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Chair

Ms. Bonnie Brown

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•(0910)

[English]

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

It's my pleasure to welcome you to the 48th meeting of the Standing Committee on Health.

As you can see from the agenda, we have several motions to consider. I think we'll take them in the order in which they appear. Our first mover with motion one is Mr. Ménard.

Mr. Ménard, you have the floor.

[Translation]

Mr. Réal Ménard (Hochelaga, BQ): Madam Chair, my motion was inspired by a meeting I had.

A few days ago, I met with certain industry representatives concerned by the transborder trade in prescription drugs. They informed me that Health Canada had organized consultations and that a document containing action scenarios was even being developed.

I was very surprised that our committee had not heard about this Health Canada initiative at all, whereas it had introduced motions and conducted a preliminary study of the entire transborder trade issue.

I would like to see these documents and for someone to come and explain to us what this is about. If the committee has too much work, we can organize a meeting for its interested members; that can be done outside the committee's proceedings; I see no drawback to that. The important thing is that the members who are interested in this matter be informed. If time is too limited, this can be done on Tuesday, after the committee meeting; the moment is unimportant. What is important is that the parliamentarians who are members of the Standing Committee on Health get this information.

[English]

The Chair: Mr. Ménard, I have a question on process. Do you think this will take a full meeting of two hours or do you think this could be done in one hour?

[Translation]

Mr. Réal Ménard: I believe that one hour should be enough.

[English]

The Chair: Thank you.

Does anyone wish to speak to this?

Mr. Thibault.

[Translation]

Hon. Robert Thibault (West Nova, Lib.): Madam Chair, I spoke with Mr. Ménard and with the Office of the Minister of Health, who agrees to appear before the committee or to organize a briefing outside the committee.

We have a lot of work to do. Mr. Ménard referred to a one-hour meeting, but we all probably have questions to ask and the right to ask them; we could easily take two hours.

So I propose to the member and to the committee that we not consider this motion immediately, that we first organize a briefing. If that isn't sufficient, then we'll request a presentation to the committee.

Mr. Réal Ménard: All right, that suits me. I'm prepared to withdraw the motion, if that's the committee's wish. However, do we agree to hold this meeting quite soon after the break week.

Hon. Robert Thibault: Yes.

[English]

The Chair: Motion one is withdrawn by the mover, Mr. Ménard, in favour of an arrangement that the parliamentary secretary is going to make for the committee to have a full briefing on this topic.

(Motion withdrawn)

The Chair: Thank you, Mr. Ménard.

Thank you, Mr. Thibault.

We'll move to motion two, which is also being moved by Mr. Ménard.

[Translation]

Mr. Réal Ménard: I would like a vote on this one and for it to be part of the committee's proceedings.

Madam Chair, we tabled a report on the Canadian Strategy on HIV/AIDS. Minister Pettigrew, who was responsible for health at the time, made a commitment to increase funding allocated to this strategy from \$44 million to \$88 million over five years. We requested \$100 million; so that was not as much as we wanted, but it was nevertheless an increase over five years, and it was good news.

I've received submissions from community groups that work with AIDS patients and deal with the reality of that disease. They tell me that Health Canada is becoming outrageously bureaucratic and that considerable funding has been granted to hire public servants to do monitoring.

That's not consistent with the philosophy adopted by our committee. I would very much like Health Canada to come and explain to us what the additional money will be used for and to provide us with a report on the number of public servants supervising that, indicating how many full-time and part-time employees there are. This committee has a duty to investigate and be vigilant.

We didn't adopt this report for the bureaucrats; we adopted it for people suffering from AIDS, Madam Chair.

[English]

The Chair: Mr. Thibault, then Mr. Merrifield.

[Translation]

Hon. Robert Thibault: Madam Chair, we would entirely concur in this motion. For information purposes, I would like to tell the member and all committee members that roughly 20 additional public servants, not a large number, were hired across the country to work on the strategy on all health issues, public health issues and so on. Rather than go into the details right now, we could do so at the time of the presentation to the committee.

[English]

The Chair: Mr. Merrifield.

Mr. Rob Merrifield (Yellowhead, CPC): If I recall, we had a dissenting report on this. We actually didn't agree with the committee's report, not so much on the funding, but I believe the committee had asked for \$100 million and we'd recommended \$85 million. Nonetheless, it doesn't make any difference on that, but the real issue at that time for us was the accountability, to make sure these dollars actually accomplished something. We set out specific goals that they would at least strive to achieve.

I find it interesting, now that we're calling for accountability—and I believe that's the essence of what you're asking for, is it not, Mr. Ménard? So if that's what you're asking for now, I guess what disturbs me a little bit is that this is what we were trying to do initially for it. And now, to come in after the fact and say, well okay, you know, we want to demand accountability.... I can't oppose it; I just find it really a little disturbing that you opposed our making that plea to the committee at the time.

The Chair: Mr. Merrifield, you should be very happy—

[Translation]

Mr. Réal Ménard: Madam Chair...

[English]

The Chair: —because we did end up with \$84 million. You had suggested \$85 million. We had asked for \$100 million, and now we're getting the accountability, so, you know, you were right again. Hurrah for you.

Mr. Rob Merrifield: You just can't hear that enough, can you?

The Chair: Are you ready for the question, ladies and gentlemen?

(Motion agreed to)

The Chair: Thank you, Mr. Ménard.

We now go to Madam Demers, motion number three.

[Translation]

Ms. Nicole Demers (Laval, BQ): Madam Chair, on May 19, we introduced a motion calling for production of the papers and minutes of proceeding used by the Scientific Advisory Panel that met on March 22 and 23 to review the applications from INAMED Corporation and Mentor Corporation for six breast implant licences. We have not received the papers requested. On the contrary, we were informed by a letter from the assistant deputy minister to our clerk, Ms. DePape, that we could not obtain the report from the committee because it had not yet been published.

However, I would like to point out that it was not the report, but rather the minutes of proceeding and the papers filed at that time, that we requested. We knew perfectly well that the report couldn't be ready, since the meeting had just been held. I would also like to point out that the committee informed us at the time of the meetings that it had the report on the meetings held on March 22 and 23. I wonder what's preventing it from providing us with those papers. That's the purpose of my motion.

● (0915)

[English]

The Chair: Thank you. So this is asking for them to share that information with us.

Are there any further speakers to this motion?

Mr. Thibault.

Hon. Robert Thibault: The minister has made a commitment to improve public involvement in transparency on the regulation of health products, including the pre-market review of the safety and effectiveness of silicone gel-filled breast implants. Health Canada is taking a two-phased approach to collect information on these licence applications. In the first phase, a scientific advisory panel was convened in March 2005 to consider questions posed to them by Health Canada on specific issues related to the safety and effectiveness of silicone gel-filled breast implants. The second phase was to have a public forum where Canadians could provide to an expert advisory panel their views in writing or in person. This forum was held on September 29, 2005.

Understanding the second phase of input and subsequent deliberation of the expert advisory panel would supply new information, including information from patients and the public, the chair had indicated to Health Canada that no material would be forthcoming from the panel until the conclusion of the public forum.

As a result, Health Canada has not received any documents pertaining to the March meeting. The report will reflect and be based on the March panel meeting, the September 25 public forum, and the November 30 deliberation of the panel.

The minister committed to making the report public. We are listening to Canadians and seeking to make sustainable improvements through our regulatory processes. We are committed to helping Canadians have timely access to safe and effective health products.

Therefore, I cannot support the motion, as it is getting part of the information on part of the process before the process has gone all the way through. I think we might be better served, rather than intervening as a committee within a process, to make sure that the right processes are followed.

The Chair: Are there any other speakers to this motion?

Madam Demers, do you want to wrap up?

[*Translation*]

Ms. Nicole Demers: Madam Chair, our concern when we introduced the motion was due to the fact that persons who had been remunerated by, or who had received grants or scholarships from, INAMED and Mentor were on the Scientific Advisory Panel with which Health Canada had consulted.

I don't believe I'm satisfied by the answer of my honourable friend Mr. Thibault. We didn't request the report, but rather the minutes of proceeding. It was an in camera meeting, but I believe we're entitled to know what happened there, as are all the women of Canada and Quebec. Three of the consultants were in conflict of interest. That was the purpose of this motion.

[*English*]

The Chair: Are there any more speakers?

I think that was the wrap-up.

Hon. Robert Thibault: I only want to add one quick point.

The Chair: You may add one point then, Mr. Thibault, before we vote.

[*Translation*]

Hon. Robert Thibault: I understand Mr. Demers' remarks. However, I am still concerned about the idea of requesting the minutes of proceeding before the process is completed. Perhaps it would be preferable to wait and see what's in the report. Then we could decide whether we want to examine all the information and proceedings from the entire process.

[*English*]

The Chair: Do you want to speak again?

[*Translation*]

Ms. Nicole Demers: I simply don't agree, Madam Chair. The report could be controversial, in view of what I said earlier. I believe our request to the advisory panel was reasonable and that the panel should respond to it by agreeing to produce the minutes of proceeding. If they have nothing to hide, why would these people refuse to provide them to us? We didn't say we'd make them public; we want to see them and know what happened at that meeting.

We don't want to take a stance on the report: we haven't seen it. It's going to appear later. However, we want to know what happened at that meeting, what documents were submitted and what exactly was said. It was an in camera meeting. Health Canada wants to be more transparent. I believe this would be a good opportunity to prove it to us.

• (0920)

[*English*]

The Chair: Thank you, Madam Demers.

[*Translation*]

Ms. Nicole Demers: Thank you, Madam Chair.

[*English*]

The Chair: We are now ready for the question.

Mr. Merrifield.

Mr. Rob Merrifield: If I could get a clarification, the reference to the meetings of March 22 and 23 is on the expert panel that was set up. Is that right?

The Chair: It was the first meeting when they all got together.

I think Madam Demers is worried about the process that ensued from that meeting. Therefore, she wants to know how they came to an agreement on the process, etc. We don't want to wait for the report if we in fact have concerns about the process.

Mr. Rob Merrifield: I understand. I only wanted clarification. There's mention of two meetings, but I'm not sure exactly what they were.

The Chair: Are you ready for the question?

(Motion agreed to)

The Chair: Thank you, Madam Demers.

We'll now move to Mr. Thibault's motion.

Hon. Robert Thibault: This follows the motion made by honourable colleagues last week in support of the strategy on cancer. I won't go through all the details again on what the government is doing in that regard, with the \$300 million and all the other research areas that are working toward the strategy.

I would only say that the groups concerned with promoting the Canadian cancer strategy—and I forget the exact acronym for it—will be appearing before the finance committee in pre-budget discussions. Since the committee has supported the strategy, I would suggest, as the motion states, that our chair should write to the committee indicating that as part of the pre-budget consultations.

The Chair: Thank you.

Mr. Fletcher would like to speak.

[*Translation*]

Mr. Réal Ménard: I have an amendment to move, Madam Chair.

[*English*]

The Chair: You have an amendment. Mr. Fletcher wanted to speak to the motion first.

Go ahead, Mr. Fletcher.

Then we will go to Mr. Ménard.

Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC): The motion as worded is not acceptable. What was passed by this committee and by the House of Commons on supply day was the implementation and full funding of the Canadian strategy for cancer control. What we have here is a pan-Canadian strategy on chronic disease. Cancer is not a chronic disease; it's a deadly disease.

The government has tried to lump cancer in with the chronic disease strategy. We have said and the House of Commons, including your party, has said that there should be full funding and implementation of the Canadian strategy for cancer control. To mix it up with the chronic disease strategy, although I understand that's where the Liberal Party took the debate, is not appropriate and completely diminishes the will of the House of Commons. I am disappointed that this tactic has played out.

The Chair: Maybe the amendment that Mr. Ménard is going to propose will help you out, Mr. Fletcher.

Mr. Ménard has the floor.

[*Translation*]

Mr. Réal Ménard: In fact, we're all saying the same thing. We of the Bloc québécois would be happy if there were additional funding to fight cancer or any other type of chronic disease. However, let's not forget that fighting cancer means providing care, and care will probably not be provided by the federal government. For some time now, there has been a tendency, that is to say that there is a federal suicide prevention strategy, for juvenile diabetes, for cancer, but it's the provinces that provide the care.

Here's what I move should be clearly stated in the motion. I'm going to read you the motion with the amendment.

That the Chair of the Standing Committee on Health write a letter to the Chair of the Standing Committee on Finance and urge the Finance Committee to take the funding of a pan-Canadian strategy on cancer and chronic disease into consideration during the budget consultations that are currently ongoing.

It has to be clear that it's the provinces and the federal government, whereas health care is a provincial jurisdiction.

That's my amendment, which is dictated by common sense and compliance with the Constitution.

• (0925)

Hon. Robert Thibault: May I ask that he read it a second time?

Mr. Réal Ménard: Yes, I'll reread it.

[*English*]

The Chair: Have you given it to the clerk?

[*Translation*]

Mr. Réal Ménard: I won't be able to reread it, but you can do it.

[*English*]

The Chair: I was a little bit rusty at our first meeting and accepted it—I said things were acceptable or not with relation to the intent of the original motion—so before I make a ruling on this particular amendment, I want the clerk to advise me.

[*Translation*]

Mr. Réal Ménard: This is an amendment that's dictated by common sense and the Constitution. I'm sure Mr. Thibault will agree.

Hon. Robert Thibault: I'd like to hear it again.

Mr. Réal Ménard: Yes, we're going to reread it.

[*English*]

The Chair: The question is whether or not it's within the purview of the motion.

Mr. Réal Ménard: It doesn't change the substance.

Hon. Robert Thibault: I'd like to hear it reread for that purpose.

The Chair: Yes, let Mr. Thibault see it. If he accepts it as a friendly amendment, then I don't have to rule as to whether it's....

Mr. Rob Merrifield: That's not the issue here.

[*Translation*]

Mr. Réal Ménard: It definitely is the issue. Mr. Merrifield says that's not the issue, but it clearly is the issue. We're directing the chair to write to the federal government about a pan-Canadian strategy. We want it clearly stated in the motion that a pan-Canadian strategy involves the provinces and the federal government. We won't vote for a motion that refers only to a pan-Canadian strategy; that's quite clear.

[*English*]

The Chair: Mr. Fletcher, go ahead.

Mr. Steven Fletcher: It should specifically say the Canadian strategy for cancer control, because the pan-Canadian strategy on cancer and chronic disease is what you guys are doing anyway. It doesn't address anything.

We want clear recognition that the Canadian strategy for cancer control be fully funded and implemented as per what the Canadian Cancer Society and 49 other cancer groups have asked for. This isn't specific.

The Chair: We have essentially three ideas on the table. The original one—by Mr. Thibault—two members of the opposition are not satisfied with. One of them has put an amendment forward. Mr. Thibault has agreed to that massaging of his message, and that amendment is now before us. However, this other idea, using those words, could come forward in future in a different motion.

I think it's a very clear idea that you're articulating. You're saying that I write to the finance committee and remind them that we and the House have passed this motion, and we want them to take it seriously when they're doing budget consultations. Is that not correct?

Mr. Steven Fletcher: An amendment using the specific words and having a separate sentence talking about chronic disease is fine, but lumping the pan-Canadian strategy in with chronic disease is not, I think, of service to those people who indeed have cancer and the people who are advocating for the Canadian cancer strategy.

The Chair: I understand what you're saying. I'm saying that we have already one amendment to this, and if you want a motion that says that, then I would suggest you put it in, and we'll vote on it another day.

That's not what this motion is about. You're dissatisfied with this motion, so therefore you can bring your own motion.

Mr. Steven Fletcher: Yes, but if it's amended.... Can there not be an amendment to the amendment?

The Chair: No. Well, there can be, but I think what we're doing is very complicated when a simple, straightforward motion from you would do the trick.

Mr. Steven Fletcher: Or we can do an amendment to an amendment so there's no ambiguity.

Hon. Robert Thibault: This is a friendly amendment.

Mr. Steven Fletcher: Wouldn't mine be a friendly amendment?

Hon. Robert Thibault: I haven't heard it.

But Madam Chair, may I speak on the amendment briefly?

The Chair: Yes.

• (0930)

[*Translation*]

Hon. Robert Thibault: Madam Chair, committee members, I accept the member's motion as a friendly amendment because it mainly concerns the participation of the provinces, the pan-Canadian participation of all the groups concerned from all the provinces. That's the way the original strategy was intended and it's the way it is being carried out. So it seems to me entirely appropriate to accept it as a friendly amendment.

[*English*]

The Chair: I'm going to ask the clerk to read the amended motion now so everyone can hear it and know what they're voting on.

[*Translation*]

The Clerk of the Committee (Ms. Carmen DePape): It reads as follows:

That the Chair of the Standing Committee on Health write a letter to the Chair of the Standing Committee on Finance and urge the Finance Committee to take the funding of a pan-Canadian strategy on cancer and chronic disease into consideration during the budget consultations that are currently ongoing.

Mr. Réal Ménard: Perfect. That's a very good motion.

[*English*]

The Chair: Are you ready for the question?

Mr. Merrifield.

Mr. Rob Merrifield: There was a difference in what you said from what I had here. Did you mention a pan-Canadian strategy?

The Clerk: Let me ask Monsieur Ménard. It's his motion.

Mr. Rob Merrifield: Okay, was your motion about a pan-Canadian strategy, or a cancer strategy?

When you read it out, it was different from what I read here.

[*Translation*]

The Clerk: Did it say "cancer and chronic disease"?

Mr. Réal Ménard: Yes.

The fact that it states "cancer and chronic disease" is not a problem for us. However, we are concerned about this increasing tendency to ask the federal government for various targeted strategies for suicide prevention, juvenile diabetes and so on.

In actual fact, the federal government can put in place all the strategies it wants; it's the provinces that provide the care. Ultimately, what is cancer treatment if it's not care? If we want a strategy and resource allocation, it has to be clearly established that that will be done with the provinces.

If we want to talk about a pan-Canadian strategy, that's not a problem for me, provided the word "provinces" appears.

Should chronic disease be included? Ms. Demers has more knowledge of that subject than I do.

[*English*]

Mr. Rob Merrifield: It was to have more clarification, and she read it out.

Mr. Steven Fletcher: I have an amendment to the amendment.

The Chair: Mr. Fletcher, couldn't you just bring it—

Mr. Steven Fletcher: No, it's important, Madam Chair, because this is germane to the motion, and it's within the spirit and uses the words "specifically already passed by the House of Commons". I think the cancer community would be very appreciative of the committee having an amendment to the amendment.

The Chair: All right, present your amendment, Mr. Fletcher.

Mr. Steven Fletcher: I've given it to the clerk and the amendment to the amendment is to take the words "pan-Canadian strategy" out, replacing them with "the Canadian strategy for cancer control.", and to say that, in addition, a chronic disease funding should also be considered during their consultation process.

Mr. Rob Merrifield: But put in "with the provinces"?

Mr. Steven Fletcher: Yes, you can put in "provinces" to deal with Mr. Ménard's....

The Chair: Mr. Thibault.

Hon. Robert Thibault: I won't accept it as a friendly amendment, although I do accept the points that the member is making.

When we put the motions through originally, the motion we passed at the last committee was for a pan-Canadian cancer control strategy, and this is just referring it to that committee, to encourage the committee and the Minister of Finance to give it proper funding.

In the House when we put the original motion originally, we were talking about mental health also, it wasn't just specific to cancer.

Mr. Steven Fletcher: It specifically mentioned the Canadian strategy for cancer control, Mr. Thibault. Surely since you've already supported that wording there wouldn't be a problem, and moreover, it is interesting that the very next day the government refused to fund and implement that strategy. So I can't help but wonder if the reluctance to include "the Canadian strategy for cancer control", that specific wording, demonstrates that the government is not committed to the original motion that was passed by the House.

Hon. Robert Thibault: Madam Chair, I would prefer to make my response to those points in my wrap-up to the original motion. I haven't accepted that amendment as a friendly amendment.

The Chair: Just a minute. The clerk advises me that Mr. Ménard's amendment is an amendment to the main motion, and Mr. Fletcher's motion is an amendment to the main motion as well because it changes certain words.

What we'll do is vote on Mr. Ménard's motion. We'll see if that amends the main motion, then vote on Mr. Fletcher's motion to amend the revised motion.

I'll call the question right now.

•(0935)

Hon. Robert Thibault: Madam Chair, I will make this a lot simpler for everybody. My original motion was in support of a motion of this committee. It's creating a lot of difficulty. I'll withdraw that motion, if I can voluntarily withdraw....

No, wait. I think I should leave the motion, then we'll go to the debate. We've already gone this far.

The Chair: Yes, okay. You're going to leave the motion.

I'm going to ask you to vote on Mr. Ménard's—

Mr. Rob Merrifield: I have a point of order.

The Chair: Mr. Merrifield.

Mr. Rob Merrifield: My understanding is that when it's a friendly amendment it gets incorporated into the body of the main motion—

The Chair: Yes, that's true.

Mr. Rob Merrifield:—so we'd be going to the amendment and voting on that, then to the body, which is the all-encompassing—

The Chair: You're right, Mr. Merrifield. We don't have to vote on Mr. Ménard's amendment. His amendment has now become part of the main motion, so we don't have to vote on it.

Now Mr. Fletcher wants to change certain words in the friendly amended motion.

Which words do you want to change? Where are they, Mr. Fletcher?

Mr. Steven Fletcher: I'm replacing “pan-Canadian strategy” with “the Canadian strategy on cancer control”, then putting a period there, and saying on a separate topic that a pan-Canadian strategy on chronic disease should also be taken into consideration during the budget consultation process that is currently ongoing. We can include the word “provinces” to deal with Mr. Ménard's—

The Chair: But the word “provinces” is already in.

Mr. Steven Fletcher: Okay. So for me it is very important that the words “Canadian strategy on cancer control” be included. It's something we've already all agreed on, and surely it is a friendly amendment. Why would it not be?

The Chair: It has been deemed by the mover not to be.

Hon. Robert Thibault: I can't accept it as a friendly amendment.

The Chair: Exactly, so we have to vote on this separation. It's essentially a separation of the Canadian cancer strategy that we supported earlier and the chronic disease strategy. It's a separating of them. It seems to me from Mr. Thibault's motion that the government probably wants to keep them together, one as a part of the other.

Mr. Fletcher is trying to say that the cancer strategy is a totally separate thing because it's been proposed by the groups—

Mr. Rob Merrifield: And the House.

The Chair:—and we had supported it once, and to separate it out from the chronic disease strategy.

Now, the problem with your suggestion, Mr. Fletcher, is that you've got a period before there's a verb, so there is no sentence. I'm wondering if you couldn't say, “The Canadian strategy on cancer—

Mr. Steven Fletcher: Or “Canadian strategy on cancer control”—

The Chair:—“on cancer control, and the chronic disease strategy”, separating them out.

Mr. Steven Fletcher: That's fine.

The Chair: Yes, okay, so if you put “strategy” after “chronic disease”, and then “into consideration during...”. Yes, we're going to have to massage it a bit, but you get the gist of it.

So Mr. Fletcher's amendment is trying to separate the two things to give cancer its own status, and then the rest of the chronic diseases are a strategy of their own.

Are you ready for the question?

Hon. Robert Thibault: Madam Chair, on a point of order, you're modifying my motion with an amendment that I haven't accepted.

The Chair: No, we're just voting on the amendment.

Hon. Robert Thibault: Oh, okay. On the motion, he can present an amendment without notice even if it isn't a friendly amendment?

Mr. Rob Merrifield: That's right.

The Chair: Yes.

Hon. Robert Thibault: Okay.

The Chair: Oh yes, once you're into discussing these things—

Hon. Robert Thibault: Then I would like to make a point before we go, but I think another speaker asked for the floor first.

The Chair: Mr. Lunney.

Mr. James Lunney (Nanaimo—Alberni, CPC): I would like to hear the motion as it's been friendly amended, and amended, and whatever, to hear how this plays out with the word “provinces” and all that. May I have the clerk read that to us?

The Chair: It isn't that easy. We're working in English and in French, and she's got to make sure it's a grammatical sentence. So you're going to have to wait to have it read. Either you get the gist of it.... We could put it aside for now and try to get it written correctly.

Hon. Robert Thibault: We could draft it so we could all be looking at—

•(0940)

Mr. James Lunney: We're going to amend it and—

The Chair: We'll put it aside for the moment and we'll go on to the next one. The legislative clerk might be able to help us out here.

Mr. Rob Merrifield: That's good.

The Chair: We'll go on to Mr. Lunney's motion.

Mr. Lunney, you have the floor.

Mr. James Lunney: Thank you, Madam Chair.

The reason, colleagues, that this is back is that at the conclusion of our discussion at the last meeting, it was suggested that this matter of contracts, particularly for the Earncliffe Group from Health Canada, from the CIHR, and Medical Research Council, were untendered and seemed to be in contradiction of the contracting policy of the government. In our discussions last time we thought, okay, we wanted to focus on health issues. I agree with members around this table that is our primary focus and interest, and I am frustrated as well when we're not getting there. However, there are irregularities.

It was suggested at the conclusion of our meeting the other day that this be referred to the public accounts committee. I've discussed this with the chair and members of the committee. I understand that they have dealt with this issue in reference to contracts through the finance department. The committee has already reported to the House. They are moving on to other things now; that's already history as far as that committee goes. So we actually had some inaccurate information when we dealt with this at the last meeting.

Mr. Rob Merrifield: That's right.

Mr. James Lunney: I therefore brought it back because, colleagues, as unpleasant and unpalatable as it is for some of us, maybe for all of us around the table, there are irregularities here. The issue is really one of integrity in the public process, in the contracting process. There are rules here for a reason. I am concerned personally, and I think probably all of us are or should be, with the public confidence in our government processes. We're all concerned about conflicts of interest here. We're discussing them in the context of the Expert Advisory Panel on Breast Implants, and we're concerned about conflicts of interest.

We have a number of irregularities in contracts that were awarded to Earncliffe. For example, we know there are four exceptions that permit the contracting authority to set aside requirements to solicit bids. It goes on to specify exactly what those are: a pressing emergency in which delay would be injurious to the public interest; the estimated expenditure does not exceed \$25,000; and it goes on. There is section (d) here, which says there's only one person or firm capable of performing the contract.

Many of these were sole source contracted, many of them were just under the \$25,000 mark. For example, there were four in the month of October 2002 for just under \$25,000 that were awarded within six days to the same firm, as only one person is capable of performing the contract.

When it talks about sole source, in exception (d) it sets competitive bidding aside only when one person or firm can do the job. The exception is quite definitive and should be invoked only where patent or copyright requirements, or technical capability, factors in technical expertise, suggest that only one contractor exists. This exception should not be invoked simply because a proposed contractor is the only one known to management.

Madam Chair, I respectfully submit that this has come up on our watch on our department, and that this committee bears some responsibility for scrutiny in the public interest. I think it is in the public interest that in the interest of accountability, this committee ask Health Canada officials and officials from CIHR to come forward and explain why these allocations are in apparent contradiction to the contracting process.

When you look at these individually, one \$24,000 contract may not seem to be exorbitant considering the amount of money that's spent around here. But when you stack them together and you consider that we're dealing with almost \$900,000 in contracts over a period of years, and when you add to that other contracts from CIHR, which were another \$152,000, and from the Medical Research Council before that, which had over \$100,000 in untendered contracts, and then you put it with \$1 million for contracts to the natural resources department and you put it with others to the finance department, there's a very substantial amount of taxpayer money that is going to a firm in contradiction to what appear to be clear guidelines.

I submit it to members to suggest that it is in those interests that we ask officials to come and explain these apparent irregularities.

The Chair: I would remind members that we had a rather fulsome debate on this the other day, and then Mr. Lunney withdrew his motion.

I think we probably need at least an opposing view. But I would suggest that we try to keep it a little short, seeing as we already spent 15 minutes on this the other day.

Mr. Thibault, then Mr. Ménard.

● (0945)

Hon. Robert Thibault: Madam Chairperson, I oppose this motion, as I opposed a nearly identical motion earlier this week.

As you will recall, I argued against this motion on the ground that matters of contracting within government departments have been amply addressed, both by the work of the public accounts committee, chaired by an opposition member, and by the Government of Canada's response to written questions, on the basis that the Standing Committee on Health has a responsibility to stick to its agenda regarding the health of Canadians.

Madam Chair, I outlined the open, transparent and rigorous processes used by Health Canada in awarding contracts to provide valuable cost-effective services to Canadians. Health Canada and the Government of Canada as a whole have been completely forthcoming with information regarding contracts, in response to written questions, and the Government of Canada has tabled substantial material for that purpose.

At our previous meeting, many of my colleagues spoke about their view that this committee should focus on health issues and the public accounts committee should focus on matters of public accounts. There are many health issues before us as Canadians, and before us as a committee charged with the health of Canadians: strategies on cancer, AIDS, diabetes and other chronic diseases; the safety and availability of breast implants; and issues such as cross-border drugs, flu pandemics, drug safety and effectiveness, and mental health.

Madam Chair, I could go on.

At our last meeting, we discussed referring this motion to the public accounts committee, should its members wish to consider it. I would not expect the public accounts committee to interest itself in cancer strategy or drug safety. Similarly, I do not think it's appropriate for us to interest ourselves in the business of government contracts.

Madam Chair, I've had the opportunity to serve on the public accounts committee under the chairmanship of Mr. Williams, and I can tell you that it's done in a very professional manner, and if Mr. Williams, the chair, indicates that they've looked into these matters, I can tell you that they've looked into these matters. The committee doesn't have a tendency to leave any stones unturned. The Auditor General has worked on these matters. We referred to the Canadian Institutes of Health Research, a federal-provincial organization, with a board of directors representing provincial governments with independent auditors. There is a high level of transparency, and I suggest that we would be wasting this committee's time by repeating the work already done by others more capable of doing this than we are.

The Chair: Thank you, Mr. Thibault.

Mr. Ménard.

[Translation]

Mr. Réal Ménard: Madam Chair, I admit the motion bothers me a bit, even though I'm generally in favour of motions designed to provide information.

I think there's a lot of work to do as well. If we start undertaking investigations into public accounts and contracts, where will that lead us? That said, I'm obviously very concerned by what recently happened in the Gomery Commission and in the sponsorship issue.

Could the Standing Committee on Health obtain information on the operation of the Canadian Institutes of Health Research and useful information for its work? If there isn't any, I don't believe we should agree to this motion; something may have escaped me. If not, we could withdraw the motion, if it's author agrees.

Perhaps he could explain to us how this concerns the health mandate. Otherwise, after the break week, next Tuesday, between 8:30 and 9:00 a.m., in a smaller committee — the parliamentary secretary, the two vice-chairs, our NDP colleague, who is also vice-chair, and you — we could examine the motion in greater detail to establish its basis. I hope we don't take two hours to discuss that, since we have to consider Bill C-420. However, if we keep it in its present form, and I have no more information, I don't believe I'll vote for the motion. I'd like to have a better understanding.

[English]

The Chair: The researchers have reminded me that while the Auditor General does audit the department—which would cover the Department of Health—and the public accounts committee has access to that information and to the debates with the officials, and brings in the Auditor General for her remarks, the CIHR is not audited by the Auditor General, so it may be that we would just put our—

• (0950)

Ms. Sonya Norris (Committee Researcher): It can be, but it hasn't been.

The Chair: Oh, it can be, but it hasn't been. So we might want to put some of our focus there to see if we think it should be audited. So that's another possibility, but you're suggesting....

Well, I really would like to deal with this motion. You're trying to give us a way to get around it, is that it, Mr. Ménard?

[Translation]

Mr. Réal Ménard: No. I'm trying to say that, in the current state of affairs, if it's simply a matter of public contracts, I don't believe it's up to the Health Committee to address it. However, if some things have escaped us, if there's some question of us getting useful information on the operation of the CIHR, or contracts compromise the provision of services to the CIHR, I'm prepared to consider the matter.

I wonder whether we shouldn't lay down the foundation of this issue in a smaller committee. I would agree for us, the vice-chairs, the parliamentary secretary and yourself, to consider these matters in greater depth when we come back next Tuesday. I want to ensure that we proceed in a manner respectful of the Standing Committee on Health.

I don't see how the awarding of contracts would be part of the committee's work. If we start dealing with that, I wonder how far matters can go. That's the question I'm asking. Something may have escaped me. If the official wants to give us more information, I'm prepared to listen to him.

[English]

The Chair: I'd like to ask Mr. Lunney, the mover, to find out how much information he has on the CIHR side of things. Or is it all about the Department of Health?

Mr. James Lunney: Well, there are some from several sources, but this all came out through an access to information request, a whole list of contracts and the rationale by which they're awarded. So there are several pages of information here on contracts going back to 1999.

The Chair: For CIHR or the Department of Health?

Mr. James Lunney: All sources. Some of them are Department of Health, some are CIHR, and some are Medical Research Council. For example—

The Chair: I don't need examples. I just wanted to know, if you had 10, were they half and half, or were they one from the CIHR and nine from the department?

Mr. Rob Merrifield: I have a suggestion.

Mr. James Lunney: Just a second here. There are 16 untendered contracts— this is for Health Canada—14 of them since 2002.

The Chair: I don't want to know about the Health Canada ones, I want to know what you have on the CIHR.

Mr. James Lunney: For CIHR, there appear to be five of them for \$156,000.

The Chair: Mr. Merrifield has another suggestion.

Mr. Rob Merrifield: It's similar to Mr. Ménard's, and I think we could solve this fairly quickly. We have two vice-chairs, a chair, and the mover of the motion. Why don't we sit down with the mover of the motion, have him come forward with his information, and discern whether we could bring that forward or not? I would agree with that.

I don't think we need a parliamentary secretary. This is a mover and his information, and we can discern whether to bring it forward in a motion.

Hon. Robert Thibault: Madam Chair, I think in the process of the committee it would be important that the parliamentary secretary be there in that question. I'm interested in the information as much as anybody else.

Mr. Rob Merrifield: We're not going to decide or determine anything other than whether we should bring it forward in a motion here, so there would be no action in the committee. And that's the intent of whether we sit down, to try to discern whether it warrants it.

The Chair: The motion is pretty precise. It says that these people appear before us.

Hon. Robert Thibault: Deal with the motion.

The Chair: I think we should vote on the motion, and then if you'll allow me, as chair, when we come back after the break I could convene a meeting for the people you named plus the parliamentary secretary, because I like three to two as opposed to three to one.

Mr. Rob Merrifield: Well, it's not that we're determining anything other than whether we bring a motion forward or not, so—

The Chair: Exactly.

Well, okay, if that's all it's about, does Mr. Lunney want to withdraw his motion?

[*Translation*]

Mr. Réal Ménard: I have a point of order, Madam Chair. We're missing the point here. I'm not going to vote on the motion if we meet as a committee. In my view, the parliamentary secretary must be present. The idea isn't to play politics with this. We want to know whether there's some substance to this story, whether contracts were awarded to an organization. The CIHR is the biggest research agency in Canada. It should normally comply with contracting rules. Were contracts awarded in violation of those rules? If that's the case, somewhere in the system, certain persons will have to answer for that. This isn't the time to go into the details of this issue.

I think that you and I should sit down together. Then we can share the information you have. The parliamentary secretary should also be present because the government's view must also be heard. If it is determined that there are grounds to take up the committee's time, the matter will be submitted to you. We're paid to play the role of vice-chair, and that also applies to the parliamentary secretary. If there are no grounds, the matter will be submitted to the Public Accounts Committee. We have enough things to do. We shouldn't also turn into a public accounts detective. That's not our mandate. Let's stop wasting our time discussing this question.

[*English*]

The Chair: I'll go back to the mover and ask, are you willing to withdraw your motion in favour of this meeting during the week we come back—a small meeting for people to look over what you have and get the information to decide whether or not we want to go ahead with this?

We could table the motion, as well.

• (0955)

Mr. Rob Merrifield: Yes—

The Chair: It would mean you could decide to lift it, but we'll wait until we have this meeting to decide whether to lift it or not.

Mr. Merrifield.

Mr. Rob Merrifield: Yes, I would suggest we table it until they have this meeting, and then—

The Chair: Are you making that motion?

Mr. Rob Merrifield: Yes, I'll make that a motion.

The Chair: Mr. Merrifield is moving that we table this motion, and I'll call the question.

Hon. Robert Thibault: Just to make one point on that, I would agree for this time, because we're going to have that meeting, and hopefully we'll clear the air on this and get back to business. But I don't think we should be doing this too often. This is the second time in the same week that we're dealing with the same motion. The honourable member from the public accounts committee has said he doesn't want to whip a dead horse in this case, but obviously the member opposite thinks we should—

Mr. Rob Merrifield: No, that wasn't—

Hon. Robert Thibault: —and that we should come back to this committee. So I will agree for this time, but I don't want to see this motion up here twice a week.

The Chair: All in favour of tabling?

Mr. Rob Merrifield: I need to respond to that, Madam Chair, because it's not accurate.

The Chair: As I said at the beginning, I had a feeling this was going to be an around-the-mulberry kind of discussion. We've heard it all. Let us vote. The suggestion now is—

Mr. James Lunney: The parliamentary secretary has said something on the record, and I think I need to respond to it. He said on the record, first of all, that the public accounts committee is not interested in dealing with this. He said earlier in his remarks that Health Canada has a rigorous process for evaluating these contracts, and he said that the public accounts committee has looked into these matters. But the fact is they did not look into the contracts from Health Canada; they specifically were confined to the contracts with the finance department. So it has not been fully covered.

This on our watch, and it's our committee; I think that gives us responsibility, especially in light of public confidence in the whole process.

The Chair: We have a motion to table. I will call the question.

Those in favour of tabling the motion—

[*Translation*]

Mr. Réal Ménard: Before moving on to the vote...

[*English*]

The Chair: No, I'm calling the question.

[*Translation*]

Mr. Réal Ménard: No, no! Before voting, I want to understand. If we vote to withdraw the motion, I want to know whether we're going to meet, the two vice-chairs, the parliamentary secretary...

[*English*]

The Chair: It's not to withdraw, but to table. To adjourn the debate in favour of tabling is essentially it, until we have this little meeting. Then we'll decide whether to bring it back.

[Translation]

Mr. Réal Ménard: Who will attend the meeting? Do we agree that, when the House resumes, more specifically on Tuesday, between 8:30 and 9:00 a.m., before the committee meeting, the two vice-chairs, a representative of the opposition, a representative of the Bloc québécois, Jean, the parliamentary secretary and you will hold that meeting?

[English]

The Chair: It's three plus the chair, and that works out to what you're saying.

Mr. James Lunney: Do you have the mover involved in it?

The Chair: No, only if he is the representative of that party. You can't have everybody.

Mr. James Lunney: I thought I heard that suggested at the beginning: that you meet with the mover of the motion and look at the information.

The Chair: Mr. Merrifield was trying to suggest that, but we're trying to keep it to one per party.

Mr. Rob Merrifield: I think it's important that if he has some information, he should—

The Chair: Then let him come as your representative.

Mr. Rob Merrifield: I don't think that's appropriate. We have two vice-chairs and we're looking for information to discern whether we're going to have a meeting. I think it's a little ridiculous that we would need anything more than that. Let's not get carried away here.

Mr. Réal Ménard: You should not have two members from the PCs; you agree with that. If the mover wants to be there, you cannot be—

Mr. Rob Merrifield: We're not making any motions. All we're doing is laying out the information.

Mr. Réal Ménard: It should be the mover, but it cannot be the mover and another member of the PCs.

The Chair: The question—

Mr. Rob Merrifield: Okay, if this is going to be a gong show, we'll vote on this now.

Hon. Robert Thibault: Let's vote on it now.

The Chair: Do you want to vote on the motion now?

[Translation]

Mr. Réal Ménard: Yes.

[English]

Mr. Rob Merrifield: And I'll withdraw the tabling. Let's vote.

The Chair: You're withdrawing the tabling? Mr. Merrifield is agreeing we vote on this motion now: that the Standing Committee on Health have officials from Health Canada and the CIHR appear before it, etc.

(Motion negated [See *Minutes of Proceedings*])

The Chair: It's over, Mr. Fletcher.

Now we move on to the next motion, which is Mr. Carrie's, to delay consideration of Bill C-420.

Mr. Carrie, you have the floor.

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

As we know, right now there is another motion on the table to kill the bill. My understanding when we left this in the spring was that Health Canada would be coming back to us with suggestions other than for the repeal of schedule A and subsections 3(1) and 3(2). We had Health Canada here on Tuesday, and basically they brought us back nothing. They did not bring us back any written report of the diseases that would be left in or the disease that would be taken out.

If we look at the history of this bill, it came about in the nineties in response to Health Canada wanting to continue the regulation of health products as drugs. Canadians were very specific: they said they did not want their natural health products regulated as drugs. The health minister at the time took it quite seriously, and there was a standing committee report by the Honourable Joe Volpe, which recommended that natural health products would not be regulated as drugs. They also recommended the repeal of schedule A and subsections 3(1) and 3(2). When all was said and done, even the transition team, a team of experts, agreed with that. The minister of the day agreed with all 53 recommendations.

Now, fast forward eight years later, what did Health Canada accomplish? When I brought this bill forward, they did the bare minimum they had to. What they did do was in contravention of what Canadians wanted; in other words, they just continued to regulate natural health products as drugs. We heard many witnesses here. The ones who hit me the most were the small companies, the farmers who actually worked out on the fields growing herbs, and who never once had a claim of safety or quality against them. These new regulations would effectively kill their jobs or businesses. I believe it was Mr. Gagnon who put it quite precisely, saying that it doesn't matter... While I know we had disagreements over whether these should be regulated as drugs or as third category, or as food, he put it quite succinctly, saying that it doesn't matter where these regulations are, they're a real problem. We have to do something to correct this.

I realize that we cannot come to agreement on the definition part, so I have suggested that we remove it, but there's still the issue of schedule A and subsections 3(1) and 3(2). I'd like to see us table this, because if we don't table it, there will be no motivation for Health Canada to come forward and complete what they said they would do. They promised us they would have something for us to look at, and they don't.

Bear in mind that we do have another motion to kill the bill. I feel we had the majority of witnesses... I think only one or two said that we should not repeal schedule A and subsections 3(1) and 3(2), and one of them was Health Canada. We had the support of the transition team, the Volpe report; and even the director, Phil Waddington, is now on record saying that repealing schedule A and subsections 3(1) and 3(2) would have been a way to correct it. When I asked him specifically what's changed, he really avoided the question on Tuesday and directed it to the other gentleman.

What I'd like to do is wait.

Madam Chair, I don't necessarily want to have them here again. I want them to send to us, and let us see, what the options are going to be for us, because Canadians want this; this is something that Canadians wanted. Health Canada appears prepared to continue doing what it's done all along, without listening to Canadians.

My issue is with the process of this. When I came here, I thought rather naively that we were doing the jobs of Canadians, that we, as parliamentarians, were driving the process—and I don't want to see it driven by the bureaucrats.

• (1000)

The Chair: Is there any response to that?

Ms. Crowder.

Ms. Jean Crowder (Nanaimo—Cowichan, NDP): Could I just ask a procedural question? We have this motion before us, and then we have Mr. Thibault's motion further on down—

The Chair: This motion is with the regular motions because it's a matter of committee business.

Do you want to delay this? This is a matter of process. Mr. Thibault's will be dealt with as we bring the bill forward, because it's substantively about the bill itself. This one is about timing.

Ms. Jean Crowder: In effect, if we deal with this motion now, then we—

The Chair: The agenda falls away.

Ms. Jean Crowder: Right, so we wouldn't be dealing with Mr. Thibault's motion, then?

The Chair: No.

Are you ready for the question?

Mr. Thibault, and then Mr. Lunney.

Hon. Robert Thibault: Madam Chair and members of the committee, I will be voting against this motion, because I believe it's time we have closure on this matter. It is time to go forward with other work of the committee and not return to this later to deal with it. We have had all the information. We've had many representations by members of the natural health products industry indicating that they were very pleased with the direction Mr. Waddington has been going in. We have seen the increased level of approvals and a better system, a commitment to modernization of the schedule, and an indication from them also that it was the fastest way to proceed; that if you did the regulatory reform after having cancelled the schedule and the subsections, it would be a slower process.

There are many other items still, under this, that we should be looking at within the department—and perhaps at ourselves as a committee. There is the question of self-care products, as to how they're regulated and how they fall under these things.

I think we should put this matter to rest, and therefore I will be voting against this motion so that we can bring my motion forward and put this bill to rest.

• (1005)

The Chair: Mr. Lunney.

Here we go. This should be half an hour.

Mr. Lunney, speak. Be succinct, please.

Mr. James Lunney: Well, Madam Chair, that's why we're here, to speak to these important matters.

We had the officials here yesterday. They have told us they have an advisory committee looking at how to change schedule A. They have said they are going to gazette by November 22.

A voice: It is the end of November.

Mr. James Lunney: Excuse me. It is by the end of November that they wanted to gazette the changes to schedule A that are being contemplated.

It seems to me we're asking about one meeting to hold Health Canada accountable. I would like to suggest to you that we just heard from Mr. Waddington when he was here that we now have about 1,000 products through the process. Earlier it was 300, after nearly two years of process; they've accelerated this. But I wonder if we would have had as many as we have—and it's a small number of the number that are needed—if there hadn't been the pressure of this bill urging the natural health products division to get on with getting some of these products approved.

I want to suggest, members, that on this schedule A there is nearly unanimous consent—from our witnesses, at least—that schedule A and subsections 3(1) and 3(2) should be eliminated, even though we have a challenge with the definitions part of the bill. Almost everybody in the industry was in agreement that this should be eliminated, as the transition team of 17 experts said back in year 2000 and as Health Canada accepted back in year 2000.

Am I seeing disagreement on that point?

The Chair: Yes, we don't remember the transition team recommending that.

Mr. James Lunney: It's in the transition team report from 2000 that schedule A and subsections 3(1) and 3(2) should be eliminated, and Health Canada accepted—

Do you not see that? We could find it, I'm sure, but let me go on.

That schedule has been there since about 1934 and lists some of the big diseases that afflict Canadians today. It has heart disease, cancer, arthritis, mental illness, diabetes, and some 40 other diseases, many of which are obscure. However, on the big five, this clause has been used to obstruct information that would help Canadians make better choices about health care. We saw it on mental illness, and you heard some discussion—a lot of it—about this Empowerplus product for mental illness, bipolar disease.

Based on these regulations, Health Canada moved in and shut down a study at the University of Calgary that was showing benefit to Canadians with a serious form of mental illness. And based on this, we're not allowed to tell people, for example, even for cancer, that vitamin C intravenous is one of the things that's showing the best promise in treating many forms of cancer—intravenous vitamin C. We can't say that, because it's a vitamin and mineral natural health product, and you can't make a health claim for these things, according to this antiquated clause.

It is the same thing with diabetes. You're not supposed to tell people that cinnamon will help regulate their blood sugar. The old idea of cinnamon in apple pie was a good idea—cinnamon slows blood sugar absorption—but you're not allowed to tell people that. With heart disease and folic acid, we now know abundantly—there are 1,000 articles in the research—about the benefits of folic acid to reduce the risk of heart attack and stroke. It is a simple supplement at a penny a day for the average person—up to 5¢ a day for someone with a risk, or maybe 10¢ a day—but you're not supposed to tell people.

And for just about every one of those major diseases, we now know.... Arthritis: we have Health Canada, based on these clauses, continuing to harass a company on Vancouver Island that produces a product for arthritis called Recovery medicine, even though it's been shown to be highly effective. In race horses, it received number one recognition around the world, and frankly, Madam Chair, they're made out of the same stuff humans are. We know it works with humans as well, but you're not allowed to tell people, and Health Canada is harassing a company for producing a product that relieves suffering.

These clauses need to be looked at. We have an opportunity to hold Health Canada to account to make significant changes in schedule A. This committee has an opportunity to do a very significant piece of work on behalf of Canadians to remove this obstruction, which has been holding back information that could help relieve the suffering of Canadians. I don't think that's acceptable.

So we're asking for a little bit of time, Madam Chair, to hold Health Canada accountable on schedule A; that's one meeting in the future to deal with this. It's a small bill, as you know, and I'm sure we'd be able to deal with it at that time. I'm just asking to buy a little time to see what they do with schedule A before this committee faces that decision.

• (1010)

The Chair: Thank you, Mr. Lunney.

Mrs. Crowder.

Ms. Jean Crowder: Thank you. I will be brief.

There are a couple of points. My understanding from the witnesses I heard is that it was not unanimous that people wanted schedule A repealed. There were a number of people who did speak against it, and I come back to the minority report that looked at schedule A back in 2003. The Women and Health Protection coalition really are not in favour of the repealing of schedule A, so I guess I need a point of clarification here.

My understanding is that this committee could deal with schedule A outside of Bill C-420, so we could ask Health Canada at some point, based on the witnesses we heard the other day, to come back and talk to us about schedule A and what their plan is, never mind what happens to Bill C-420. Am I correct about that? To me, that would make more sense—get Bill C-420 off the table today and deal with schedule A at a future meeting outside of the context of Bill C-420.

The Chair: Thank you.

Are there any further speakers?

Mr. Carrie, to wrap up.

Mr. Colin Carrie: We have not had all the information from Health Canada. They were supposed to bring that back to us and let us know what they are doing with schedule A and subsections 3(1) and 3(2). They have not done that. So what I'm asking for is a little bit of time. There was near unanimous support for getting rid of schedule A and subsections 3(1) and 3(2), and even the witness on Tuesday said all they would have to do is...there would be—what term did he use?—some blanks or something in the regulations. I was going to ask him which ones he saw, but I didn't get a chance to ask that.

This has not been a quick process, and when Health Canada says the fastest way to get through it is to continue what they've been doing, I don't believe them for one minute. I think if we take this bill off the table, they'll go back to their slow as molasses pace and we'll not see this in October; we'll not see it six months from now or a year from now.

All I'm asking is this. We have a part of this act that they're using to harass companies, and this is not what Canadians want. Canadians asked that their natural health products not be regulated as drugs. Health Canada went ahead and did it anyway. Canadians wanted schedule A and subsections 3(1) and 3(2) to be repealed; and the transition team and Volpe's report and most of the witnesses, whether they were from the pharmaceuticals, the natural health foods products, all these associations, were okay with that. Even Dr. Waddington signed on to reports that said it would have been okay to do it because we can handle it through the regulations.

So all I'm asking for is to have Health Canada come back, give us what they said they would give us, and see where we go from there. If we didn't have this over their heads, I can tell you right now they would not have done what they've done in this last year, and they're not going to do what they say they're going to do.

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

That's the final comment on this motion by Mr. Carrie. I will now call the question.

(Motion negated)

The Chair: That motion has failed to carry.

The clerk advises me that she is ready with the rewritten version of Mr. Thibault's motion.

Could you read it to us, Madam Clerk, please?

Hon. Robert Thibault: This was my motion of earlier today, is that right?

Might I suggest, since we haven't seen it, that we deal with it at the next meeting so everybody could have a written copy and have a chance of considering it?

The Chair: Is that agreeable to everyone?

This is the one about the cancer strategy. Can we have it written up for the next meeting for everybody?

Hon. Robert Thibault: Why not?

The Chair: Okay. Is everybody is agreed to that?

[Translation]

Mr. Réal Ménard: Yes.

[English]

The Chair: Thank you very much.

Madam Clerk, we'll keep moving forward then. The next motion is Mrs. Crowder's motion.

Mrs. Crowder, you have the floor.

Ms. Jean Crowder: I apologize. I had intended to table and serve a notice of motion. I thought I had served a notice of motion at last meeting, that I was going to bring this motion back in a revised form. There was some confusion, so that didn't happen.

Perhaps I could table this motion and serve a notice of motion that I will bring a motion back asking the minister to delay making a decision until the health committee has had an opportunity to consider all of the information. That's what was supposed to happen today on this particular motion.

•(1015)

The Chair: So you're withdrawing motion number seven for the time being.

Ms. Jean Crowder: I'm withdrawing number seven and giving a notice of motion that I will be bringing forward a motion for the committee when we come back.

The Chair: Thank you. We'll now move to motion number eight. Again, Mrs. Crowder.

Ms. Jean Crowder: On this one, there is some information that I have available for the committee on the declarations of conflict of interest. I believe the clerk will pass that out. This is directly from Health Canada's website.

This motion is asking that the health minister remove the people with a conflict of interest from the panel. This is the affiliation and interest summary for September 29 to September 30, 2005, Expert Advisory Panel on Silicone Gel-filled Breast Implants, and this was the response to Health Canada's questionnaire for expert advisory panel.

This is self-declared by these people. So if you look on the second page, we have Harold J. Brandon, Michael A. Brook and Mitchell Brown. Now, Harold J. Brandon has indicated that he has received direct funding from INAMED and/or Mentor for research and/or clinical studies, including as a principal investigator on silicone gel breast implants, and Mr. Brandon did not disclose the amount on that.

"Have you provided expert advice to, or on behalf of, Mentor and/or INAMED in any form? If so, please provide details." Mr. Brandon has said yes to this, but he did not disclose an amount. He served as a consultant at the FDA advisory panel hearing on silicone gel-filled breast implant licence applications, received funding from manufacturers for research and consulting.

As for Michael Brook, he also indicated that he has provided expert witness or advice on behalf of Mentor and/or INAMED. I won't read all of the details on that, but he basically has been an Inamed-paid consultant for the FDA panel in 2005. He acted as

expert advisor to Inamed on their pre-market approval for FDA and he submitted a paper on platinum and silicone breast implants.

As for Mitchell Brown, he has also served as an expert or advisory witness and he received a portion of travel and hotel expenses from the manufacturers for speaking engagements and training of surgeons in the use of cohesive gel breast implants in 2003, 2004, 2005, and he's currently preparing a paper.

In the context of my previous life—I was formerly a municipal councillor—when we had something coming before council that could have benefited me financially, or that I had any previous dealings with, I was required to withdraw from the discussions and not vote if I stood to gain. Now, these people have been paid by these manufacturers and they will stand to gain if these licence applications are approved. Any kind of process that most of us have been involved with—in fact, I think cabinet members have to recuse themselves if there is something that could be a perceived conflict of interest—why would we say it was acceptable for people who had been paid by these companies to actually vote on whether they're licensed? It makes no sense to me whatsoever.

I do have other material that isn't translated, so I'll not present it today. I do have the extract from the plastic and reconstructive surgery journal that Dr. Brown did write the article in: "Cohesive gel implants are likely to play an important role in aesthetic and reconstructive breast surgery when silicone gel implants are reintroduced into the North American market."

I did not get that translated, but I have an extract from the article written in September 2005 in the journal called *Plastic and Reconstructive Surgery*. If people want, I will provide it to the clerk and get it translated. But based on their own self-declared information, I don't see how we cannot ask for them to be withdrawn from the panel.

•(1020)

The Chair: Thank you, Mrs. Crowder.

I also would take note that in the questions on this chart, it seems to me Health Canada has suggested: type of study and amount of total funding, less than \$100,000, \$100,000 to \$300,000, or over \$300,000; then, personal income you got from this funding, less than \$50,000, more than \$50,000.

It says in the notes that these people in question, while they admit they have been paid, did not disclose the amounts, even though the amounts were in ranges suggested to them. I find that quite interesting. It seems to me that if you're going to do something for Health Canada and have the power to make a decision and Health Canada suggests to you that there are ranges of money involved, you should not only declare you got some money but declare what it was.

Thank you. Mr. Thibault.

Hon. Robert Thibault: Madam Chair, I thank the member for providing this information to all members of the committee and for her work on this.

As I mentioned last time, it's important for Canadians to understand, to know, to have confidence that these types of decision-making processes before a decision is made regarding their health are done well, that they are transparent, and that there are no conflicts. There's always a chance that there will be perceived conflict, that there will be people who have or have had an interest, because you're calling on experts. But it raises very serious questions, and I think as a committee our role is to make sure that the processes in place to make these determinations are not flawed or biased.

Without having a full understanding and a full study of that process—how these people got appointed to that process and whether they can still do it with objectivity, they can still take their decisions—without being confident or reasonably sure that they can't, I have a problem asking that they be removed. However, I think it's important that we have confidence in the system.

So might I suggest to the mover that perhaps what would best serve the committee and the Canadian public, rather than just asking for removal of these people—because maybe that's not justified; I don't know the answer to that question—would be to ask that the department meet with the committee, whether in open session or closed session, so we would be able to go through this, how it is done and why these people are in those positions, whether it is detrimental to the process or necessary or regular.

Again, it's a recommendation to the minister, and the minister has to take into consideration all the elements that come through that process. You know, whether I've done work for a company in the past, in my level of expertise as a lawyer—I'm not a lawyer, but if I were.... A lawyer does work for one company, represents one company, and 10 years later, down the line, he may represent a competitor. He's not necessarily in conflict, because he's providing his expert opinion—*ses conseils d'expert*. I think those questions should be explored prior to asking that people be removed. We should be making sure of what we're doing.

Those are the only suggestions I would make to the member.

The Chair: Thank you.

Mr. Merrifield, followed by Mr. St. Amand.

Mr. Rob Merrifield: I think we went around on this a little bit last time, and this time too. I'm actually somewhere in between. I think what we have to do is ask the minister to come forward. He can investigate all of the concerns we have here, and he's the one who really needs to answer these questions. I think we should ask him to come to the next meeting—it may only take an hour or a half hour, I don't know. We should book him in at his earliest convenience, perhaps at the next meeting, to deal with this.

I wonder if the mover of this would be satisfied to deal with it that way, because it's really the minister who is going to deal with the recommendations coming from this panel, who will have to explain why the department has placed these people on the panel after they've disclosed what appears to be a conflict of interest.

The Chair: It's half for and half against.

[Translation]

Mr. Réal Ménard: I would like to raise a point of order.

[English]

The Chair: Yes, Mr. Ménard.

[Translation]

Mr. Réal Ménard: Could you suspend proceedings for five minutes so that we can discuss how best to deal with this motion. Can we suspend our proceedings for five minutes?

[English]

The Chair: The mover would have to comment on that.

Ms. Jean Crowder: Could I just make a suggestion? If we could get a commitment that the minister would come to our first meeting on—

The Chair: We could never get a commitment like that. We could ask, but it could be three weeks. The decision could be made in the interim.

Hon. Robert Thibault: We can ask.

The Chair: Everybody has to realize that there is a panel with thirteen people on it—nine men and four women—making a decision about the future of gel breast implants. The people who've investigated this subject have a feeling that all is not well. All these tactics about getting Health Canada in, for example.... They will defend the process they set up. Getting the minister in will put him in the position of having to defend his own bureaucrats.

If we pass this, all we have to do is write a letter to him requesting that he do this. Then it will cause him to investigate and decide whether to do it or not.

• (1025)

Mr. Rob Merrifield: No, no.

[Translation]

Mr. Réal Ménard: Madam Chair, I raised a point of order, and I'd like you to rule on the matter. I'm asking you to suspend proceedings for five minutes so that we can talk amongst ourselves. We'll resume in five minutes, and we'll see what's the best solution to adopt for subsequent events.

[English]

The Chair: Does everybody agree to a five-minute break?

That's fine. We will suspend for five minutes.

• (1026)

(Pause)

• (1031)

The Chair: I call you back to order, ladies and gentlemen.

Mr. St. Amand is the next speaker on the list on this motion.

Mr. Lloyd St. Amand (Brant, Lib.): I don't know if anything was accomplished during the five-minute interlude. These comments may be superfluous, but for what it's worth, just looking at the motion by Ms. Crowder, it begins, "in light of the established conflicts of interest...". I just want to make sure the usage of the adjective "established" refers to Ms. Crowder having determined that the conflicts have been established.

I take it the committee hasn't determined that conflicts have been established.

The Chair: This is on the Health Canada website. These people are—

Mr. Lloyd St. Amand: Sorry, but that's a presumption that has been drawn so far by Ms. Crowder.

The Chair: Why is it just a presumption when they were asked if they had a conflict of interest and they self-declared?

Hon. Robert Thibault: Not the conflict...sorry.

The Chair: Explain what you mean, Lloyd.

Mr. Lloyd St. Amand: I'm not sure. Simply because these individuals have disclosed certain information, I'm not sure if it is then automatic that a conflict has been established. So for instance—

Hon. Robert Thibault: Could you explain?

Mr. Lloyd St. Amand: Is it automatically a conflict that Mitchell Brown, who received a portion of travel and hotel expenses, albeit in an undisclosed amount, is in a conflict of interest? If the expenses were \$40 only, for all we know, is he definitely in an established conflict of interest position? I think that's for the committee to decide later.

Apart from that, I just wondered if Ms. Crowder would agree that Mr. Brook and Mitchell Brown are in positions different from that of Harold Brandon in that they received no direct income or funding whatsoever. Harold Brandon seemed surely to have received something. Michael Brook received nothing that I can see.

Hon. Robert Thibault: It says yes.

Ms. Jean Crowder: It seems like it's money.

Mr. Lloyd St. Amand: I'm just looking in the notes on the right-hand column, and it would appear that there is no reference to funding in the notes.

Ms. Jean Crowder: It says Brandon received funding, and then on the other one it says paid consultant for Brook: "Answered questions, as an Inamed paid consultant". It sounds like money to me.

Mr. Lloyd St. Amand: Okay. All right. Would Ms. Crowder agree that Mr. Brook and Mitchell Brown are in slightly different positions compared to Harold Brandon?

Ms. Jean Crowder: I'm not sure that's relevant. They had an affiliation with the manufacturers. I'm not here to nickel-and-dime the scope and extent of it.

•(1035)

The Chair: Mr. Ménard. That's right, Mr. Lunney was ahead of you.

Mr. Lunney, please be brief.

Mr. James Lunney: Thank you, Madam Chair.

These guidelines for conflicts of interest are there for a reason. It's to declare, it's to expose conflicts of interest; it's not to impugn people's character. The reason we put these things here...if you have received money from someone who is hoping to benefit financially to a large extent, that is a conflict of interest. That's what these forms are about. They should have been disqualified.

They can appear. It seems there is confusion on some people's part about the value of their input. They can appear as expert witnesses and provide input to the panel, but to be in the position of making the

decision is a clear conflict of interest. That is where we seem to be challenged around this place, in recognizing conflicts of interest. It's one of the things that greatly undermines public confidence in what we do here.

The whole purpose of the forum.... It's not that we have to have a psychological assessment of these people as to whether they're able to overlook the money they've received and make a balanced decision; it's the fact that they have received money, regardless of their personal integrity, that disqualifies them from being in a decision-making seat on this particular issue. It's clear. It's a conflict of interest.

The Chair: Mr. Ménard is next.

[*Translation*]

Mr. Réal Ménard: Madam Chair, my question is for the committee clerk and concerns the technical nature of the motion.

I entirely concur in Ms. Crowder's analysis. I congratulate her on the responsible manner in which she has handled this matter with Ms. Demers, my colleague. This is a real concern.

I just want to know whether it was the committee's wish to vote on Ms. Crowder's motion. It urges the minister to remove these persons from the Panel. I'd just like to know whether, in technical and legal terms and in terms of our prerogatives as a committee, we can ask the minister to remove members of a constituted panel.

Incidentally, I intend to vote for the motion. I simply want to understand what it means. The motion states: "[...] Standing Committee on Health urged the Minister of Health to immediately remove [...]"

Is it our prerogative as a committee to do this? I think so, but I want to be reassured.

[*English*]

The Chair: We can request that the minister do anything. It doesn't mean he's going to do it. We have the right to judge the situation as we see it and ask him to respond to it.

[*Translation*]

Mr. Réal Ménard: All right.

[*English*]

The Chair: Okay. Mr. Savage, then Mr. Merrifield.

Have you spoken already on this, Mr. Merrifield?

Mr. Rob Merrifield: No.

The Chair: Mr. Savage, first.

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

I agree that this is very concerning. On the face of it, it's a case that requires investigation. I would have hoped that our five-minute discussion might have resulted in asking somebody from Health Canada to come and appear or to provide information to explain this to us, because I think that is what's required. I can't vote on a motion urging the Minister of Health to immediately remove people from a panel until I've heard from somebody in the Department of Health as to why they're on there.

The Chair: Is there somebody over here whose name I didn't get?

Mr. Merrifield, did you speak?

Mr. Rob Merrifield: I just have an amendment that she's just writing out here.

The Chair: So we'll just hold it for a minute.

Ms. Dhalla, do you want to speak?

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): I just wanted to add to what Ms. Crowder and Madame Demers have been stating.

I understand that people have concerns in regard to the livelihoods of certain individuals and removing them from a particular panel, but I think, as a health committee, we really need to take a leadership role, and we need to make a statement to the bureaucracy, to the Department of Health and to Health Canada, that when individuals do have conflicts of interest they should not be involved in any capacity with decision-making.

We are dealing here with the lives of thousands of women across the country who are going to be affected dramatically by the decisions that are going to be made by this panel. It's fine that we want to bring in Health Canada. I can appreciate that, and I appreciate that people want to bring in the minister.

We are on break week next week. By the time the minister comes, by the time someone from Health Canada comes, this panel is going to have made a decision. By the time it makes that decision with these individuals who have a conflict that's already been declared, it's going to be too late, and we're going to have thousands of women come knocking on our doors.

I think, as parliamentarians sitting on the health committee, we're here to represent the interests of those women, we're here to represent their interests and health, and I really think we should support this motion and take a leadership role in making a statement to Health Canada that this is not acceptable.

Some hon. members: Hear, hear!

The Chair: Mr. Merrifield, can you take the chair?

Mr. Rob Merrifield: I'm going to make that amendment.

The Chair: I know. You can give it back to me then.

May I have the floor, Mr. Chair?

• (1040)

The Vice-Chair (Mr. Rob Merrifield): I'll let you have a minute and a half—and make it good.

Ms. Bonnie Brown: My dear colleagues, we're talking about conflicts of interest whereby certain people who are going to make a decision have already received money. Whatever that amount of money was—as Mr. St. Amand suggested, it might have been \$40 for a dinner, it might have been one night in a hotel—doesn't matter. Whatever amounts are involved are absolutely minuscule—minuscule—compared to the amount of money that the entire field of plastic surgery will be able to make if this is legalized. We will be, as I say, bringing Hollywood North to Canada. There will be ads all over the place making women feel inadequate, as if they really should have reconstructive surgery. These people are going to make millions.

It is not without reason that so many of the witnesses who were speaking in favour of this were plastic surgeons or nurses who worked for plastic surgeons or former patients who happened to have worked for the plastic surgeon at one point. I mean, the witnesses in favour all had a conflict of interest, with the exception of one or two.

It is not about the money they've received as much as it is about the money they want to make in this field. There may not be much of a market yet for this, but they will create the market through advertising, so the advertising agencies are very interested too. It will be just like another cosmetic product. If you look in any women's magazine, you will see the pages filled with messages to women that they are inadequate and they need this makeup and that makeup and this and that and the other thing to make them look better. This will simply be another thing.

It seems to me that what we want to do, as the Standing Committee on Health, is reassure people that how they are is good, that their bodies are good just because they're there, if they're healthy. Health is the thing, not excess surgery that's unneeded, that will become an extra cost to the health care system for fixing up these people ten years later if and when their implants fail or leak and poison them with silicone. Now, there are all kinds of claims that this latest thing is better than the old implant, but this isn't about any of that; this is about the potential to make money.

I would urge you to show some leadership here—not to put the minister in the corner, but to tell him that we've thought about this and we've talked about this, and we don't want Canada to go down this route and become Hollywood North, where this kind of thing is the norm.

I thank you for listening to me. If you had been at this meeting that Mrs. Crowder, Madame Demers, and I sat through, you would have no doubts. You would have no doubts.

Some hon. members: Hear, hear!

The Vice-Chair (Mr. Rob Merrifield): Thank you, Ms. Brown.

Mr. Thibault.

Hon. Robert Thibault: Mr. Chair, I greatly appreciate the comments made by the member, and I think we all share those comments, we all share those values, we all share those views. But that's not our job, and that's not the motion we're considering here. It's not our place, as members of the committee, to have an opinion on, or decide, in this motion whether or not there should be breast reconstruction surgery or breast implants or other things. What is our job, and what is important for us, and what is being put forward by Madame Crowder, is making a decision on whether or not the process that's going to inform the minister, so he can make that decision, is proper.

The specific question raised by the motion we are looking at now, in the case of these individuals, is whether there is a conflict of interest. Because of the guideline—and Ms. Crowder has provided a chart here—a lot of people have said there was a conflict of interest, so it's important that I take a couple of minutes to bring you through this.

This is a declaration of affiliations and interest. People can have affiliations with companies, they can have interests in companies, and somebody has to make a decision, prior to their being appointed to a board, about whether or not there is a conflict because of those interests or because of that affiliation, about whether they would be in personal conflict, about whether it would taint the recommendation they should make to the minister.

I have no opinion on whether or not the proper decisions were made here. The only objection I have is that we are using our votes in this committee to automatically render these people guilty without their having had a proper trial.

I don't know, Madam, whether or not these people can exercise objectivity. I have no opinion on that, because I have not looked at it further. I only have these declarations of interest that you have presented so ably. I have, on the other hand, a decision of people in the department who, after having looked at these, have appointed them to this panel. Perhaps they were wrong, but I don't know that they were wrong, and I find it difficult to support a motion that says these people are in conflict, that they will make a tainted decision, without having done some level of evaluation or analysis. That is the only point I make.

Whether or not there should or should not be breast implants in this country, I opine not. I think what you raise—the danger of it, the additional costs, and so on—is all too true for our country. We have to make sure that the way we deal with these types of things in the future is proper, open, and transparent.

•(1045)

The Vice-Chair (Mr. Rob Merrifield): We're going to go to Mr. Fletcher now, and then I would ask the chair to come back to her position. I think we'd then want to put an amendment in for debate.

Mr. Fletcher.

Mr. Steven Fletcher: I also was at that meeting with the chair and Jean Crowder and Ms. Demers—

The Chair: On Friday?

Mr. Steven Fletcher: I was there with one of the groups.

The Chair: You were there with a group, but you didn't go to the hearings.

Mr. Steven Fletcher: Oh no, I didn't go to the hearings, but I did meet with some of the stakeholders, and they raised some very legitimate issues.

Now, I think the fundamental issue for the committee, or for Health Canada, is this: are these implants safe, yes or no? There are legitimate uses for breast implants—for example, by a cancer survivor.

The Chair: Yes.

Mr. Steven Fletcher: If they're not safe for a cancer survivor they shouldn't be on the market, but if they are safe the cancer survivor should have that option.

On the point that the chair made in regard to Hollywood North and putting pressure on women, I suppose from a guy's perspective, I don't understand why anyone would do harm to their body for any reason, except maybe in a situation of cancer. I say this because I

think it's important that we make sure we make a decision based on whether these are safe or not. The experts need to be consulted.

I'm going to get to the point here. I believe that because these people have made declarations and they may or may not be in a conflict of interest.... I agree with Lloyd's comments that just because they received a bill from a hotel, or had a hotel bill paid, it doesn't necessarily put them in a conflict. They've disclosed it at least in part. I'd be curious to know how much money we're talking about, because I think that would have an impact.

Also, these people have professional...you know if they're doctors they've taken the Hippocratic oath. They have to put the interests of the patients first and all of that sort of thing. So there is a professional level of intent.

I would be very interested in having the health minister, or even a deputy minister, come and explain why these people were on the committee. If they can't defend why they're on the committee, then we should go after them like a tonne of bricks. But if there's a reasonable explanation, then we have to accept that.

Mr. Rob Merrifield: Madame Chair, I would like to make my amendment so that we hopefully can get some resolve to this and get on with the issue. I think it addresses most of the concerns that I've heard around the table. I'd ask the clerk if she could just read it out.

•(1050)

The Chair: Madam Clerk.

The Clerk: I'll read the whole motion and I'll put in your amendment.

Mr. Rob Merrifield: Yes.

The Clerk: That, in light of the established conflicts of interest of certain members of the scientific advisory panel who have worked directly and have been paid to promote silicone implants by either of the two private sector implant manufacturers during U.S. Food and Drug Administration hearings on the safety of silicone implants, the Standing Committee on Health urge the Minister of Health to temporarily stay this panel and ask the minister to attend a meeting of the Standing Committee on Health to address this issue.

Mr. Rob Merrifield: I would like to comment on that. I think what we're hearing are some passionate pleas around this table on the issue, and I think they're all valid. I don't think there's anybody who's not valid in their discerning both the individuals who are on the panel and the decision the panel may render. I think it's very important that we stay the panel. I understand the NDP and the Bloc are concerned that the panel may rule on it before the minister actually comes.

So let's ask the minister to stay that panel so no work proceeds until the minister comes forward and we can explain to him in no uncertain terms why we have the problems that we're having around the table. I think that addresses everybody's concerns.

The Chair: You've heard the amendment. Are there comments on the amendment?

Mr. Ménard, Mr. Savage, and then Madam Crowder.

[Translation]

Mr. Réal Ménard: What I understand from Mr. Merrifield's amendment is that we're not asking the minister to suspend the people who are on the panel, but rather to terminate the work.

I'm very grateful to Ms. Crowder for the responsible manner in which she has conducted this matter. What's before us is disturbing.

I also agree with Mr. Savage that we have to be prudent. Telling someone that he's in conflict of interest requires that we at least have an opportunity to speak with him. For example, I know a number of AIDS activists who are receiving money from pharmaceutical companies. That doesn't mean they're in conflict of interest.

I'd be prepared to vote for Ms. Crowder's motion and for the amendment, but I want to go the whole way. My responsibility as a parliamentarian requires that I let them speak before telling them we're removing them from a panel because they're in conflict of interest. *Audi alteram partem*: everyone is entitled to a defence before being ruled in conflict of interest. I wouldn't vote for a motion if they didn't have the opportunity to be heard.

However, it's clear that what I have before me is disturbing. I can't be a good judge of a product or a connection with a pharmaceutical business if it provides an income that I've received. It's hard to make a judgment.

I want us to hear them. I'm in favour of Mr. Merrifield's amendment. Let's ask the minister to stay the panel. I'm not convinced the minister has to come. I don't think the minister is the right person, because he's going to defend the officials, and that's only fitting. However, these people have to come and explain themselves. These are appointees who don't have permanent status in the public service. They are experts. So let them come before us, and we'll determine to what extent they're in conflict of interest. I want us to hear them.

[English]

The Chair: Thank you.

Mr. Savage.

Mr. Michael Savage: Briefly, I agree with a lot of what Mr. Fletcher said, for the first time in this Parliament actually, but I agree with a lot of what you've said. I support staying the panel—any decision—and having the right people.... I don't know if it's the Minister of Health or whether it's an official of the department.

Mr. Rob Merrifield: Everybody wants it.

Mr. Michael Savage: Exactly. To me, that's the way to go.

I think it's an important issue. I simply don't feel I have the right to besmirch the professional reputation of people based on what I've seen so far, so let's hear from Health Canada and then we can make a decision. So I support this.

The Chair: Mrs. Crowder.

Ms. Jean Crowder: I would accept that amendment. I only want to make it clear that I have not been impugning the integrity of the people who are on this panel. I am making no suggestion about their integrity. I think the fundamental question here—and it's not just about this case; it's about drug approval processes—is should people who stand to financially gain from a decision be making the decision? I really don't care whether these three people on the panel come before us, because they're going to tell us that they will make a decision, that they'll bring their integrity...blah, blah, blah. I mean, really, the fundamental question is whether people who financially gain should be appointed to make a decision.

Having said that, I am okay with the proposed amendment, as long as it's really clear that it's staying the decision that the panel would make, staying the panel.

• (1055)

The Chair: Okay, well, this says “temporarily stay this panel”. I think we should add that the minister temporarily stay this panel and not make a decision until we have met with him.

Ms. Jean Crowder: Yes.

The Chair: Is that okay, Mr. Ménard?

[Translation]

Mr. Réal Ménard: But they'll come before the committee. Can we...

[English]

Mr. Rob Merrifield: Not proceed. I would actually like him not only to not make a decision, but not to proceed. Staying it means that it ceases work until we get movement on explanations.

The Chair: He's not obliged to take their advice anyway. He could decide to make a decision early.

Mr. Rob Merrifield: Then he'll have to pay the price.

[Translation]

Mr. Réal Ménard: But they'll come before the committee. The panel members will come here to speak with us, and we'll determine the situation. They can say what they want, but I'm going to exercise my judgment as a parliamentarian. I won't condemn anyone without hearing him, but I'm going to exercise my judgment.

So we're asking the minister to stay the panel, and, at the next meeting, we'll invite them to come and speak with us. That has to be in the motion.

[English]

The Chair: So “stay the panel and its proceedings”: is that okay?

Do you consider this a friendly amendment?

Ms. Jean Crowder: I do, yes.

The Chair: So this is the new motion, and we'll now vote on it.

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

The Chair: Thank you very much.

We're now moving to Bill C-420, An Act to amend the Food and Drugs Act on natural health products. We have a motion from Mr. Thibault on that.

Hon. Robert Thibault: Madam Chair—

Mr. James Lunney: Chair, before we proceed with that, we have three minutes left for this committee meeting, and I think this matter deserves more than the three minutes set for deliberation. I respectfully request that the chair adjourn the meeting and resume at the next scheduled meeting on Bill C-420.

The Chair: We spent a great deal of time on this bill in the spring. The committee has already expressed its wish not to delay until November. I think most people at this table know how they're going to vote, and if they will refrain from putting their views forward again, I think we can do it in five minutes, because it's mainly going to be a vote.

But I should take a reading of the committee. How many people feel they want to speak on this?

I believe you two took quite a bit of time on the earlier motion to express your views on this, on motion six, the motion to delay consideration. You spoke at length on that.

Mr. James Lunney: We need time to speak about it.

The Chair: No one else wants to speak, so I guess the question is whether you want to....

Well, I asked who wanted to speak and only two put their hands up.

Mr. Rob Merrifield: Make it three.

Mr. Steven Fletcher: Make it four.

Mr. Rob Merrifield: Make it next meeting.

The Chair: We were really hoping to move on with the committee's agenda by the next meeting.

Mr. Rob Merrifield: I'm scheduled until 11 o'clock, and that's my problem. I can't go past 11 o'clock.

The Chair: I'm sure we can't fit in four Conservative speakers and a vote. So I thank you very much for your hard work at this meeting, and your civility, participation, and all that sort of thing. We will have to delay this bill until the next meeting. It will be at the top of the meeting.

This meeting is adjourned.

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