



House of Commons
CANADA

Standing Committee on Health

HESA • NUMBER 049 • 1st SESSION • 38th PARLIAMENT

EVIDENCE

Thursday, October 20, 2005

—
Chair

Ms. Bonnie Brown

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• (0910)

[*English*]

The Clerk of the Committee (Mrs. Carmen DePape): Honourable members of the committee, I see a quorum.

Pursuant to Standing Order 106(1), your first order of business is to elect a chair.

I'm ready to receive nominations to that effect.

Mr. Rob Merrifield (Yellowhead, CPC): I nominate Bonnie Brown.

The Clerk: It has been moved by Mr. Merrifield that Ms. Brown be elected as chair of the committee.

Some hon. members: Hear, hear!

The Clerk: I was going to ask if there were further nominations, but I guess not.

So I have the pleasure to declare Ms. Brown chair of the Standing Committee on Health.

We'll now proceed with the election of the vice-chairs. For the first vice-chair, which is a member of the official opposition, are there any nominations?

Mr. Savage.

Mr. Michael Savage (Dartmouth—Cole Harbour, Lib.): Madam Chair, I would like to nominate Mr. Merrifield.

The Clerk: It has been moved by Mr. Savage that Mr. Merrifield be elected vice-chair of the committee.

Is it agreed?

Some hon. members: Hear, hear!

[*Translation*]

The Clerk: I am ready to receive nominations for the position of second Vice-Chair.

Ms. Demers.

Ms. Nicole Demers (Laval, BQ): I nominate Mr. Réal Ménard for the position of second Vice-Chair.

The Clerk: Ms. Demers moves that Mr. Ménard be elected Vice-Chair of the committee.

Are there any other nominations?

I declare Mr. Ménard elected Vice-Chair of the committee.

[*English*]

Some hon. members: Hear, hear!

The Clerk: I would ask Ms. Brown to please take the chair.

The Chair (Ms. Bonnie Brown (Oakville, Lib.)): It is my pleasure to call this meeting of the Standing Committee on Health to order. This is meeting number 49, ladies and gentlemen. So all your work is starting to show up in the numbers.

We did leave off some work we had been doing at the last meeting. However, the clerk is unable to put a formal agenda out when the main agenda is the election of chair and vice-chairs. If I could get unanimous consent, we could pick up the thread of our work in the remaining time, and that would be the clause-by-clause of Bill C-420.

Are there any objections to doing that this morning?

An hon. member: Madam Chair, there were some motions outstanding from the last meeting.

The Chair: Where we were in the process was at Bill C-420, and we didn't do it because we did not have sufficient time left for the movers of Bill C-420, or the sponsors, to address the bill. So in order to ensure that there is sufficient time to do that, I suggest we start with Bill C-420.

Is that agreed?

Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC): You don't want to do the motions?

The Chair: Seeing no objection, we'll move to Bill C-420.

The first order of business under Bill C-420 is the motion of Mr. Thibault. I'll ask Mr. Thibault to speak to his motion.

• (0915)

Hon. Robert Thibault (West Nova, Lib.): Madam Chair, I think if we remember where we were, the opposition members had asked to speak on the motion. I will withhold my comments to the end, if you wish, in the interest of time.

The Chair: Thank you.

Is there anyone who wishes to speak?

Mr. Carrie, then Mr. Lunney.

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

First of all, I'd like to thank the committee for the learning experience of bringing this bill forward. It was a great experience for me to see the actual process of how things come about and how bills are put forward.

I'd like to remind everyone about the intent of the bill. It was to ensure freedom of choice for health care for Canadians, and what I've seen has been a real eye-opener for me. I look at the original report by Volpe from 1997, and it was very clear that Canadians didn't want their natural health products regulated as drugs. But what I've seen is that the top bureaucrats at Health Canada seem to be able to go ahead with their own viewpoints. The way I see it, they're disrespectful of the political process and disrespectful of what Canadians want.

Basically, since 1997—over seven years—they have done very little towards changing how natural health products are regulated, and with the bill on the table this past year, what I've seen is that they've done more in this past year than they've done in the previous eight. So I'm really pleased that we were able to move the agenda forward.

What I'm concerned about is something occurring similar to what happened to Bill C-206, if you remember, on fetal alcohol spectrum disorder. We did kill that bill, and we asked Health Canada to come back and give us a comprehensive strategy for fetal alcohol spectrum disorder, back in June. If you remember, they came back to us with basically nothing substantial.

My concern is that if we kill my bill right now—they've promised that they're going to have gazetted changes in schedule A by the end of November—I don't think they would intend to come forward with that, if there is any realization of the history of how they do business.

So what I'm asking is that we keep the pressure on Health Canada to move forward, and I'm asking for a reprieve in the execution of the bill. If we can leave it on the table and they don't do what they've said they can do, we can use this as pressure to keep them moving ahead.

Thank you very much, Madam Chair. That's what I'd like to say today.

The Chair: Thank you.

Mr. Lunney.

Mr. James Lunney (Nanaimo—Alberni, CPC): Thank you, Madam Chair.

This matter has been before the health committee for a long time. Members are aware of the history, going back to the big study that culminated in the 1998 report by the committee on natural health products, after fairly extensive consultations and deliberations. It was followed by a transition team to bring it to the Office of Natural Health Products, now known as the Natural Health Products Directorate. This report was accepted by the ministry.

Madam Chair, the report was very positive and had a vision in it that I would like to review briefly for the committee.

The transition team of some 17 experts who were commissioned to bring this act into being made some recommendations.

This is on page 48 of the report:

The Transition Team recommends that: the Minister of Health offer visible public support and promotion of the ONHP through media activities focussing on the work of the Office as well as NHP policy and/or regulatory changes; the Minister should incorporate Health Canada's commitment to NHPs as part of all public representations on wellness.

It's now the Natural Health Products Directorate.

They had a statement about wellness, Madam la présidente:

Throughout its deliberations, the Transition Team returned to the touchstone of wellness as an essential component of change in contemporary healthcare delivery. Lifestyle and prevention, rather than mitigation and cure, is becoming the focus as science validates the long-known healing powers of natural compounds.

They were concerned about a paradigm shift in health care, Madam Chair, a concern that I also share. Many Canadians have a vision that Canada could actually lead the world in health care delivery, but there's a paradigm shift that is slowly taking place. It could be accelerated by this bill. The matter before us today could accelerate those changes.

They talk about a paradigm shift on page 49:

Canadians today are taking firmer control over their own health and demanding greater access to products which they now recognize as central to a regimen of prevention, treatment and health optimization.

They speak about:

Much of Canada's ethnic community, in particular our Asian and First Nations peoples, consume NHPs as a natural part of their daily diet and as an integral component of a strategy of prevention and maintenance.

They made a recommendation on page 50:

The Transition Team further recommends that: the Minister of Health should become the 'Champion of the Cause' for wellness and work toward establishing Canada as a global leader in the evolution toward a more holistic, pro-active and wellness-centred, healthcare paradigm.

Madam Chair, they spoke about financial incentives that might advance this goal:

The Transition Team recommends that: the Minister of Health work with stakeholders and other government authorities to develop a comprehensive program of incentives which will promote greater use of prevention, wellness and self-care by Canadians.

They spoke about Codex Alimentarius and recommended that Canada notify Codex and the Codex delegation about:

...the background leading up to the Minister's announcement of the new ONHP and its regulatory regime; the definition and scope of NHPs within the new regime; the new regulatory class of NHPs as separate from food and drugs....

Madam Chair, I'd like to draw attention to the fact that what we have today is not separate from food and drugs. Although Bill C-420 would put this under a food category, what we have today is clearly a class of drugs. Frankly, what infuriated Canadians, particularly those who know the benefits of and use natural health products, was that there was an attempt to classify natural health products as drugs. Madam Chair and colleagues, that is exactly what we have today. We have a subclass of drugs. Natural health products are still being regulated as drugs today. That is not what Canadians anticipated. It's not what this transition team anticipated. It's not what the health committee recommended. They talked about legislative renewal, and the minister accepted a mandate for legislative renewal. It was many years ago. Nearly 10 years ago, we accepted a responsibility for legislative renewal as it relates to natural health products.

They make a comment about GMOs. I'll pass on that because it's another matter, but they recommended the mandatory labelling of GMOs so that Canadians might be informed.

I'll go to the conclusion:

It is with a sense of pride and accomplishment that the Transition Team for the Office of Natural Health Products presents the foregoing report and recommendations to the Minister of Health. Unanimously endorsed by members of the Transition Team, the report and its recommendations are the culmination of almost ten months of exhaustive analysis and synthesis.

I remind the members of the committee that there were 17 experts commissioned by the department to look into bringing in the regulations.

● (0920)

During the process, the Transition Team examined each of the 53 recommendations presented by the Standing Committee on Health in its landmark report *Natural Health Products: A New Vision*. The Transition Team believes that the regulatory and administrative structures proposed in this report enshrine the spirit and intent of the Standing Committee recommendations, as well as those of the original Advisory Panel on Natural Health Products.

In its deliberations, the Transition Team also developed three further recommendations dealing with the promotion of wellness. These recommendations, if adopted, would expand the mandate for the ONHP

—now known as the Natural Health Products Directorate—

to act as a catalyst for change toward a wellness-centered, holistic healthcare paradigm. All members of the Transition Team are fervent in the belief that, in addition to its regulatory authority, the Office has a leading role to play, both nationally and internationally, as an 'Agent of Change' in contemporary healthcare.

It was in this spirit that they presented this report.

A very important aspect of Bill C-420, Madam Chair—and I draw this to the attention of our researchers because there seemed to be some confusion about this point when I raised it at the last meeting where we considered this—has to do with schedule A and subsections 3(1) and 3(2).

For the benefit of the members, I remind members of what was said about schedule A and subsections 3(1) and 3(2). This is from the transition team. It's on page 42 of the report:

Sections 3(1) and 3(2) and Schedule A of the Food and Drugs Act are no longer relevant. They do not serve any purpose that cannot be accomplished adequately by other sections of the legislation or regulations.

More importantly, the schedule does not reflect contemporary scientific thought. The weight of modern scientific evidence confirms the mitigation and prevention of many diseases and disorders listed in Schedule A through the judicious use of NHPs. It is time that the legislation and regulations reflect the prevailing science.

They go on to say that paragraph 30(1)(m) of the act grants the authority to add anything to or to delete anything from the schedules of the act. Therefore, the transition team recommends that subsection 30(1) of the Food and Drugs Act should be invoked to remove all diseases listed in schedule A, and subsections 3(1) and 3(2) should be revoked through the legislation renewal initiative.

Madam Chair, colleagues, I suggest to you that the promised legislative renewal initiative that was spoken of here has not happened. There was no legislative renewal or change to the Food and Drugs Act to bring in the new NHPD. It simply arrived as a subclass of drugs, which is not what Canadians were led to believe was coming. It was not what the community that uses natural products was led to believe was coming. That, I would suggest, colleagues, is a betrayal of the public trust.

We have in Bill C-420 an opportunity to correct and put this force back on track by at least taking this recommendation and accepting it as part of the act. If we do not want to do the definition change, we can still do something very valuable in dealing with subsections 3(1) and 3(2) and schedule A of the Food and Drugs Act.

Colleagues, on that list—you've heard me say this before—I find it extremely frustrating, and I know many health practitioners do, and I know even medical doctors find it frustrating that many of the diseases listed there, whether it's among the top five, maim, disable, and hold back millions of Canadians. You have mental illness, diabetes, arthritis, and cancer all listed in there—I think I missed one, but those are the big five of diseases that hold people back. There are answers in the natural world that would greatly mitigate the relief of suffering Canadians, yet we're not supposed to tell people about it.

It's not the labelling and advertising that really is the issue; it's the fact that the department that we are supposed to have some supervision over has actually used these provisions to take products off the market, with no evidence of harm, because a health claim is being made even when it's based on sound science. That has obstructed advances in health care in this country.

As a health care practitioner myself for 24 years, I routinely advised people to take products that were obstructed by this piece of legislation. I have lived with this frustration for a lot of years, and there are others around this table who understand that very well. There are ways to advance the treatment of sickness and disease today.

Maybe it was the intent back in 1934 to protect people from snake oil, but I suggest to you that these clauses in this act have obstructed advances in health care, and we can do a tremendous service to the public by eliminating those clauses.

• (0925)

I would also say, colleagues, that it isn't often in this place that a few people and a few votes can actually make a very big difference in the lives of Canadians. I suggest to you that around this table we have that opportunity today. We have the opportunity, a small number of people, to make a decision to advance something that would have a huge impact on the health of Canadians.

You have heard me say it about folic acid and heart disease and stroke. Yet most Canadians don't know that, nor are they being told it. Folic acid will also help them with mental acuity. It is one of the best defences against Alzheimer's disease.

On my way here the last time, coming through the airport, there was an honourable senator sitting there. I went over to say hello, and on the TV to my right was a doctor speaking about folic acid and reducing the risk of breast cancer. It caught my attention. I drew it to the attention of the senator.

Yet according to the clauses in the Food and Drugs Act, you're not supposed to label, advertise, or tell people. It's bizarre, because it means that it doesn't get into the practice guidelines that folic acid, a simple few-cents-a-day supplement, might help people who are at risk of having heart disease and stroke, or even developing mental illness. It's a few cents a day, folks, and I'm concerned about it.

We have an opportunity to do something about this. I appeal to you, colleagues, as we consider this bill, to be aware that your votes will be recorded today and that this movement and a shift in paradigm in health care can either be advanced or frustrated by the decision we take today.

I have a big hope that our country might lead the world in health care delivery, and I am hopeful that this committee might.... I know there are members of this committee who have that heart as well, to see health care advance in this country, and indeed around the world. I am hopeful, colleagues, that as we look at this, we'll find a way to make a decision that will advance something that's in the interest of Canadians.

Thank you.

• (0930)

The Chair: Thank you, Mr. Lunney.

Mr. Merrifield.

Mr. Rob Merrifield: I'm going to keep it very short, but I think everyone around the committee understands the passion of my two colleagues on this piece of legislation. I think it's justified. They articulate it very well.

Before we deal with this and do something as a knee-jerk reaction, rather than something that we've thought through really clearly, and kill this bill, I would prefer, and I actually implore the committee, to consider waiting to the end of November when the directorate said it was going to accomplish something. That is only a month away. It is a very simple thing for this committee to do and a reasonable compromise.

I would therefore suggest we table this until November 22.

The Chair: Are you putting that motion forward right now?

Mr. Rob Merrifield: Yes.

The Chair: We actually have a motion on the table right now, but it's—

Mr. Rob Merrifield: I think a tabling motion takes precedence, because we are tabling this bill.

The Chair: Well, we haven't moved on to the actual clauses of the bill, but I suppose—

Mr. Rob Merrifield: I'm tabling this motion, because if we want to kill it at that time and we think the directorate has done its job, that's fine. If not—

The Chair: Okay. Mr. Merrifield is suggesting that we suspend consideration of Mr. Thibault's motion until the end of November. Is that right?

Mr. Rob Merrifield: November 22, I think would be the date.

The Chair: November 22. Okay. A motion to table always takes precedence. I believe there's no debate.

[Translation]

Mr. Réal Ménard (Hochelaga, BQ): The motion is out of order.

[English]

The Chair: Ms. Chamberlain has her hand up on this motion only.

[Translation]

Mr. Réal Ménard: On a point of order, Madam Chair.

We have a main motion that proposes a number of things. In essence, Mr. Merrifield is proposing that we suspend discussion of Mr. Thibault's motion until November 20th. How is this motion in order, given that we have not disposed of the main motion? I'm just trying to understand.

[English]

The Chair: The clerk tells me it's in order.

I also have a question. If we suspend this motion, do we then go on with the clause-by-clause, or does that apply to the whole thing?

A voice: It would apply to the whole thing.

The Chair: It would apply to the whole thing. So this motion to suspend discussion of Mr. Thibault's motion until the end of November would put the whole business over until the end of November.

Ms. Chamberlain.

Hon. Brenda Chamberlain (Guelph, Lib.): According to Colin, one of the problems a lot of people have had with this bill is to put it under food. That's the big problem, because it's not a food. It simply is not. I know you want it to be, but it's not.

Mr. Rob Merrifield: I think the compromise was to get rid of definitions and just deal with subsections 3(1) and 3(2).

Hon. Brenda Chamberlain: Well, I'll get to that if I could just finish what I was saying.

Just to clarify, I'll say I think a lot of people would like to see some things done in this, so I could support the deferral motion. I have no problem with that if we can get the department to do the things we want, but I do not support this with respect to food. I absolutely do not and cannot—cannot—and if we're going to move to that, then I want to kill it. It's that simple. If there's agreement that you're flexible on that....

The Chair: Mr. Thibault.

Hon. Robert Thibault: Madam Chair, Bill C-420 has been extensively reviewed by this committee over the last year. It's clear from the science-based testimony of witnesses—

Mr. Rob Merrifield: Can you debate a tabling motion?

The Chair: Well, it's suspending debate on it. Because you gave the dates, it becomes debatable.

Mr. Rob Merrifield: So if it was tabled, that would just kill it.

[Translation]

Mr. Réal Ménard: I don't understand how this motion can be deemed in order.

[English]

The Chair: Mr. Thibault has the floor.

Hon. Robert Thibault: It is clear from the science-based testimony of witnesses that regulating natural health products as food would have a detrimental impact on consumers. The natural health products regulations are the appropriate framework for the regulation of these products and reflect the views and needs of Canadians. They ensure that Canadians have access to safe, effective, and high-quality natural health products.

In their testimony from October 4, departmental officials clearly demonstrated very substantive progress in improving the rate at which licence applications were being assessed and issued. Over the last four months Health Canada has issued nearly three times the number of licences as in the previous year and a half, without compromising safety. Moreover, the committee heard how Health Canada is developing the electronic form to expedite the review process.

I am confident that the department will continue to implement measures to build upon this productivity and to improve regulatory performance. Similarly, Health Canada is taking action to modernize section 3 in schedule A of the Food and Drugs Act to reflect scientific and medical advances and to ensure that Canadians have access to reliable product information to make informed decisions about their health.

As department officials noted on October 4, Health Canada convened a scientific panel in September of 2005 to review and update the diseases and conditions listed in schedule A. The panel is currently drafting the report of proceedings. It is anticipated that the proceedings will be provided to Health Canada by the end of October. Once available, they will be posted on the Health Canada website and provided to committee members.

Health Canada intends to proceed with regulatory amendments in order to modernize how it achieves the objectives of section 3 in schedule A of the Food and Drugs Act while supporting Canadians' ability to make healthy choices and informed decisions about their

health through trustworthy product information. During their appearance on October 4, department officials committed to the publication of the amendments in the *Canada Gazette*, part I, by the end of November.

Given all the pressing issues the committee has before it and given the recent progress of Health Canada in addressing the concerns raised by members of the committee and witnesses, I think it would be reasonable that we not proceed with consideration of this bill.

Again, the scientific advisory panel on schedule A is expected to submit its report of proceedings to Health Canada by the end of October. It will be available to all. As Health Canada witnesses indicated on October 4, the department is committed to modernizing section 3 in schedule A of the Food and Drugs Act. That might mean eliminating all the scheduled ailments. To this end, it intends to prepublish a regulatory amendment in the *Canada Gazette* by the end of November. Following prepublication, Health Canada officials could be invited to appear should any members of the committee not be content with the way it's proceeding.

Madam Chair, what I would suggest to you is that if we wait until the end of November, then we're into December, and who knows how long it will take to get this out of the way? We end up with a few more meetings on this subject. We've done a full consideration. We have a huge list of topics and items that we as a committee have said we wanted to advance on, that we wanted to study. Members of this committee have, as recently as the last meeting, brought forward issues of great concern to members of the committee and the Canadian public, issues they want dealt with.

We're already looking at scheduling an additional meeting, perhaps more than one, to deal with the question of breast implant devices, as was mentioned last time. I think we've done an exhaustive study of this. I think it's time for this committee to go on.

We understand and have made it clear to the department what the wishes of the committee are: to be able to have science-based promotion of these products where it is reasonable and to have a modernization of schedule A. If it means eliminating every disease on it in the modernization, that's it. Experts are working on it currently and are providing information and advice to the department for it to proceed.

Therefore, Madam Chair, I would suggest that we proceed with my motion, and I would ask, Madam Chair, whether this motion does not take precedence. Notice of that motion was given previously. We started working on it at the last meeting. We come back today and that motion is on the floor.

● (0935)

The motion that has been made by the member to table is, in my opinion, equivalent to voting against my motion. He will have an opportunity once my motion is dealt with. At that point we can defer clause-by-clause should my motion not carry, but if my motion does carry, then we will go on to what the objectives are and what have been shown to be the primary responsibilities and desire of this committee.

● (0940)

The Chair: Thank you, Mr. Thibault.

Ms. Crowder.

Ms. Jean Crowder (Nanaimo—Cowichan, NDP): Madam Chair, I agree with my colleague that prevention and wellness are paramount, and we really do need to be working on initiatives that support prevention and wellness in Canada.

My understanding of procedure around here is that if we kill this bill, there is still a mechanism for the committee to deal with schedule A. I certainly understand that there's a great deal of interest in looking at schedule A, and that the department has made some commitment to come back to us on their progress.

There are grave concerns. The minority report from 2003 raised some grave concerns with outright repeal of schedule A, so I feel we should kill the bill and look to the department to come back to us at the end of November on their progress on schedule A, and give the committee an opportunity at that time to deal with the schedule A proposed amendments.

The Chair: Thank you, Mrs. Crowder.

Mr. Carrie.

Mr. Colin Carrie: I just wanted to take issue with one of the things put forth in the motion Mr. Thibault read out, that the committee heard convincing science-based testimony from witnesses who have indicated their support for the current natural health product regulations. It is clear, based on the evidence, that regulating natural health food products as foods would have a detrimental impact on consumers, because with very few exceptions, foods are not subject to pre-market review and food labels do not provide treatment dosage or warning information.

I'd just like to clarify that we have actually heard conflicting testimony. It wasn't clear and unanimous testimony.

I also wanted to bring forward to the committee's attention that I actually did put forth, in clause-by-clause, that I would be willing to delete the definition part of it so that we could deal with schedule A and subsections 3(1) and 3(2) separately, because I know we have not had unanimous agreement on changing the definition. I just wanted to put that on the record and make it clear.

Thank you.

The Chair: I'll just read the motion as written out by the clerk, because you really haven't seen it; you've just heard it once. It is that the committee suspend consideration of Mr. Thibault's motion and clause-by-clause study of Bill C-420 until November 22, 2005.

Are you ready for the question?

Mr. Réal Ménard: Could you repeat that, please?

The Chair: That the committee suspend consideration of Mr. Thibault's motion and clause-by-clause study of Bill C-420 until November 22, 2005.

Okay, Mr. Ménard?

Mr. Thibault.

Hon. Robert Thibault: On a point of order, Madam Chair, I raise the point that it's my understanding that my motion would have precedence. Could you indicate whether or not that is the case?

The Chair: No, a motion for what we call tabling and they call suspending consideration has precedence, according to the clerk. I asked him that.

(Motion agreed to)

The Chair: That closes our business on Bill C-420 until November 22.

The next piece of business is a motion by Mr. Thibault.

Hon. Robert Thibault: Madam Chair, I could save time by indicating that I wish to withdraw that motion.

The Chair: Mr. Thibault is withdrawing the motion on cancer and chronic disease.

The next motion is from Mrs. Crowder, about a study on silicone breast implants.

Mrs. Crowder, would you like to speak about your motion?

Ms. Jean Crowder: Yes, I will speak briefly, as the committee has had extensive conversation on this in the past. The committee had asked me to come back with a motion that was clearer in terms of the amount of time I would be asking the committee to spend on this. What I did was reword the motion to ask that the committee request that the minister make available to the committee all pertinent information, including the minutes from the scientific advisory panel, the report of the public forum, results from the 1996 cohort study, and any other studies commissioned by Health Canada on breast implants and their health effects. The intent would be to have the committee spend one meeting looking at the information that was available and then determine if it would want to take any further action on that initiative.

Once the committee had an opportunity to examine the studies, it could determine if there were gaps in the information and if further clarification would be required. It could then make specific recommendations for the minister on action that could be taken. The previous motion actually dealt with asking the minister to delay making any further decisions on the silicone gel breast implants, so I think this motion sets some limits on what we would be asking the committee to do.

• (0945)

The Chair: I agree with a lot of what your motion says, but I'm concerned about the phrase that says "until the Committee has completed a study of the issue". In the parlance of this place, a study implies quite an in-depth exercise. You didn't put qualifiers in your motion such as you put in your speech.

Ms. Jean Crowder: So if I say "has completed a review of the available information"...?

The Chair: I think that would be more in tune with what you've said. What I'm seeing is a discrepancy between what you just said and what is actually written here.

Ms. Jean Crowder: I was conscious of the fact that the committee wanted some definition around the time, because I heard concerns in the last meeting that people didn't want to see this go on for many days, given the amount of information that was before the committee. I would be prepared to change this to say "complete a review of the information requested".

The Chair: Okay. So you're amending your own motion to say "the Committee has completed a review of the pertinent information"?

Ms. Jean Crowder: Yes.

The Chair: Did everybody get that—"a review of the pertinent information"?

And "As part of this review", Mrs. Crowder—the next sentence....

Ms. Jean Crowder: Yes, okay, "As part of this review..."

The Chair: The idea you're suggesting to us is one or two meetings, no more?

Ms. Jean Crowder: Yes.

The Chair: No more. Okay.

Mr. Thibault, are you speaking to the motion?

Hon. Robert Thibault: Yes, to the motion. I understand the intent, but pursuant to the discussion we had on this subject here last time, I think there's a fine line that I don't want to cross. I don't want to put myself in the position of deciding whether or not any of these devices, or any pharmaceuticals, are safe or unsafe. I don't have the background and the expertise to get into those questions.

What is of concern to me as a member of this committee is to ensure we have the proper processes to evaluate the proper systems. I think it's our duty, as I mentioned before, to examine such things and put those questions forward and make sure the Canadian public has confidence in the system that determines the acceptability for licensing of these products. If there isn't that confidence, then the system obviously would have to be changed in a way that gets confidence.

Perhaps the first step we should take—to Madam Crowder through you, Madam Chair—I would suggest, is to say we want to look at questions regarding this panel: how it was established, what its role is, where it's going. If we took that step—and I think departmental officials are prepared to come at the call of the committee—to review that information, then subsequent to that, with all of us having the information before us fully after having seen the officials, we could come back to the question of your motion, which is what the follow-ups are and what we should be doing.

Right now, I think this motion would bring us to two tracks: one is looking at the process and calling in departmental officials, seeing about this panel, seeing whether indeed it can operate in an unbiased fashion and feed the decision-making process; the other is looking at the scientific information or evidence that's being considered by the department in the process of advising the minister whether or not....

I think there are a lot of misconceptions about the panel. The panel does not make a decision. The panel is a way for the public to have access and input. Rather than my going into a long dissertation about the way it works, I think we've agreed we would bring officials forward and go through it. I think that would be the first thing to go through. If after that the committee doesn't have the level of confidence required and wants to do further study or further review in other areas, then I think Madam Crowder's motion might be appropriate. She may want to modify it at that time and redefine exactly what it is we want to do.

I couldn't support this motion before having heard from these officials and understanding the process better.

• (0950)

The Chair: Mr. Merrifield.

Mr. Rob Merrifield: For clarification, do we have them scheduled to come at a specific time?

The Chair: There's a suggested but unconfirmed date next week. But Mr. Thibault tells me they're ready to come, so it means I have to get your permission to ask them. But Mr. Thibault has done the legwork behind the scenes, and they are ready to come.

Mr. Rob Merrifield: I think that's really what you're after initially.

Actually, Mr. Thibault, I'm trying to get it straight. Mr. Thibault is saying bring them, let's hear what they've got to say, and then examine whether we need to go further into the study.

If I'm understanding Ms. Crowder, she's saying we've got all these reports we've asked for before, we haven't seen them, so cough those up first. Is that right?

The Chair: I think that's essentially what's happening.

Ms. Jean Crowder: Yes. I might briefly say that if we had confidence in the process, we wouldn't have to continue to ask for reports dating back to 1996 that we still cannot access. I think that's the issue. The reason I have specifically asked for these reports is they've been asked for continuously. Mr. Merrifield asked in 2003. So we don't have confidence in the process, and there are two separate things: there are the scientific panels, which is the current process, and there is this long line of information the committee has asked for, in various iterations, over a number of years.

I think it's important that we still continue to ask for this information. We can determine whether we need to do anything else with it once we get it, but if we can't get the information, we can't determine anything. I would agree most of us are not doctors and scientists, yet that does not prevent this committee from making recommendations on any number of health issues. That's what the committee is for.

The Chair: Mr. Thibault.

Hon. Robert Thibault: I'll speak precisely to some of those points. There is the study Madam Crowder and the committee have asked for a number of times. It's not the property of the Department of Health. It is commissioned by the Department of Health, the Government of Canada, as well as Quebec and Ontario. Now the department is working with the provinces to be able to supply it. That's not a problem and—

The Chair: That's one study.

Hon. Robert Thibault: Yes, it will be done eventually.

I share your frustration at the speed of some of these activities, as I'm sure do a lot of the departmental officials. But as far as the information provided to the panel, the minutes of the panel and so on, it's my understanding the panel will be providing a report. Some of the information provided in the process of feeding that decision may be proprietary, but some of it is available. I think the proper place to start is when we get experts coming in from the department, we can have those questions with them. They're the best people to ask. We might be able to clear up the concerns of the committee in regard to having the pertinent information.

If further action is deemed necessary after that, we could come back to that motion. But I'm suggesting that perhaps that motion is premature and not needed at this time, and that the first step is to meet the officials to see if we can get satisfaction from them.

The Chair: Mr. Savage would like to speak.

Mr. Michael Savage: Thank you, Madam Chair.

I'm entirely in support of the need for attention to this issue, which has been raised by Ms. Crowder and Ms. Demers to this committee.

On October 6, we passed a motion that said, among other things, that we would urge the Minister of Health to "temporarily stay this panel and its proceedings, to not make a decision or proceed, until such time as the Minister has appeared before the Committee...".

I understand there's a lot of information that needs to be brought to this committee, but I can't support this motion. I can't support us doing more studies until we have in some way addressed some of the three issues we identified a year ago as the priority for this committee—some of which, I suspect, members can't even remember. I think we have a meeting, we have an opportunity to talk to Health Canada officials, and I think for now we need to go with that. I will not support this motion specifically.

● (0955)

The Chair: On this topic, the clerk has just handed me a list of all the motions passed.

On May 19, we passed a motion calling for the production of papers and the minutes of proceedings from a meeting held March 22 to 23, etc.

On June 2, we passed a second motion requesting that "the production of all studies on breast prostheses in the last ten years including the breast implant cohort study, and recommends that the Minister of Health refrain from issuing licences until the Committee has examined the issue".

On October 6, we found out that the assistant deputy minister could not produce certain of these papers, and we passed a motion asking the chair of the advisory panel to send us his minutes.

On October 4 and 6, we considered another motion. But on October 4 to 6, we did pass this one that Mr. Savage has...

So it is not as if we haven't paid attention, and it is not as if we haven't expressed our opinion. But I understand Ms. Crowder's frustration, because we haven't seen one piece of paper—not one. We've asked for four or five different things trying to get around their reticence. We've got nothing.

Hon. Robert Thibault: Perhaps I can explain, Madam Chair. One of the elements of one of the motions is asking for all studies. I understand that the only study is the cohort study that the department has commissioned in conjunction with the two other jurisdictions, Ontario and Quebec, as I just mentioned. Again, it might suggest that we're asking for a pile of papers and we're being refused, but the pile of papers is one paper, and there's an explanation as to why we don't have it.

As to the other information surrounding and ancillary to the work of the panel and the work of the department in evaluating those devices, as I understand it, some of that material can be proprietary. Some of that information can be public. The best people to answer those questions for us are the people who are going to be appearing before us as quickly as the chair invites them, in accordance with the desire of the committee as expressed last meeting.

The Chair: I should also share with you the tentative schedule the clerk has given me. It would put the meeting with the minister and/or health officials with regard to silicone breast implants a week from today, on October 27.

I'm wondering if Mrs. Crowder might consider withdrawing her motion, with the promise that we consider it at the end of the meeting we're to have with the officials.

Ms. Jean Crowder: Yes, Madam Chair, I would be willing to table the motion until the end of that meeting. I'm experiencing a great deal of frustration, though, as are others, about our inability to get access to information that is important to the lives of Canadian women and men. That's the reason this has come forward. As you've pointed out, we have requested information a number of times and we haven't gotten it.

I just think this is an important issue. I do respect the committee's agenda, but issues do arise that are timely. Because of the fact that the scientific panel is in its process, that has made a difference in terms of when we might need to consider it. Two years down the road won't help Canadian women and men.

The Chair: Exactly.

I have to congratulate the clerk for being ahead of the game on scheduling this meeting, anticipating what we might want based on a series of motions we've passed, but she has scheduled it for a week from today. Mrs. Crowder has now agreed—we don't need a motion to do this because the mover herself did it—to pull it back and present it at the end of the meeting when we speak to the officials who arranged this panel and the public hearings attached to it. I think they can also explain to us why they can't give us the papers, if that's the case, as Mr. Thibault says.

Mr. Fletcher, there is now no longer a motion on the floor.

Mr. Steven Fletcher: No, my comment was on the larger question—namely, why isn't this committee receiving the information in a timely manner? Could you enlighten me on the process? Is it you, is it the clerk, is it the parliamentary secretary...?

The Chair: We never had trouble with this in the past. My understanding of this situation is that the scientists who are the authors of the study have proprietary rights to it. They have to release it. My guess is that they're trying to get it published, for which they will get money. If they share it with us and we discuss it in a public forum, the news within it will be out there in the public domain and it will become worth nothing. But I'm just guessing that's what it is.

●(1000)

Mr. Steven Fletcher: Is there a way of addressing that, even if we do it in camera?

Hon. Robert Thibault: I have to make a clarification here. When I used the term “proprietary”, I was not talking about the 1996 cohort study.

The Chair: No, no.

Hon. Robert Thibault: The 1996 cohort study was commissioned by three jurisdictions: the federal government, the Government of Ontario, and the Government of Quebec. As I understand it, but we'll get better information a week Thursday, we can't distribute it without the agreement of the two. We're seeking the agreement, and as I understand it, there's nothing to indicate that we won't get it.

What I was suggesting might be proprietary, might be difficult, is what Madam Crowder was referring to—all the information and evidence that's being considered by the Department of Health and the scientific panel in feeding the decision.

The Chair: From the companies.

Hon. Robert Thibault: From the companies, and maybe even from individuals who might have pre-published papers that they've given to the committee and asked not to be distributed.

I don't have those answers, but I am suggesting that the people who do will be appearing here.

Mr. Steven Fletcher: But if it's the governments of Ontario and Quebec, how is it in their interests to keep it confidential? It doesn't make any sense.

Hon. Robert Thibault: Again, I don't know that there is that desire. As I understand it—and next Thursday we can get that information from people who would know—we can't distribute it without their agreement. I don't think there is a desire from them to withhold it for the long term. I don't have any information on that basis—

Mr. Steven Fletcher: Can you find out?

Hon. Robert Thibault: —but I don't think we can compel these people to give over a product that is theirs. They have to agree. It is their report.

Mr. Steven Fletcher: Well, who's pushing for the agreement then?

The Chair: That's what Mr. Thibault could maybe find out. Have we actually asked Ontario and Quebec, and have they given their permission?

Hon. Robert Thibault: It is my understanding that we are in discussion with them and that it is forthcoming. But again, that's the information I get from the department when I pose that question. The people who are in the best position to answer that question will be appearing here a week Thursday.

The Chair: Okay. Is everybody satisfied now? Good. We'll leave that motion aside for the moment and I'll go back to this list.

The next thing to think about is the motion of Mr. Ménard's that passed on October 6 regarding having people in to talk about the national AIDS strategy.

The clerk again has done an excellent job and has arranged that meeting for Tuesday next week. Those people can come, so we'll cover off the result of that motion you passed next Tuesday. We'll cover off the thrust around silicone breast implants on Thursday.

On the future business of the committee, Mr. Ménard has put forward a motion asking the public health minister to appear before us on the planning around the avian flu.

If we could get unanimous consent to hear this from Mr. Ménard, we do have time this morning.

[*Translation*]

Mr. Réal Ménard: All right.

First of all, I asked that the public health minister come before the committee to explain to the committee the plans in place to deal with the avian flu. I believe the Agency is now responsible for this issue. For the past week, there have been reports on the evening news about avian flu. According to the reports, Canada has stockpiled large quantities of anti-retroviral drugs, not vaccines per se, because there isn't a bird flu vaccine as such. I'd like to hear more about the planning. According to the reports, there could be shortages of the drug in Quebec and Ontario. I'd like the committee to look into this.

As well, Madam Chair, before we conclude our work, I'd like to know how the committee intends to follow up on the motion passed concerning tobacco. As we know, officials have until October 30 to initiate a campaign to ensure compliance with certain pieces of legislation. I'd like to invite officials here, along with RCMP and Health Canada officials, to give us a status report.

That is the substance of my two motions. In my view, it's important for us to get the information we need about avian flu.

●(1005)

[*English*]

The Chair: Those are two subjects, but I think Mr. Ménard has explained that he wants the public health minister and the relevant officials to come to talk about avian flu. It is a pretty simple motion. He's explained it to us. Can I call the question?

Mr. Thibault wishes to speak to it.

[Translation]

Hon. Robert Thibault: I totally agree with you. This is a timely issue indeed. However, I think we need to be flexible. Perhaps the Minister of Health will want to have Ms. Bennett and, of course, Dr. David Butler-Jones, accompany him to the meeting.

[English]

Mr. Rob Merrifield: The CFIA has quite a bit to do with that as well, so we should give them the freedom to bring whoever, to be able to give us the information. There's no point in getting just some of the information. We might as well ask for whatever information they have with regard to that.

The Chair: Shall we get somebody from the CFIA in as well? Is that agreed?

All in favour?

Some hon. members: Agreed.

[Translation]

Mr. Réal Ménard: Madam Chair, can we vote on the motion concerning tobacco?

Hon. Robert Thibault: We shouldn't really.

Mr. Réal Ménard: You don't think we should discuss this right now?

Hon. Robert Thibault: No.

[English]

The Chair: There is a hangover motion that the clerk has right here in front of me. I just can't believe how organized she is; she anticipates what you're thinking about.

Mr. Ménard's motion passed on May 19, and I guess nothing has happened since. It says:

1. That Health Canada, together with the RCMP and the agencies responsible for enforcing the Acts concerned, initiate a campaign to ensure the compliance of the Tobacco Act and the Excise Act, 2001. The campaign must be carried out in Montreal, Toronto, Vancouver, Halifax, Akwesasne and Kanesatake from May to September 2005. Health Canada must report back to the federal Minister of Health by September 30, 2005, and the federal Minister of Health must table a progress report to the Standing Committee on Health by October 30.
2. That the federal Minister of Health and the public safety minister report to the House annually, on the status of cigarette smuggling in Canada.
3. That Health Canada ask the Canada Revenue Agency to no longer issue tobacco licences for the manufacture of cigarettes for the following two years, that is, May 15, 2005, to May 15, 2007.
4. That Health Canada, in conjunction with the Department of Finance, estimate the turning point for the tax rate on tobacco, with the double goal of combating tobacco use and increasing tax revenues. That this study be tabled jointly before the Standing Committee on Health and the Standing Committee on Finance by October 30, 2005.

—and that this committee then report and make recommendations to the House of Commons.

We passed this, but did they do the study? Did those agencies do this study?

[Translation]

Mr. Réal Ménard: That's what we need to find out. This motion was passed by the Standing Committee on Finance. I believe RCMP and Health Canada officials are supposed to come and give a status report. That was the purpose of the motion.

[English]

The Chair: Mr. Thibault, tell us what you know.

[Translation]

Hon. Robert Thibault: We discussed this problem with Mr. Ménard when the motion was initially brought forward. The motion called for assigning to the Minister of Health responsibilities that do not come under the department, for example, responsibility for inspections. As we know, Health Canada is investigating cigarette manufacturing, not retail sales or smuggling operations, areas that come under the jurisdiction of the RCMP and of other groups.

Who is responsible for following through on this motion? Which committee will handle this and how will it proceed? I can't answer these questions, but I'm certain Health Canada will not be the primary on this. Rather, it will be the RCMP or some other agency.

I'll take it upon myself, Madam Chair, to check with the Minister's office into the ramifications of this motion which affects several committees. I don't believe the Standing Committee on Health has been tasked with looking into this matter. I think this is more a matter for the Standing Committee on Justice, Human Rights, Public Security and Emergency Preparedness.

Mr. Réal Ménard: We need to be clear about this. There are three departments involved. Everything was explained to us the last time.

[English]

The Chair: Mr. Fletcher would like to comment on this motion.

Mr. Steven Fletcher: This motion was passed on May 19, and I wonder why the parliamentary secretary is raising it now.

You said you wanted to ask the minister or find out if it was even something the minister would deal with. Isn't it a bit late to be asking that question?

Hon. Robert Thibault: No, not at all. It is my presumption, but presumption only, but because I haven't been apprised of follow-ups and it hasn't been brought to this committee by the minister.... It was probably decided in its response that it was not the Minister of Health who was the appropriate minister to take the lead, and it's probably being done by another department. So I will ask that question. But that's my presumption.

● (1010)

Mr. Steven Fletcher: But you should have done that in May.

The Chair: Mr. Fletcher, with all due respect, it is not your job to define the jobs of others. You just have to take care of your own job.

Mr. Steven Fletcher: No, but I can critique the jobs of others. I have no problem with that.

[Translation]

Mr. Réal Ménard: Madam Chair, the issue must be made clear. Last time around, we explained how cigarette smuggling operations were taking place in Toronto, Vancouver, Montreal and Halifax. Three departments are involved and they must testify before the committee.

Health Canada is responsible for cigarette labelling. Some of the cigarettes sold in Halifax, Toronto, Vancouver and Montreal do not comply with the mandatory labelling regulations that this committee has reviewed. This area is Health Canada's responsibility.

The RCMP, not Health Canada, is responsible for excise tax payments. RCMP officials must be called before the Health Committee. Excise tax compliance is also a public health policy component.

There are financial implications to this question as well. The Standing Committee on Finance also adopted this motion. The issue here is to examine just how high cigarette taxes should be and at which point taxes really deter people from smoking.

This motion involves several departments. I fully agree with Mr. Thibault that this is not Health Canada's sole responsibility. I'd like to see the clerk extend invitations to the RCMP, Health Canada and Finance Canada. We need to follow up on a motion that was passed by several committees. There was some concern expressed that these motions would not give rise to debate in the House. I responded that the objective was not to debate the matter for nine hours in the House, but to be better equipped to understand the situation.

As a result of cigarette smuggling operations in my riding, some corner stores have gone out of business and jobs have been lost, not to mention that a number of public health concerns have arisen. The motion was agreed to in May. Departments have until October 30 to report back and they need to come and give us a status report.

[English]

The Chair: It's the regular price. I understand.

I think the thrust of Mr. Ménard's attempt is very good, but I think to be fair, we should find out whether Health Canada has done anything, and maybe I should write a letter to the Solicitor General and ask whether the RCMP has done anything, and maybe I should write a letter to the chair of the finance committee and ask whether their finance officials have figured out this turning point, because as you say, there are three aspects. The health officials and our parliamentary secretary can't be expected to know what the RCMP is doing.

[Translation]

Mr. Réal Ménard: We need to hear from officials.

[English]

The Chair: Pardon me.

[Translation]

Mr. Réal Ménard: We need to hear from officials, but to which committee should they be called to testify?

[English]

The Chair: Well, that's not what the motion says—yes, it is.

And it's not your birthday either, Mr. Merrifield.

Mr. Rob Merrifield: No, it's not my birthday either, but it is my turn. In my turn I want to say that actually what you're asking for is a report that is premature. October 30 is when you've asked for the report to be done. We're two weeks ahead of that, at least.

I don't have a problem with that information coming before us. First of all, I want to look at the report and at that time determine whether we need to follow it up. I think we're well intended but probably two to three weeks ahead of where we should be.

The Chair: Do you think I should write a letter to the Solicitor General in order to remind her that we're looking for this?

Mr. Rob Merrifield: There's nothing wrong with it. I'm sure our parliamentary secretary is going to take this immediately to the appropriate people and get the information.

The Chair: He has no clout with the Solicitor General.

Some hon. members: Oh, oh!

Hon. Robert Thibault: Madam Chair, first, I understand there is a concurrence motion on this issue and it will be before the House of Commons, and I'm sure the information that will be brought under debate will answer some of our questions—hopefully.

Second, perhaps the way the chair might want to approach this is to contact the government House leader. I suppose that might be the proper channel, because when you look at it here there are about three or four departments that are involved. I don't know who has the lead. I would assume that because it's coming from three committees, one department has been given the lead to put the response together on this. So perhaps that might be an avenue.

[Translation]

Mr. Réal Ménard: To which motion are you referring?

[English]

The Chair: Well, maybe you could ask the government House leader to get a report on all this.

• (1015)

[Translation]

Mr. Réal Ménard: Madam Chair, to which motion is the parliamentary secretary referring? When you say there will be a debate in the House, are you referring to a debate on a motion, or to a debate further to the tabling of a report?

Hon. Robert Thibault: I don't know if it will be a committee report, or a meeting in connection with your motion.

Mr. Réal Ménard: I think we need to have this information before we table our report, whether to the Standing Committee on Health, or to the Standing Committee on Justice, Human Rights, Public Security and Emergency Preparedness.

What matters to me is that we get an explanation of some kind from RCMP, Health Canada and Finance Canada officials. They are not above Parliament. From the moment we vote on a motion...

[English]

The Chair: Mr. Ménard, you've already heard that Mr. Merrifield has said what I think would probably capture most of us, and that is, he would like to get the reports that we asked for and then decide whether he needs to talk to these people. And your motion doesn't say that they all have to come before us. You'd have to put another motion forward and see if it carries, that not only do we get a report, which this motion says, but that they come before us and explain. That motion will come after we get something on paper from them and we analyze whether or not we want to call them.

[Translation]

Mr. Réal Ménard: Will you make certain that we receive the report referred to in the motion?

[English]

The Chair: Of course, this is all presuming that they did something they can report on, which they may not have.

[Translation]

Mr. Réal Ménard: However, if they've done nothing, then they're in contempt of Parliament and the committee must impose sanctions.

[English]

Mr. Rob Merrifield: That's not abnormal. Nonetheless, I don't know if there's any point in discussing it any further. Let's get the report and find out if it's done and bring it back.

The Chair: Exactly. So we have our little plan for next week. We have given Mr. Thibault a lot of work to do for us.

The researchers also have already set out the terms of reference of the study on prescription drugs. And on that topic, I don't know if any of you had a visit from officials from the CIHR, but I had four people in yesterday, two researchers and two people from CIHR. They were very thrilled with our first report on prescription drugs called *Opening the Medicine Cabinet*. They were even more thrilled when I told them that the original report was modified by a new committee that was formed that didn't hear the evidence, and that it was quite watered down.

I said, if you'd seen the original report you would have been even more thrilled. Interestingly enough, we mentioned post-market surveillance in that, although we didn't expand on it. They have a researcher who's been developing a plan. They also have opinions about Infoway and the electronic health record. They've been looking into all those things that we were talking about. I feel like we have a support team. It was all very good.

Anyway, the terms of reference, I'm hoping, will come before this committee on the Tuesday of the third week of this session. We're in the first week, and next week is taken care of, but the point is, if we don't get started on this thing soon...and in order to get started on it, I would ask you to try to refrain...until we clean up this work, which is really all hangovers from motions. I don't want to say never bring a motion, but I have never seen a committee with more motions than this bunch—the new bunch.

Is that not right, Brenda?

Hon. Brenda Chamberlain: It's absolutely true.

The Chair: Brenda is the most long-standing member, and Rob.

Hon. Brenda Chamberlain: I've become increasingly frustrated, because a lot of times I feel that we don't complete anything. We just keep—

The Chair: Having these little short discussions—

Hon. Brenda Chamberlain: And referring and moving. What we did today at least has a sunset clause, which pleases me to no end, because at least you know you're referring it to come back for an exact purpose.

But since you did refer to me, I do want to say something—and I won't bring a motion.

You know my number one issue—and I think it is so with all Canadians—is the waiting times. I think it's shocking that we heard it's possible they may not come in on time. We do need a report at

the health committee, somebody to come. I know the minister is saying now they're going to come. I'd really like some reassurance at the health committee. So perhaps when he comes, that's something we could have addressed, because we have to have these times—

The Chair: If the minister comes on this other subject, do you want to reserve a moment to ask him questions on that?

Mr. Réal Ménard: Ottawa is not responsible for that. That's the problem.

Hon. Brenda Chamberlain: That's fine, but that's your position. My position is that we are responsible to help Canadians get the health care they need, and that's what this committee will do. So it's fine that it's your position, but this is my position, and I'm making a plea to the rest of the committee to try to move that along and put pressure every moment we get.

● (1020)

The Chair: You can have one question on that if the minister comes for this other thing. I'm not sure if he's coming or if we're just getting the officials. But he will be coming for supplementary estimates, which isn't too far away, so you will have a chance at him.

Are there any other points?

Mr. Fletcher wants to sum up.

Mr. Steven Fletcher: Actually, I think Ms. Chamberlain brings up a very good point, but I want to get clarification on where we are on the online pharmacies. Also, I would like to point out that it's very rare that Parliament has sat when the government has had very little legislation to bring forward to committees as well.

The Chair: I went for two or three years on HRDC without one piece of legislation.

Mr. Steven Fletcher: That's maybe why we have the wait time crisis.

The Chair: No, it's not that at all. There's a cycle, and certain departments have their turn.

Mr. Steven Fletcher: Nevertheless, some of those motions are important, and I do think they have an impact on Canadians and show that this committee is highlighting issues.

On the online pharmacies, I know Health Canada is doing some consultations at present. We did pass a motion at this committee that we would study the issue, and we haven't moved forward on that as much as I would like.

The Chair: Thank you, Mr. Fletcher.

I don't really have an answer on that, but I think Mr. Thibault can ask the minister what stage we're at with it.

Mr. Steven Fletcher: What stage is this committee at? We made that a priority for this committee too.

Ms. Bonnie Brown: No, we didn't make—

Hon. Robert Thibault: As a point of clarification, as was pointed out by the chair and Mr. Savage and many others, we had outlined the plan for the work of this committee, but we've been spending a lot of time dealing with other issues.

The Chair: Motions.

Hon. Robert Thibault: You had an opportunity this morning to advance one, but you defeated my motion. Things like that happen. When we come up with issues such as Madame Crowder, Madame Demers, and the chair have brought up on the question of implants, I consider that to be very important and it sometimes takes precedence. But again, at what point are we going to get back to our agenda and do that work that we set out to do?

Mr. Steven Fletcher: Well, I hope no decisions will be made on the issue of online pharmacies until this committee has made—

The Chair: You don't have the floor, Mr. Fletcher. I haven't called your name. You don't just come in on your own.

Mr. Merrifield is correct. The meeting is deteriorating. I now call this meeting adjourned.

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

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

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