about the way they were used. I'll put that aside.

There are complaints filed against me personally by a company called Elanco that are now in litigation before the Canadian Human Rights Tribunal, and will be elsewhere. These companies are saying that we are not serving the corporate interests.

What we're saying is that the pressure is not coming upon us directly from the companies, but from the Privy Council Office, and consciously so. The Privy Council Office is the Prime Minister, the cabinet, the clerk, and the deputy minister and everybody else. We are being pressured, and therefore that is how we were fired.

Mr. James Lunney: Michèle Brill-Edwards stated that there were instances where things about which they had legitimate scientific concerns were being advanced by bureaucrats who had no knowledge of the science, and other things about which they had no concerns scientifically were asked to be fast-tracked; so on one hand, approvals were retarded, and on the other hand, approvals were advanced for which they had legitimate concerns.

She implied that pressure was coming from.... You're saying that you feel it's coming from the upper levels of the PMO?

Mr. Shiv Chopra: The PCO—not the PMO. I'm saying the PCO; we don't know about the PMO. It's the PCO, because we are bureaucrats. The pressure is coming via the Privy Council Office.

Mr. James Lunney: Okay, the Privy Council Office. Thank you.

And now, Paul Cochrane, a former—

Ms. Margaret Haydon (As an Individual): To give you just one example of that, before we spoke before the Senate Standing Committee on Agriculture and Forestry about the recombinant bovine growth hormone, we had a person from the Privy Council Office actually advise us on how we were to speak before the Senate.

Mr. James Lunney: It's interesting that you would need advice as scientists on how you should speak.

One of your former colleagues in Health Canada, assistant deputy minister Paul Cochrane....

I'm sorry, but could you first provide the name, Dr. Haydon?

Ms. Margaret Haydon: Of the Privy Council individual? I'm afraid I don't recall it.

Mr. James Lunney: Okay, thank you.

Back to Mr. Cochrane, who's now of course serving jail time because he received direct financial rewards, SUVs, tickets worth some $15,000, and trips to the Caribbean and so on. Are you aware of Health Canada officials who may have been compromised by gifts and/or some kind of financial rewards from manufacturers?

● (1145)

Mr. Shiv Chopra: Let me talk about Paul Cochrane first. I had filed several pieces of litigation on racism in Health Canada, one not only against Health Canada but against the Public Service Commission and Treasury Board. That's the famous National Capital Alliance on Race Relations v. Canada. That case was won. That was the biggest indictment against the whole Government of Canada on racism against visible minorities, which was centred in the Department of Health and on me personally.

As a result of that tribunal order, Paul Cochrane was appointed as the overseer to implement the order. Paul Cochrane was personally responsible for having me suspended for five days without pay because I had criticized the department for not implementing the order, being in contempt of court. I told Paul Cochrane face to face about that order when we met with him, and he asked what contempt of court meant. One of my colleagues said, “Two years in jail”. He laughed and said that's one place he wouldn't like to go. Well, now we know Paul Cochrane.

Diane Kirkpatrick has been recorded on CBC television, on *The Nature of Things*, receiving gifts on camera on a program done by David Suzuki on mad cow disease.

There was a person who appeared, Gordon Dittberner. He was given $20,000, two separate contracts for $10,000 each, by David Dodge in his time. This is a lobbyist who acts as a self-appointed ambassador of Canada to China and everywhere else on how to introduce genetically modified foods and so forth. He appeared before this committee and said hormones are safe. He's a veterinarian. I'm appalled that this man would go around misleading this health committee about hormones, which are banned in Europe. They cause cancer. He comes before you, the health committee, to say hormones given to animals are safe.

There are pregnant women who are getting cancer and reproductive disorders. This is the kind of thing we as scientists are talking about, damaging the health of our children, grandchildren, and pregnant women. These people have the gall to come here before this committee to say hormones are safe and antibiotics are safe, even though as the result of the excessive use of antibiotics there are deaths occurring in hospitals. This is what you're hearing.

The Chair: Thank you, Mr. Lunney.

Mr. Ménard.

[*Translation*]

Mr. Réal Ménard: Good morning.

Madam Chair, I am sure that you will agree that this was not testimony to be sneezed at.

It is quite troubling to find that, a supposedly sophisticated public service, free from... You used the word "corruption", but I would encourage you to be careful. Anyway, there was undue interference. They ought to have respected your expertise as a scientist. I do not think that many public servants would have put up with the type of interference that you experienced.

I just want to make sure that I have understood correctly. Refresh our memories as to the chain of command. Which branch of Health Canada were you working for exactly at the time of these events?

[*English*]

Mr. Shiv Chopra: We worked in the Veterinary Drugs Directorate, which used to be called the Bureau of Veterinary Drugs, in the Food Directorate.

[*Translation*]

Mr. Réal Ménard: All right. If I understand rightly, you were pressured to endorse a process leading to the certification of a product that would ultimately find its way onto the market. However, you were totally convinced that it would not be in the best interests of the health of Canadians to give it the green light. Of course, we are referring here to animal growth hormones.

Can you remind us exactly what type of influence peddling and interference you experienced?

● (1150)

[*English*]

Mr. Shiv Chopra: There was one specific drug at this time called tylosin. Tylosin is in a class of antibiotics that erythromycin belongs to. Erythromycin is a critical antibiotic used for children. If you use another antibiotic from the same class, like tylosin, and if that produces resistance in some bacteria, then the bacteria also become resistant to erythromycin. This is the kind of thing that happens. A submission was brought for it to be given to animals that were receiving hormones to prevent abscesses in their ears, where the hormones are implanted; on top of it they were going to give them tylosin.

I'm going to defer to my colleague Gérard Lambert, because at that time it was his file. Then it moved from him to another colleague, Chris Bassude, who died in the process, and then to me as well. He was demoted. All he was asking for was a meeting; they didn't allow the meeting, and then a number of things happened to him and the rest of us.

[*Translation*]

Dr. Gérard Lambert (As an Individual): When I raised objections to the approval of a tylosin—hormone mix, I lost my position as acting team leader.

● (1155)

Mr. Réal Ménard: Who dismissed you?

Dr. Gérard Lambert: Ms. Diane Kirkpatrick.

Mr. Réal Ménard: Ms. Kirkpatrick.

Dr. Gérard Lambert: First, we lodged a complaint with the Public Service Integrity Office and an enquiry was conducted. Then came the ruling. Mr. Keyserlingk, the Public Service Integrity Office officer found that our allegation of wrongdoing was without basis. Nevertheless, he ruled that Health Canada had sought to retaliate against me because I had raised an issue that ought to have been dealt with inside the organization, i.e. the fact that I had lost my position as acting team leader. In its report, the Public Service Integrity Office concluded that I had been the subject of retaliation and that the harm I had suffered should be redressed. That was in March 2003.

Later, the Office sent correspondence to the Deputy Minister's office requesting that steps be taken. That brings us to October 2003. No action was taken. The Office then said that if nothing had been done within a month, it would raise the issue at the Privy Council. Once again, no response. Then in March, the Office sent a further letter stating that it intended to implement the recommendations. Nothing was forthcoming. In July, I lost my job. My two colleagues and I were dismissed.

Later, the Public Service Integrity Office said that the harm that I had suffered had not been addressed and that a mechanism should be set in place to deal with the matter. It was at this time that I received a letter from Health Canada telling me that the Department did not accept the Public Service Integrity Office findings, but that it was prepared to compensate me in light of the circumstances.

Mr. Réal Ménard: Thank you.

Thank you, Madam Chair.

[*English*]

The Chair: Mr. Thibault.

Hon. Robert Thibault: Thank you, Madam Chair.

Madam Chair, perhaps all of us around this table should consider how we do these things in the future. We're hearing serious allegations, but we're hearing one side only, and we're hearing people's reputations being questioned or slandered.

Mrs. Kirkpatrick retired this week. She didn't resign because of incompetence; she retired. She decided she was going to pursue another interest, which is teaching kindergarten. Hats off to her. I hope she's very happy. I hope the kids are very happy.

But it's unfortunate her name should be slandered like that without our hearing from the other side. I think it's very dangerous in this case, and I'll ask a question when I've made a couple of comments.

We have, I understand, some disciplinary sanctions that were taken against these three individuals, and I won't comment on whether they were correct or they were incorrect. I don't know. I'm not in a capacity to judge. But there have been some appeals or some referrals to boards, to the Public Service Staff Relations Board or a board we've had at Federal Court since 2001, and in all cases Health Canada's views were upheld.

I have five pages of quotes from these decisions. I won't read them all, but here's one from the Federal Court decision on the Public Service Staff Relations Board decision, page 43, paragraph 69:

> Clearly this is not a case of whistle-blowing. The applicant's reported statements, in my opinion, do not involve public interest issues of the same order as in Haydon, supra. They do not address pressing issues such as jeopardy to public health and safety (or government illegality). Moreover, the evidence reveals that the applicant did not check her facts or address her concerns internally.

That was on appeal to the Federal Court of a Public Service Staff Relations Board decision. In another case the board said:

> Second, I conclude that Mr. Chopra's repeated comments, which went beyond the realm of acceptable scientific debate, impaired his usefulness as a public servant. His attacks on the Minister, his department and his supervisor were repeated and derogatory. There is no doubt in my mind that Mr. Chopra's conduct in this case seriously impaired his usefulness as a public servant.

And there are pages of that; it continues.

I understand you might not agree with all of those decisions and you're appealing them, and it's certainly your right to do so, but I remind everybody around this table that there can be a lot of points of view, and we're hearing one today. There can be a slant, and it is very possible that witnesses at a committee like this might put a slant favourable to themselves on the evidence they provide. I know that's a shocking suggestion, but I think it's important that we remember that.

I have two questions. Were your peers at Health Canada supportive of your views and your actions to draw attention to these concerns?

Again, perhaps it would be important for the committee to hear from some of these professionals whose views you came to represent.

And can you explain why you requested to be physically separated from your peers at Health Canada?

Ms. Margaret Haydon: With respect to your first comments on the first Public Service Staff Relations Board hearing, that was appealed to the Federal Court for judicial review. Two days ago it was appealed to the Federal Court of Appeal before three honourable justices, so it was just heard. I can't really speak about the issues, but I was—

Hon. Robert Thibault: But in the first two instances the finding was in favour of Health Canada.

Ms. Margaret Haydon: But there were things that were appealed because of legal issues, and also I was very appalled. With all due respect to the three honourable justices, several days ago they were misled. In one instance they were misled that Mrs. Kirkpatrick was a doctor, which is incorrect. They were misled that she was an expert on BSE. I sat across at a table from her several years ago when she admitted her education amounted to three years at Loyola College, after which she joined Health Canada as a laboratory technician.

Further, what occurred was that the justices were misled to believe I was a loose cannon, and this was based on incorrect information from that manager.

● (1200)

Mr. Shiv Chopra: If I may continue also along those lines, with all due respect, sir, you can't take a single case. You're talking about whistle-blowing: one on mad cow disease; and the other one on the Iraq War, where the minister bought drugs, which have been wasted. I didn't talk about that. I only said that anthrax can never be used as a bioterrorist weapon. I still stand by that. I've been proven right. So fundamentally, as a scientist, I'm right. That's the only statement I made as a member of the public, not as a Health Canada official. So if you're conveying that to this committee, that's wrong.

Now, if we can get back to the other questions, all these matters were taken before the Public Service Integrity Officer and the Federal Court. He dismissed our complaints. He didn't do what he was supposed to do. He didn't do what he agreed to do according to the authorities that he was given by the Privy Council. We ultimately took him to the Federal Court, which has come out, only a week ago, agreeing with us, and now he's going to have to go back and do what he agreed to do, what he was supposed to do. I'm talking about that specific drug, Baytril.

I would like to show you something else, and I'll leave it for this committee, that this matter—

Hon. Robert Thibault: Dr. Chopra, you're suggesting to me that Health Canada was incompetent, the public service review was incompetent, and the Federal Court was incompetent. They all found against you, and perhaps the appeal court will be incompetent should they find against you.

Mr. Shiv Chopra: I didn't say that. I said the Federal Court has ruled in our favour against the Public Service Integrity Officer specifically on this drug called Baytril. If you want to see it, you should read the *Washington Post* from a week ago. The same issue has arisen in the FDA, where 26 congressmen are trying to influence the FDA to disregard a judge's statement.

You're telling me that the judges are against me? I'm sorry, you're misled. Maybe you are misinformed. The judges have always been in our favour. You're taking those two isolated cases—and they're not finished yet—but we're talking about....

The word “corruption” was used. I've given you some evidence, money exchanges, and so on. That's not what we're talking about. Corruption is not always when people pass bills and notes to other people.

We're talking about the corruption of the system that is supposed to be operated in our hands, in our jobs, what we do if somebody pressures that we either pass this or else we're fired. That's what has happened.

Hon. Robert Thibault: Thank you, Madam Chair.

The Chair: Thank you, Mr. Thibault.

Ms. Crowder.

Ms. Jean Crowder (Nanaimo—Cowichan, NDP): Thank you, Chair, and I want to thank the witnesses for appearing today.

I think a number of us, and I'm certainly not speaking for the whole committee, are very concerned about the lack of transparency and openness in Health Canada. We have any number of things come before us. You've talked about the bovine growth hormone and BSE, and recently we've heard from the dairy farmers that things such as modified milk products are coming into Canada, and we don't know what's in them.

When we heard Bill C-28, there were a number of issues that came before the committee, including estradiol, which the department had committed to coming back to inform us on, and I still have not heard anything on that. There are some allegations that there was a study going on; it was unclear from the testimony we heard.

Madame Demers just talked about the silicone gel breast implants—the process that was used for that—and only under public pressure has that gone public.

And the Canadian Association of Journalists, last year, gave Health Canada the award for being the least open and transparent department in government.

Setting the stage with that doesn't lead me to a lot of confidence. I have a quotation from the Senate committee around, I believe, the bovine growth hormone. It says:

> Several of the Health Canada scientists who appeared before the Committee were so concerned about their future employment that they delayed appearing until they had received assurance that there would be no reprisals. As well, they took the unusual step of swearing an oath before testifying. These concerns are serious, and the Committee reiterates the point made during their appearance: it wishes to be contacted should they feel they are suffering reprisals related to their appearance, whether in the short or the long term.

That's one quotation.

The other quotation I have is from the Council of Canadians. They're a noted public advocacy group concerned about public health and safety. This is from July 2004. They issued a press release when they were intervenors on the BST case, along with Sierra Club. They've cited the fact that:

> The Federal Court agreed, stating that "the scientists were justified in going to the media" and ruled that "where a matter is of legitimate public concern requiring a public debate, the duty of loyalty cannot be absolute to the extent of preventing public disclosure by a government official".

Maude Barlow goes on to say in this press release that:

> this will be an important test [case] for the new Martin government to send a clear signal that civil servants have a responsibility to speak out to defend the public interest. If we do not have an investigation into this, Canadians' confidence in the safety of our food may be at stake.

What would you like this committee to do?

● (1205)

Mr. Shiv Chopra: First of all, I commend this committee for at least inviting us to talk about it. We're not here to slander anybody. We're just telling you what we experience, what we know.

The Senate, on the other hand, gave loud promises to us, when we were reluctant to appear, that the House of Commons comes and goes but they're always there: if something happens to you, even in five years, come back to us and we'll defend you. We've been writing to them; our lawyers have written to them; Senator Kinsella has moved a unanimous motion in the Senate. Nothing has happened. The rules committee has met before on that very issue, on contempt of Parliament by Health Canada. Nothing has happened; that motion is still outstanding. Senator Kinsella two weeks ago again raised it in the Senate, asking the rules committee, "What are you going to do?" They were all silent. These are parliamentarians who gave us the guarantees that we are parliamentary witnesses and nothing should happen to us.

Now I hear Mr. Thibault suggesting we may be slandering some people, and so forth. We're not slandering anybody. We're just telling you what we know, what has been happening to us. If it's slander, let it be slander. Out there, our names have been slandered. We've been destroyed just trying to do our jobs, to safeguard the public interest. We're talking about slander. We're talking about public interest in our jobs.

I think this committee has done, and I hope this committee will continue to do.... Frankly, I did not think I would be here, but despite what's happening in the Centre Block, you responsible members of Parliament are here listening to us. What you do with it is up to you, now or afterwards.

Ms. Jean Crowder: So would a public investigation or a public inquiry serve on this?

Mr. Shiv Chopra: This is exactly what we've been asking for for the past 15 years, a public investigation. We've gone to Jean Chrétien. Our union has been writing. We go to every minister. We've written to the Clerk of the Privy Council. The Clerk of the Privy Council has responded to us that he's not even going to respond to us.

The Chair: Thank you, Ms. Crowder.

Ms. Dhalla.

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): Thank you very much, all of you, for being present here and sharing some of your personal experiences in regard to what's happened. I was interested in your testimony and I have two questions.

What did your letters of termination indicate?

Mr. Shiv Chopra: They indicated that we each were insubordinate during the last two or three months on a project. In my case, it was within the last month, after I'd served for 35 years in the department without a blemish. They've been slandering me, but there's nothing on my record that I've done absolutely any wrong. Suddenly she wrote to me saying, I gave you a project and I've determined you have no intention of doing it, and you're on sick leave at home. Then the notice came to me with a gold watch.

Ms. Ruby Dhalla: Did you communicate to them that you weren't interested in doing the project they had mentioned in the particular letter?

● (1210)

Mr. Shiv Chopra: It's all there, and that subject is before the courts, so I'm not going to go into the details of exactly what....Their statement is that we were insubordinate. Our position is that it's all due to whistle-blowing.

Ms. Ruby Dhalla: And what about you, Margaret?

Ms. Margaret Haydon: In my case, it was in respect to an interim report that I was asked for just out of the blue, and before I left for my extended sick leave, I actually completed three final reports. Unfortunately, there were deficiencies with respect to the drugs, and this wasn't what they wanted to hear.

Ms. Ruby Dhalla: And Gérard.

[*Translation*]

Dr. Gérard Lambert: In my case, it was in respect to a preliminary report on a three-month project. My first report was used as grounds to dismiss me. I was told that the report failed to demonstrate any progress, but it was only my first report on a three-month project.

[*English*]

Ms. Ruby Dhalla: Mr. Chopra, you had also mentioned earlier on in your testimony that you had faced racism within the Health Canada department. Can you elaborate on that, please?

Mr. Shiv Chopra: Back in 1989 I prepared a report on employment equity throughout the government. This report was circulated. It was sent to many people just to remind them that we are now in a new Canada, things are changing, visible minority content in Canada is increasing and there's an Employment Equity Act. I did this study based on Treasury Board statistics and that we should do something about it.

I was writing to the chairman of the Public Service Commission, the Human Rights Commission, the Prime Minister, my own deputy minister, and within three days of this report becoming public with all good intentions, the department and the whole government went after me—and now it's all part of the public record, in the human rights tribunals and so forth—to somehow discredit me and destroy me. And they've been trying that for the past 15 years, until I was fired. So that's what it is.

Ms. Ruby Dhalla: I don't have any more questions left.

I think it's important that when we look at this nature of testimony we have people from all sides, because as we've seen today, they've highlighted their own personal experiences and discussed it, but it's very difficult for us to find out what the other side of the story is. And there are always two sides to a story. So next time maybe we can make sure we have people from all respects.

The Chair: Mr. Carrie.

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

First of all, I'd like to thank all three of you for being here today. I see you as courageous public servants who are attempting to take responsibility for your actions and the actions of Health Canada. I find what's been going on incredible. We've had some situations with Health Canada we've heard of, but the given the fact that you mention the bovine growth hormone, the antibiotic, the BSE, and you even mention things like vaccines, it's almost like there's a systemic cap that's put on anybody who wants to speak out against Health Canada.

I actually am in agreement with Mr. Thibault and Dr. Dhalla. I think we should have more investigation, and I wonder, as did my NDP colleague, if perhaps a full inquiry is warranted in this situation. For you to come forward as you have and to be chastised as you have, I find that's totally unacceptable, as a Canadian and as a representative of the Canadian people, because this is exactly what we need in Health Canada for the safety of Canadians.

I want to ask you, are you aware of any direct interference by manufacturers in regulation of different products or products that you wanted to send out? You mentioned vaccines. I'm curious about that. It seems to have happened years ago, and you didn't want certain ones put on the market, yet they were. Could you elaborate on that for us?

Mr. Shiv Chopra: Let me not go there, because that thing is developing and I don't want to get into it. I don't want to say too much on it because I'm watching that situation myself, but it's going back 35 years.

Let me speak to a relatively recent situation where a company called Elanco, which is owned by Eli Lilly, a giant, filed a complaint against me from a meeting saying that they determined from my body language during a meeting that I was fundamentally opposed to their molecule.

Some hon. members: Oh, oh!

● (1215)

Mr. Colin Carrie: From body language?

Mr. Shiv Chopra: From my body language.

Mr. Colin Carrie: That's pretty good scientific scrutiny.

Mr. Shiv Chopra: They determined from my body language that I was fundamentally opposed to their molecule and, given the opportunity, I would never approve that drug for subclinical coccidiosis and subclinical ketosis. Let me tell you what that means.

Subclinical is not a disease of anything. That means it's either on the way to becoming a disease or on the way out. It's using an antibiotic for a made-up disease, or it's a drug looking for a disease. They wanted to get it approved, and they were competing with that drug against, actually, BGH. These were two companies—Monsanto and Elanco—fighting with each other for world rights. Then Elanco pulls a fast one on that: if that isn't approved, put in this other drug and that will do the same job.

It was as a result of this that I said, you can't approve this. Then that same company brought a special request through my boss, and I happened to be the acting chief for four months at that time, and they wanted me to approve a prescription—not a submission but a prescription—written by a single veterinarian for 64 truckloads of this drug, manufactured in Canada, coming across the border, and saying with my signature that it would be safe to use in Canada, when it had not yet been approved.

Mr. Colin Carrie: What you're saying is just more evidence, Madam Chair, that we have to really follow through with this. There should be a full inquiry into what's going on, with both sides here, so that people with these allegations can defend themselves.

I had a specific question for you. I'm putting forth a private member's bill, and it has to do with natural health products. I was wondering, do you know Dr. Michèle Brill-Edwards? She, I believe, was a prescription drug expert with HPB for 15 years and she resigned in 1996 because she wanted to speak out publicly about HPB being excessively lax in regulating high-risk products such as blood, which you mentioned earlier, and prescription drugs. But she said they were unjustifiably strict in cracking down on herbal products and nutritional supplements.

I was wondering, do you have any more information about manufacturers maybe influencing Health Canada with regard to a bias or unjustifiably strict regulations on health and herbal products?

Mr. Shiv Chopra: Without speaking about that specific issue, let's say the companies bring pressure, and that I find is legitimate because they are in business. They have to do that. I have no problem with that. But when the pressure comes from management or from Privy Council, and they're changing the rules for cost recovery without going to Parliament, and now the companies have become partners.... The companies, having paid a fee, then demand they get fast approval or approvals that otherwise wouldn't have happened. There are some serious problems here, and it's the fault of Parliament that such regulations go through without going to Parliament.

That's what happened in our situation. Cost recovery was imposed on veterinary drugs, on breast implants, on medical devices, and so on. Once they do that, they say, now that we have paid you, you'd better deliver. So we are in the middle, and we're told this is government policy. How can we go by government policy when there is an existing law, the Food and Drugs Act, which comes under the Criminal Code? Policy can't override the Criminal Code. If we sign off, we go to jail.

The Chair: Thank you very much, Mr. Carrie.

I have nobody else on the list.... All right, Madame Demers.

[*Translation*]

Ms. Nicole Demers: Thank you Madam Chair. I shall be brief.

Ms. Haydon, your office was broken into in 1994 and documents relating to growth hormones were taken. Did you receive direct threats warning you to keep quiet about your findings with regard to the Monsanto products and growth hormones? Were you threatened?

● (1220)

[*English*]

Ms. Margaret Haydon: At that time, that's correct. My locked cabinet was somehow opened and my documents, just with respect to the bovine growth hormone, were gone. I reported that to my immediate supervisor and to the next one up. There was an RCMP investigation, plus there was internal security that came i—about six pages of a report—where there were many deficiencies. She eventually was demoted, and with respect to the RCMP investigation, there was nothing found.

I received phone calls from the director general at that time questioning me, and this sort of thing. I was basically isolated. People were told to keep away from me, and that sort of thing.

[*Translation*]

Ms. Nicole Demers: Mr. Chopra, your wife was also dismissed by Health Canada in the late 1970s for claiming that more research was required before approving breast implants. Did she challenge her dismissal and what happened after that?

[*English*]

Mr. Shiv Chopra: My wife used to be in charge of medical devices. She had to approve the breast implant. The submission was before her. She was the very first person in Canada to raise some questions on that implant. She wanted more data. A company was selling it on behalf of another company. My wife, Nirmala Chopra, said she would like to receive the data. She was told, oh no, this is grandfathered; it's already approved. She said, the law says we must still know who made it, who's processing it, and so forth. Whatever information she received, she passed to another scientist, Pierre Blais. Pierre Blais wrote a report, and Pierre Blais was fired.

Subsequently, that whole department was dismantled. My wife was removed. She was harassed. She unfortunately met with a terrible accident. She was hit by a car, and it destroyed my family.

I would say that like the rest of the people, I too was part of the corruption, but for remaining silent for all those years, because I knew these things were happening, but as long as nobody told me directly to sign here.... I'm raising children; I'm like everybody else. That's what we would do.

We got out of their way. My wife got out of their way. We did all sorts of things, but when this happened and she was coming home crying, even though she had won a harassment complaint—the department upheld her complaint of harassment—they still said she could not go back to her job and that they would get letters from her colleagues to say that they did not want to work with her. If I say I don't want to work with so-and-so, are they going to fire them? But that's what was done to her.

Once it reached that low level in my personal life, I saw God. It's irresponsible to remain silent in view of this kind of corruption—and now I'm using the word "corruption" again. When this kind of thing happens, then no matter what happens, you cannot remain silent. It would be irresponsible to be silent. No matter what the consequences, you must face reality, and this is how I got into this act. Otherwise, I had a quiet life. If they didn't listen to me, I would go and read, take courses in religions, write poetry, study the Bible, and these kinds of things, and I was spending my life quite well. But my life for the past 15 years has been hell.

● (1225)

The Chair: Thank you very much.

Ms. Dhalla has another short question, and that will finish the second round. So I think we can probably move on to Mr. Ménard. I believe he has a suggestion.

Ms. Dhalla.

Ms. Ruby Dhalla: Thank you, Madam Chair, for allowing me the opportunity. I have two quick questions for everyone who's here before us.

Number one, how long have you been off work? Second, who is funding what I'm sure have been extremely high legal costs for you?

Mr. Shiv Chopra: We've been out of our jobs since July 14, 2004. We've been through the process, because they said we had to file grievances. We went through the department, and there were the dismissals. In other words, it went all the way up to the highest level, to the deputy minister, and now it's before the labour board.

There we're told that the Department of Justice doesn't have a lawyer to appear until the fall. Then they asked if we wanted to go into mediation. We're saying, yes, we can go into mediation, provided you are serious about it. At least put all three of us on salary and then you can take ten years if you want. They said, oh no, we don't want to do that. You just suffer. Meanwhile, we're suffering. We have no income. I put my house up for sale, and these things are happening to us.

Ms. Ruby Dhalla: Who is paying your legal costs?

Mr. Shiv Chopra: Our union.

Ms. Ruby Dhalla: Your union, for all three of you.

Thank you. That's it.

The Chair: Thank you very much.

Mr. Ménard.

[*Translation*]

Mr. Réal Ménard: A point of order, Madam Chair.

I think that all members are flabbergasted, aghast and saddened by what we are hearing today. However, Mr. Thibault is right. There are principles of basic justice that we have to respect. As a result, I do not think that it would be wise for the committee to only hear one side of the story.

Now, I think that we have to be very careful. I know that the Government is in the throws of death. No-one knows what is going to happen this evening. Madam Chair, just in case the Government does survive the vote this evening, could you check whether there is consent to invite Health Canada to testify as early as next week so as to shed some light on the allegations and the events that took place? What we have heard is very troubling. I think that it almost warrants a public enquiry. I do not know what the will of the committee is on this issue and I would not wish to presume anything, but I think that we have to at least hear from Health Canada as soon as possible. We have to do this quickly so that the testimony of the three witnesses, whose testimony we have just heard remains fresh in our minds. It seems to me that they are somewhat martyrs to science.

Madam Chair, could you do a straw poll? I realize that I have not given the statutory notice, but with the consent of the committee, it would be possible. If you would just check whether there is consent, we could get going quite quickly, provided of course the Government survives the vote. Let us not get carried away, since who knows what might happen. If the Government wins the vote, I think that we should hear from the Health Canada people as early as next week.

[*English*]

The Chair: Mr. Thibault.

[*Translation*]

Hon. Robert Thibault: Madam Chair, I support the member's suggestion whole-heartedly. I totally agree. What's more, I would suggest that the House's legal advisors consult the Department's legal advisors so that we avoid any chance of undermining the case of these three people, which are currently before the courts. If we do have to set limits to our questioning, then these restrictions have to be set out by our legal advisors.

Mr. Réal Ménard: Isn't time of the essence here? You are not the one being asked to resign as parliamentary secretary. The Chair would be too sad to see you go. This is a troubling case.

[*English*]

The Chair: I don't think we need unanimous consent. I don't think we need a motion. I think I just need a show of hands to see if people are anxious to pursue this topic by bringing in witnesses, whether it's Health Canada people or lawyers or whatever. I think we should leave ourselves open to what the researchers might suggest for people who want to know more about it.

All those in favour of moving forward on Mr. Ménard's suggestion, although we might expand it further.

Some hon. members: Agreed.

The Chair: Madam Dhalla wanted to make a comment.

Ms. Ruby Dhalla: We had in the beginning, when we first started our health committee, given you a list of priorities and initiatives that we had wanted to see carried out for the duration of the committee. Notwithstanding that this is a very important issue, I personally feel that it is before the courts right now. There are certain things that can come forward in terms of evidence and there are certain things that cannot come forward in terms of evidence. There are people who can speak and people who cannot because of the different levels of involvement.

I personally am interested in trying to pursue as much as possible some of the initiatives that we collectively, as a team, had decided. While Mr. Merrifield had put forward a motion, I don't believe this was one of those top three or top five priorities that we had decided as a committee. Time is limited, and I think it's really important.

● (1230)

[*Translation*]

Ms. Nicole Demers: Madam Chair, I would just like to point out to Ms. Dhalla that quite the opposite is true. It is very important that we do this now because we have Bills and other issues to deal with. Consequently, we have to trust Health Canada. I think that it is very important for us to meet with the people from Health Canada quickly so that we may move on to other important issues on our agenda.

Mr. Réal Ménard: it could be on a Wednesday. We do not have to have that in a room…

[*English*]

The Chair: You don't have the floor, Mr. Ménard.

Mr. Merrifield does, though.

Mr. Rob Merrifield: I would like to hear the other side as well, and perhaps more. I would think the way we could get around this right now would be to have our research team give those recommendations to the committee at the next opportunity, and then decide at that time how we'd want to pursue this in light of that information.

The Chair: I was thinking of just asking them to pull together a set of witnesses for the next meeting, after which we could decide whether to go forward on it.

Mr. Rob Merrifield: I'd be fine with that as well.

The Chair: The first available meeting, provided we're still around, is May 30. That's the first Monday we're back. That's all I'm asking people to agree to, Ms. Dhalla. I understand there are two....

First of all, we have a couple of requests from the minister, plus we have the wellness study. However, I know that's what you were thinking of. It would be very unusual for a committee to start a major study with only three weeks left on the parliamentary calendar. No matter what happens tonight, I doubt we would be starting a wellness study. Usually the initial witnesses brief us on the topic, and we would get these briefings and then we would go home for two and a half months or something. I think it might be wiser to wait until the fall.

Would you agree with that?

Ms. Ruby Dhalla: Yes, just as long as it's addressed.

Thank you. I think wellness is an important issue.

The Chair: I understand. I know you're anxious. I know Mr. Savage is, and I forget who else—I think Mr. Carrie.

Mrs. Crowder wanted to comment.

Ms. Jean Crowder: I have a quick point.

I support our going ahead and hearing from somebody, but I understand we do need to get some legal advice around what we can hear and what we can't hear because of the court situation. I would presume, once we heard those witnesses, that the committee would then determine its course of action.

The Chair: Exactly.

We're only committing to one more meeting at this point. However, we had legal guidance before in the form of a letter from someone who is assessing our position vis-à-vis the scientists, vis-à-vis Health Canada, etc. Maybe we could get another letter of that sort, to say, considering the point in time we're at, and the progress of this situation since the last letter, what would you advise now? What we could do is try to get that letter and use that as the first basis for decision. If that letter says not to do anything because this is before the courts, what we will do is maybe have the clerk advise everybody, even before we come back, although maybe we can't get that letter that fast. We'll try.

Thank you, Mr. Ménard, for your suggestion. I think it's generally agreed upon.

On your behalf, I'd like to thank the witnesses for coming and sharing their story with us. You can see we will at least go on for one more meeting and maybe further.

Thank you very much.

I'd now like to invite our next witness, Dr. Bernstein, to come to the table.

On behalf of my colleagues, I'd like to welcome Dr. Alan Bernstein, the president of the Canadian Institutes of Health Research, its first president, whose appointment is up for renewal at this moment. Due to the process of democratic renewal, his candidacy for a renewed appointment is before the health committee.

It's my pleasure to welcome him on your behalf and to invite him to give his statement to us, and then move to questions and answers.

Dr. Bernstein, I have to be chairing another meeting by 1 o'clock. If the questions and answers are not finished, I will ask my colleague Mr. Merrifield to take the chair. I hope you will excuse me from hearing every question and every answer.

I invite you now to make your opening statement.

● (1235)

Dr. Alan Bernstein (As an Individual): Thank you very much, Madam Chair. I'm very pleased to be here with the committee today.

[*Translation*]

I have had the honour and pleasure of serving for the past five years as the first chairman of the Canadian Institutes Of Health Research, CIHR.

[*English*]

I would like to describe what progress we've made during the last five years and our plans for the future. Since CIHR was established five years ago, in 2000, we have moved carefully and deliberately from its origins as a largely reactive biomedical granting council to an outcomes-driven, excellence-based strategic organization. Our 13 institutes were operational by 2001, each led by an internationally recognized scientific director. Over 200 institute advisory board members—all volunteers—provide advice and support to their respective institutes, linking individual institutes to CIHR overall, to the wider health research and research user communities, to the public, and to other stakeholders.

We have developed a strategic plan entitled *Investing in Canada's Future: CIHR's Blueprint for Health Research and Innovation*, the culmination of broad national consultations with health researchers and other stakeholders right across Canada. Our 13 institutes are creating multidisciplinary and multi-sectoral teams of health researchers that bring together researchers from literally all disciplines from across the country—researchers with community groups, labour unions, caregivers, health care decision-makers, and business groups—to focus on important health challenges and exciting scientific problems.

We have created with our partners a major new training program, a strategic training initiative in health research that has created Canada's first multidisciplinary training centres—over 90 of them. Together with our partners we have funded over $125 million of investments ranging from proteomics to pain in children to health ethics and the law. This brings together health researchers and their trainees from across Canada.

We've developed and launched new health innovation programs, programs such as the proof of principle, or POP, program and POP-II, designed to help our researchers commercialize the results of their research.

We responded within weeks to the emerging new threat of SARS and mobilized Canada's health research community to sequence the SARS virus genome, develop diagnostic tests, developed a vaccine, and examine the public health and social consequences of that outbreak.

We also contributed to the conceptual formulation for the creation of the Public Health Agency of Canada. In partnership with CIHI, we funded Canada's first-ever national study of adverse events or medical errors, a landmark study that has set the benchmark for future work on patient safety.

By building partnerships here in Canada and internationally, we are bringing new perspectives to health issues and ensuring that the results of research are applied when they're needed.

What about the next five years? Our future plans are equally ambitious. We want to build on the past five years to deliver on a bold and transformative mandate that was given to us by Parliament in the CIHR act of 2000. I believe we are truly poised as a nation to become a prominent leader in health research over the next ten years. Our institutes are planning important and major new initiatives with their partners in many areas, including global health, clinical research, regenerative medicine, and new initiatives in knowledge translation.

Clearly, our future as a prosperous and caring society depends critically on the success of our science and our ability to harness research for economical, social, and health advantage.

I want to leave you today with two key messages: one, I believe CIHR has been successful delivering on the mandate that was given to us by Parliament in our first five years; and two, with the continued generous support of the federal government we are poised to build on that success and bring to life the broad and ambitious mandate Parliament has given us.

As I said at the beginning, it's been my privilege to lead the birth of this wonderful new organization over its first five years. With your continued support, I am confident that the government's investments in health research through CIHR will continue to deliver important benefits to all Canadians.

Thank you very much. Merci.

● (1240)

The Chair: Thank you, Dr. Bernstein.

We'll begin the questions with Mr. Fletcher.

Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC): Thank you, Madam Chair.

Thank you, Dr. Bernstein, for coming to the committee.

I have seen a lot of CVs in my lifetime, but I have not seen one quite as thick and impressive as this one. Your contribution to the health of humankind is truly impressive.

Dr. Bernstein, a couple of months ago I brought forward to this committee a motion dealing with accountability of various foundations, and CIHR was one of them, I believe. The motion dealt with having the Auditor General being able to examine the books, so to speak, of these foundations. I'm wondering whether as president of CIHR you would have a problem with having the Auditor General audit your books.

Dr. Alan Bernstein: Thank you.

Madam Chair, let me make a correction.

There's perhaps a misunderstanding here, Mr. Fletcher. We are not a foundation; CIHR is an agency of the federal government receiving annual appropriations from government. Indeed, the Auditor General does come in and look at our books on a regular basis. I believe her team is there now looking at our books. We report to Parliament on a regular basis, twice a year, on our budget and have annual audits. So we are fully accountable to this Parliament and to this committee for our activities.

Mr. Steven Fletcher: Okay, that's my misunderstanding then.

One of the other concerns I have is the transfer of knowledge from research to the real world. Academics, rightly or wrongly, are known for doing great research—I was going to say notorious, but I'm going to hedge on that—but often not being able to apply it to the real world. I wonder if you are able to tell us what initiative you have undertaken as president to ensure that knowledge transfer.

Dr. Alan Bernstein: Madam Chair, that's an excellent question. Let me give you a few examples.

Four years ago, we started a program called community alliances for health research, and have funded almost 20 teams, I believe, of researchers working with community groups to do exactly what you've just indicated, Mr. Fletcher. That is, how do we move research out of the universities, the labs, or offices, into the real world, as you put it? The results of that program have been phenomenally successful, I think. I'll just give you one example.

In Manitoba, we're funding a group called The Need to Know team, led by a woman called Pat Martens. That teams consists of researchers from the Manitoba Centre for Health Policy, officials from Manitoba Health, and officials from regional health authorities in rural and remote Manitoba, or all of the RHAs in Manitoba, except Winnipeg. They've spent their first six months just defining some of the important questions they would like answers to.

One of the questions they settled on is mental health issues in rural and remote Manitoba. So they spent three years researching the current status of the delivery of mental health services in rural Manitoba—which I would suggest is typical of Canada in that regard—to come up with very strong recommendations about how to change the delivery of those services. Those recommendations have been adopted by Manitoba Health, and Pat Martens now has been going to Saskatchewan and Nova Scotia to talk to them about the results of the studies and to disseminate the results of that research to those two provinces. We'll go from there.

I could give lots of other examples, but that's just one off the top of my head.

● (1245)

Mr. Steven Fletcher: Well, being a Manitoba MP, I think your local example knocked that question out of the park!

Some hon. members: Oh, oh!

Mr. Steven Fletcher: I think I will yield the rest of my time to Mr. Merrifield.

Thank you.

Mr. Rob Merrifield: I want to pick up, first of all, where you left off, because I think that's where we're weak in Canada. I think we are doing some great work in research, and I think the institutes are doing great work in research. I think we could do better, but you can always do better. We've come a long ways as a country.

Where my concerns lie is in actually taking that research and moving it that extra step. It's R and D, and it's on the D part that we're falling behind or where we perhaps haven't achieved yet and which maybe the next step. Hopefully, it is. I'm concerned about that, particularly in microbiology, and where that is going, especially on the D part of R and D. I'm wondering where your vision is in the institutes and how you're going to accomplish that. I think that's got to be a pretty strong agenda, as you move forward. I'm just wondering what you've got on that side of it.

If you can do that quickly, that's a tight one.

Actually, before I run out of time, I'm going to throw in another couple of quick questions for you to answer. I have a specific question on ALS, Lou Gehrig's disease. I believe they have around $15 million, which is just sitting outside of CIHR, but I believe it's supposedly to be incorporated as part of CIHR money after next year. I'm not sure which institute that's to be in.

Can you tell me how vulnerable ALS research funding is? I see it as a problem if that funding gets dropped.

Then, can you just give us an update as to what's going on with the embryonic stem cell research you're involved in?

Dr. Alan Bernstein: I'll answer in that order, Mr. Merrifield.

My understanding of your question on development is what are we doing in general about developmental issues to move research into the real world?

First of all, I agree with you that it needs a lot of attention. One of my major priorities in the next five years is exactly that, of how we can encourage a culture, if you will, of moving research into the real world, to use Mr. Fletcher's term.

I quoted the community alliances project. We now have a team grant program out there. We've required that for each of those programs to be funded, we want to see evidence of what we call knowledge translation, that we're moving that research out into the real world. The real world to us is three things: one is directly to the Canadian public; a second is informing changes in our health care system; and a third is commercialization into the marketplace.

I'll give you another example, if I may. Or do you want me to move on?

Mr. Rob Merrifield: Just as you're answering that, I would note that we as Canadians invest some $600 per year in the institutes, but do we receive some of that back, if we ever get to the development side of it?

Dr. Alan Bernstein: We don't take a position in any companies that come out of CIHR-funded research. We could talk about why we don't, but basically it would be very complicated for us to start acting as a technology transfer office, and it would put us in a bit of a conflict as a funder of research as well as an investor in that research. We do hope the country benefits, which can mean both Canadians directly, and the university system—which will hopefully benefit financially. I might come back to development issues, if you'd like.

In terms of ALS, our funding of ALS research, in partnership with the ALS Society, has gone up quite dramatically over the last four or five years. We funded a total of almost $5 million in ALS research over the last four and a half years, some of it in partnership with the ALS Society, and a lot of it over and above that partnership.

We sat down with the ALS Society and had an excellent conversation with them about our partnership. Without getting into the details of the extent of the partnership, my message to them is that I'd like to build on that partnership and take it even further, and to use the strategic initiatives of our institutes. For example, our Institute of Neurosciences, Mental Health and Addiction is developing major initiatives in neuromuscular research and regenerative medicine, both of which impinge on ALS. I'd like them to become a partner with us on that in a much bigger initiative. They'll get much better leverage and much better publicity than from the existing terms of the partnership.

I think they understand that completely, and they have been very supportive of that. I've also said that we're not going to go ahead unilaterally and make any changes, but these will be ongoing conversations with the ALS Society. We are meeting with them on a regular basis.

● (1250)

The Chair: Thank you, Mr. Merrifield.

Mr. Ménard.

[*Translation*]

Mr. Réal Ménard: I would just like to ask you a couple of brief questions, since we see each other quite often. You have appeared before our committee on several occasions. I was a member of the committee when we were studying Bill C-13, if memory serves me right, which created the CIHR.

Your budget has risen from between 250 and 300 million dollars to over 600 million dollars, but you are asking for this to be increased to almost one billion dollars. This is what the OECD recommended because only a few years ago, Canada ranked among the lowest on the list. You have to admit that significant progress has been made.

I met with some researchers in my office, who were concerned about the acceptance rate in terms of calls for proposals and competitions. The current system is based on peer review. These researchers told me that it was becoming increasingly difficult to obtain grants, that there were more and more researchers and that you have to be higher and higher up the list to get anywhere.

Do you not think that we should be concerned by that? Is there not a way to remedy the situation? Of course, I am not taking issue with the peer-assessment system. I know that this cannot be avoided in your business. There is no alternative.

[*English*]

Dr. Alan Bernstein: That's an excellent question. I have a couple of points I would make there. First of all, with your support and the support of the Government of Canada, our budget has increased from about $350 million when we started to a little under $700 million this year. I think that's a reflection of, as I said, strong support from the federal government and from the people of Canada.

At the same time, the mandate we were given by Parliament is huge. It includes not just biomedical and clinical research, it includes health services and population health research, and as both Mr. Merrifield and Mr. Fletcher have suggested in their questions, we do more knowledge translation. We have probably the broadest mandate of any health research agency in the world.

At the same time as that's been happening, the number of researchers doing health research in the country has just skyrocketed. Every university and every research hospital in Canada is expanding their capacity for doing health research, which is great news. I think it's a reflection of the understanding of the importance of research to the future of Canada.

One consequence of that has been, as you said, Monsieur Ménard, that what we would call success rates in our competitions have dropped somewhat. In the last competition, as a result of peer review, your chances of getting funding if you put a grant proposal into us was about 28%.

I would like it to be higher, but I think the positive side of that and what this committee should appreciate is that we are only funding the very best science. This is absolutely the very best research that's going on in the country. Unfortunately, there are a lot of projects we cannot afford to fund at the moment that, in my best judgment, are deserving of funding.

[*Translation*]

Mr. Réal Ménard: Thank you. I don't have any more questions.

[*English*]

The Vice-Chair (Mr. Rob Merrifield): Mr. Savage.

Mr. Michael Savage (Dartmouth—Cole Harbour, Lib.): Thank you, Chair.

Dr. Bernstein, it's great to see you again.

I must say as a preamble that CIHR is one of the great Canadian successes of the last number of years. I well remember, as a member of the Heart and Stroke Foundation in the 1990s, when we used to have our medical advisory committee meetings to award research grants, researchers coming to us and saying, listen, the MRC—the precursor to CIHR—is cutting back; we can't get the research money and we're coming to you for it. Since CIHR was initiated, there's been a dramatic reversal, and it's one of the great successes, in my view.

Two things are tremendously important, and one is that we've managed to reverse the brain drain we heard so much about five years ago in Canada. We were losing our researchers and our good academics; they and our post-doctoral people were going down to the States, and we've reversed that, which is a great success.

I want to talk to you about a particular interest of mine, one I think CIHR has embraced. Notwithstanding the very important work of basic biomedical and clinical research, we have—largely, I would say, enabled by CIHR—gotten into looking at population health and at systems health, into monitoring, gathering, and surveillance, and into looking at the health of specific populations such as women and people in rural areas. There's a Dr. Bernard, who's doing a CIHR study based out of Nova Scotia on race and health. Dr. Renée Lyons from Dalhousie and Dr. Judith Guernsey are doing some fantastic research, looking at how we keep people well in parts of Canada where traditionally they haven't been.

I'd just like to get your comment on that, on the emphasis we've been able to place on systems studies and population health as opposed to just focusing on the basic biomedical and clinical aspects.

● (1255)

Dr. Alan Bernstein: Thank you for that question, and thank you for your very complimentary comments at the beginning. I appreciate them very much.

It goes back to the question that was raised earlier about research and development or knowledge translation.

You mentioned Renée Lyons, so let me talk a little about what she's doing, because I think it will be of interest to the committee. Renée Lyons is a Dalhousie professor who is funded by us. She has a lot of money from us, almost $3 million, to do research on prevention and how to deliver services for stroke victims in rural Nova Scotia, a project we've launched in partnership with the Heart and Stroke Foundation. They're using Yarmouth, Nova Scotia, as a kind of living lab for how to turn around health delivery services in a small town.

As a result of that project, in its budget of about three weeks ago, the Nova Scotia provincial government put an additional half a million dollars into that project as a pilot. It's not to move it from research to development but to actually pay for the delivery of health services in the way Dr. Lyons has demonstrated works, as a result of the pilot money she's received from us. To me that's a fabulous success story, exactly the kind of thing you're talking about.

Mr. Michael Savage: And that's exactly what I like to see with respect to CIHR. People hear "research" and they think of a lab and a microscope; they think of a guy in a white coat. Now, that's very important stuff, looking at ventricles and aortas and things like that.

Dr. Alan Bernstein: I have a white coat.

Mr. Michael Savage: I'm sure you do have a white coat, but what Dr. Lyons, Dr. Guernsey, and many others are doing is getting out into a community and talking to people. They're partnering with provincial governments, municipal governments, health boards, private individuals, and organizations, and they're getting the work done. To me, that's one of the great successes of CIHR. We have expanded what research means in Canada, and I really have nothing but good things to say about the work of CIHR.

I just have a question on the brain drain. Where you think we are versus five years ago?

Dr. Alan Bernstein: I sit on the steering committee of the Canada research chairs program, and I was looking earlier this week at the latest round of applicants being put forward in the health research area from universities across the country. I can tell you, I was impressed and excited by the absolutely outstanding CVs—someone made a nice comment about my own CV—of people who want to come to work in Canada from outside of this country.

I agree with you, there's been a real turnaround in the atmosphere in this country and how we're perceived by the world. This is the place to be now to do health research.

The Vice-Chair (Mr. Rob Merrifield): Ms. Crowder is next.

I know we're going to go past one o'clock. Does anyone have anything pressing they can't...?

Ms. Ruby Dhalla: I can't, unfortunately. I have to go.

The Vice-Chair (Mr. Rob Merrifield): We need a motion prior to losing quorum. This is what I'm a little bit concerned about.

Hon. Robert Thibault: We can have the motion before the question from Mrs. Crowder, if she agrees.

Ms. Jean Crowder: I agree. That would be acceptable. My question will be very brief, but I would agree with having the motion first.

The Vice-Chair (Mr. Rob Merrifield): I'm okay with keeping Mr. Bernstein here later, but I think the motion has to be dealt with prior to that, if everyone is comfortable with the motion. Is that fair enough?

Go ahead.

Hon. Robert Thibault: Mr. Chair, I would move that pursuant to Standing Order 111(2), the committee has examined the qualifications and competence of Dr. Alan Bernstein for the position of president of the Canadian Institutes of Health Research, as tabled in the House of Commons and referred to the committee on Friday, April 22, 2005, and finds him competent to perform the duties of the position to which he has been nominated.

(Motion agreed to)

● (1300)

The Vice-Chair (Mr. Rob Merrifield): It's unanimous.

Some hon. members: Hear, hear!

The Vice-Chair (Mr. Rob Merrifield): Now you can relax.

Dr. Alan Bernstein: Thank you very much. I appreciate your support very much.

The Vice-Chair (Mr. Rob Merrifield): Now we can take the gloves off and really get rough.

Some hon. members: Oh, oh!

The Vice-Chair (Mr. Rob Merrifield): Ms. Crowder.

Ms. Jean Crowder: I appreciate your taking the time to come, and I would echo my colleagues' comments about your very impressive CV.

I just had a really quick question, and I notice you mentioned a cancer research institute. We've been approached this week with respect to a group that's talking about a Canadian strategy for cancer control, and I notice that there's $300 million in the budget for chronic disease and a healthy living strategy for cancer control. I just wondered if you could comment on the role CIHR would play. It appears to me there are a number of groups working around cancer control and healthy lifestyles, and I just wondered if you could specifically comment on your role.

Dr. Alan Bernstein: That's a timely question.

The Public Health Agency of Canada does have money set aside for a chronic disease strategy, but the number you quoted is not just for cancer; it's across the board. That's just a minor correction.

We have, as you said, an Institute of Cancer Research. That institute is leading a national discussion involving all the provinces, the provincial cancer control agencies, the Canadian Cancer Society, the National Cancer Institute of Canada, industry, and some other smaller cancer-related charities. The discussion is on developing an integrated national cancer research strategy, which I believe is absolutely at the base of a national cancer control strategy.

Ms. Jean Crowder: I understand there's also a bill before the Senate.

Dr. Alan Bernstein: That's correct.

Ms. Jean Crowder: Are these all coming together in some fashion?

Dr. Alan Bernstein: What we are doing, as I said, is developing a national cancer research strategy. From that could flow a national cancer control strategy, and we're talking with the Public Health Agency about that. But I can assure this committee that we are very much doing our part in terms of the research aspect of that national cancer control strategy.

Ms. Jean Crowder: Thank you.

The Vice-Chair (Mr. Rob Merrifield): Mr. Lunney.

Mr. James Lunney: Thank you.

I have a couple of brief questions. Again congratulations. I think as a committee, by the obvious unanimous agreement here, we would like to see you continue with the good work CIHR is doing.

I just wanted to clarify something. There was a question asked earlier by Mr. Merrifield, and I wasn't sure I got a clear answer, about the funding for ALS—some $15 million. Is that outside CIHR, and is that funding going to come under your umbrella and be advanced under CIHR? Can you comment on that?

Dr. Alan Bernstein: Just to clarify, the ALS Society raises money on its own for ALS research. They approached us—and actually our predecessor organization—a number of years ago about partnering on this, and we agreed to do it.

That partnership requires us to spend roughly half a million or three-quarters of a million dollars a year—I don't remember the exact number—on ALS research. We obviously live up to that obligation, but in addition spend beyond that on ALS research, simply on the basis that it's good science.

Mr. James Lunney: And it's a concern to a lot of Canadians.

Dr. Alan Bernstein: And it's a concern to a lot of Canadians.

Mr. James Lunney: We have a concern.... Recently we were dealing with another bill here on natural health products. The new Natural Health Products Directorate commits a whole $1 million to researching the benefits of natural health products.

I'm wondering whether under the auspices of the CIHR we see products being researched that are perhaps not patentable—folic acid for heart disease; we heard about a product, Empowerplus, to help people who are bipolar, that is vitamins- and minerals-based. Is there research being done to advance natural health products in health care?

Dr. Alan Bernstein: The short answer is yes. Our Institute of Health Services and Policy Research is working with that branch of Health Canada and has developed, I think, the world's only national network of researchers working on researching natural health products, or what we would call complementary alternative medicines. We have established a network of researchers across the country who are rigorously and scientifically evaluating a variety of different health products that are on the marketplace at the moment. We are very committed to doing research in that area.

Mr. James Lunney: In terms of dollars, do you have any idea how much might be spent in that area?

● (1305)

Dr. Alan Bernstein: I don't have that in my head; I should.

It's $1 million over five years, at the moment.

Mr. James Lunney: One million dollars?

Dr. Alan Bernstein: Yes.

Mr. James Lunney: Over five years. And we have roughly $1 billion hopefully being spent on medical research. Does $1 million seem adequate for natural health products over five years—$200,000 a year?

Dr. Alan Bernstein: Yes, it's $200,000 a year. That's what the team actually asked for. It's called an interdisciplinary team.

Is it enough? It's hard for me to answer that. If you were to ask me whether it's enough for cancer research, and arthritis research, and ALS research, I would give the same answer—no. As with Mr. Ménard's question about our success rates, we don't have the resources I think we need to deliver on the mandate. If we had more money, would we put more into this? Probably we would.

Mr. James Lunney: It doesn't sound as though it's a high priority, when you're dealing with $700 million and we're talking about $1 million over five years. That sounds like a pretty low priority.

Dr. Alan Bernstein: Let's put it this way. It's the amount of money the team approached us to ask for and the amount they're receiving. This program is called a capacity enhancement program. We're hoping out of it they will develop further research capacity and, if the program is successful, will come back to ask for more money because they've been successful in their research. And if they're successful in their research, we will look at it very seriously.

Mr. James Lunney: Just as a point here, Canadians are spending, according to the Fraser Institute, about $1.6 billion a year on natural health products to enhance their own health, and we're spending roughly $1 billion on health research, if we can use that figure. Canadians are proportionately spending $15 billion or $16 billion on pharmaceutical drugs. That's roughly a 10:1 ratio. It seems to me if Canadians themselves value natural health products as highly as maybe a tenth of what we're spending on pharmaceuticals, perhaps the research emphasis might better reflect the value Canadians themselves put on natural products.

Dr. Alan Bernstein: I'm certainly prepared to take that back under advisement, and we'll look at it.

Mr. James Lunney: Thank you, Dr. Bernstein.

The Vice-Chair (Mr. Rob Merrifield): That's a good point, well taken.

Mr. Thibault.

Hon. Robert Thibault: Thank you, Dr. Bernstein, for being here and sharing this information with us.

When I was listening to your answers and the questions of Mr. Merrifield and Mr. Fletcher on the issue of commercialization of research, I was reminded of a story I once heard about the difference between an academic and an entrepreneur, that an entrepreneur would see something that works and say, well, let's sell it; and an academic would see the same phenomenon and say, yes, it works in practice, but will it work in theory?

Witnesses: Oh, oh!

Hon. Robert Thibault: But I'm happy to see that you're working to get over that hump.

I have two questions for you. I don't have your annual report here, but when I read it, one thing that particularly surprised and encouraged me was the savings that could be had by changing procedures and changing the use of certain drugs, which I saw when I looked at some of the research that you had done or sponsored and its application in the regional health authorities and the provincial health departments, or the administration of provincial health. If you have the report with you and could give a few examples to the committee, I think they would be very encouraging, because we would see that taxpayers are getting their return on the investments we're making with the CIHR.

The second thing I'd like you to point out for the committee, because I think the committee might want to discuss this with the minister and with the Minister of Health particularly in the future, is regarding Mr. Fletcher's question about the foundations and some of the objections in Parliament to the way the foundations are financed and their being at arm's length, and not necessarily being under the control and supervision of Parliament. But the foundations have an advantage, because they can make commitments over time with their clients, the people they fund. An example is the research chairs.

In your case, you're given money by Parliament annually, so you have to wait for the estimates and you have to make sure you can.... I hear from some of your clients, the institute for brain repair, for example, that their commitments or investments require them to make multi-annual plans, but you can only guarantee them annual financing, because Parliament has to approve your funding in the year.

Do you have an idea of how we could remedy that, or of what kind of a situation we could have halfway between the foundations and annual funding?

Dr. Alan Bernstein: Mr. Chair, those are two excellent questions.

I'll try to answer the second one first. You're right that science is a long-term commitment or long-term endeavour. There are very few projects we fund that are one-year projects—and they tend to be pilot projects to see whether it's worth going further with them. You're also right that we get annual appropriations. So I think it would be very timely, now that we've completed our first five years, to look both within Canada and globally whether there are other models for longer-term commitment and funding for CIHR, consistent with our mandate. I would be very pleased to participate in any exercise like that.

In terms of money saving, I'll give you two examples, if I may. I may have given this one already in front of this committee, so I apologize, Mr. Chair, if I have.

Here in Ottawa, Ian Stiell is a CIHR investigator who runs the emergency room department at the Ottawa Hospital and who has been funded by us for many years. He has developed the Ottawa knee and ankle injury rules. He's now funded by us to work on spinal cord injury rules. It's an emergency room's physician default pathway to X-ray anybody who comes in. That costs money and takes a lot of time. What Dr. Stiell has been doing is developing algorithms and flow charts that actually say, here's what you should do when a patient presents such and such; you don't always have to X-ray them. He has estimated that Ontario alone, where he's done the work, would save $10 million in X-ray film costs by following the algorithm, or what is now known internationally as the Ottawa knee and ankle injury rules. So these have now been disseminated across Canada and the world.

Another example is our funding of work on pacemakers. There are both single-chamber and dual-chamber pacemakers, and a group we're funding has found that single-chamber pacemakers are just as good as the dual-chamber ones, but are less expensive and would save Canada in aggregate over $10 million a year if we just used the single-chamber pacemakers.

Those are examples of potential savings. The first one's actually real.

The next challenge, of course, is to get our health care system to actually adopt those recommendations. Going back to an earlier question, I think that's where we need to know our researchers and to link them closely with health care teams and decision-makers to make sure the results of that research actually get moved into the real world.

● (1310)

Hon. Robert Thibault: Thank you very much.

Thank you, Mr. Chair.

The Vice-Chair (Mr. Rob Merrifield): Thank you very much.

Do you have anything further to say? You dodged one question on embryo research. Could you give us an update on that?

I also have one further question. Are you doing research privately as well as what you're doing for CIHR? Can you tell us who your associates might be and who might help fund that?

Dr. Alan Bernstein: In terms of stem cell research, as you know, the act has passed and the agency is being set up.

We are working closely with Health Canada to help set up the agency. We have set up the oversight committee. This committee looks at all the research involving human embryonic stem cell lines, mostly the ones that have already been established elsewhere and have been imported into Canada, or ones that the investigator wants to import into Canada. That committee has been meeting for the last year or so.

We are now funding about half a million dollars worth of research in that area. To put it into context, that is relative to over $15 million worth of stem cell research not involving human embryos or human embryonic stem cell lines.

I don't know if that answers your question, Mr. Merrifield.

The Vice-Chair (Mr. Rob Merrifield): Vaguely, but that's fair enough.

Dr. Alan Bernstein: In terms of my own research, I have kept my lab going somewhat in Toronto. When I first took this job, I sought advice from a number of experts around the world, including Harold Varmus, who was the director of the NIH in the U.S. and is a Nobel laureate and friend of mine. He counseled me that it would be very important to stay connected to the real world and to have a lab and to be connected to science. So I have done that, but my lab has shrunk. My Fridays increasingly consist of CIHR business and not of my lab. That lab is funded by a grant I received from the National Cancer Institute of Canada just before I became president of CIHR. I had been receiving grants from the Medical Research Council for the previous 25 years, but I did not renew that grant, which would have been a conflict of interest.

The Vice-Chair (Mr. Rob Merrifield): Thank you. That answers my questions.

I want to congratulate you on your reappointment. Keep up the good work, and we will have you back from time to time, I am sure. Best of luck.

The meeting is adjourned.

Published under the authority of the Speaker of the House of Commons

Publié en conformité de l'autorité du Président de la Chambre des communes

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