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Chair

Mrs. Joy Smith

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• (0905)

[English]

The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)): Welcome to the health committee. I want to especially say to you that it's a special day today. I'm very happy to welcome the minister to our committee meeting this morning. The committee, as you know, is studying the supplementary estimates (A) for 2007-08 under Health, pursuant to Standing Order 81(5).

This morning, as I said, I welcome Minister Clement and his officials, as well as officials from the Public Health Agency of Canada.

I would just say that the procedure today is going to be that we're having a presentation from the minister, and then following that I will give you your allotted times and we'll be able to have time to ask some questions of the minister.

So welcome today, and we so look forward to your presentation this morning, Minister.

Hon. Tony Clement (Minister of Health): Thank you very much, Madam Chair, and let me take the opportunity to wish everyone a good morning and to welcome the committee's newest members and congratulate Madam Chair on her election.

I would like, as I begin, to introduce some of the senior officials who are attending with me here today. First, from Health Canada, I have Deputy Minister Morris Rosenberg and Chief Financial Officer Alfred Tsang. From the Public Health Agency of Canada I have the senior assistant deputy minister of planning and public health integration, Jane Billings, the assistant deputy minister of infectious disease and emergency preparedness, Dr. Robert Clarke, and finally, the chief financial officer, James Libbey. Of course, they may be able to help with some of the more technical questions that may come up today as well.

[Translation]

Before getting to questions, I want to take some time to address these supplementary estimates along with some of the other important health initiatives our government is taking.

During the last 22 months, we have taken important steps to get results in protecting the health of Canadians, and therefore, in building a safer and better Canada.

We've met our commitment to work with provinces and territories to develop patient wait time guarantees.

[English]

In March, with the support of more than \$1 billion from Budget 2007, we were able to gain agreements with every province and territory to develop at least one guarantee each in one priority area.

On November 6 we took historic action for first nations health by announcing the communities that have been selected to carry out pilot projects on testing guarantees for prenatal and diabetes care. Madam Chair, we know that action is needed to improve first nations health, and that is why we are acting.

We also know that heart and stroke are the leading causes of death for Canadians and that cancer is occurring in epidemic proportions. These have affected the lives of almost every Canadian in some way. As a result, we have launched the start of Canada's very first national cardiovascular and cancer strategies.

We also know that mental illness claims have risen as the fastest growing category of disability costs in Canada. At the same time, the emotional toll it takes on our families is incalculable. Consequently, in Budget 2007 we lived up to our commitment to bring mental illness out of the shadows at last by creating the Mental Health Commission.

We've also made an investment in Budget 2007 to capitalize on innovation for the health of women and girls across the country. We did so by taking advantage of a breakthrough in women's health by providing \$300 million to provinces and territories so they can develop and implement HPV vaccination programs and, as a result, take direct aim at the virus that causes 70% of cervical cancers.

Of course, along with capitalizing on health innovation, we're also investing in it. Around the world today, 40 million people are living with HIV, and AIDS has killed some 25 million more. It is, indeed, a global epidemic affecting all countries, including Canada. So we're making Canada part of the solution. In 2008-09 we will spend in excess of \$84.4 million on HIV/AIDS, which is more than has ever been spent before. For instance, in partnership with the Bill and Melinda Gates Foundation, in February, our government launched the Canadian HIV vaccine initiative. Through our \$111 million contribution and \$28 million from the foundation, we're focusing the efforts of Canadian researchers toward the global pursuit of developing a safe, effective, and accessible HIV vaccine.

[Translation]

Madam Chair, all of these initiatives are about moving from knowledge to action; and taking action to achieve results for the health and safety of Canadians.

And with the Throne Speech of October 16, our government is committed to doing even more.

As part of the priorities to build the stronger, safer, better country Canadians deserve, the speech committed to improving the environment and the health of Canadians. In particular, it spoke about recent events, which have called into question the safety of products such as food for our families and toys for our children.

As a result, we are committed to taking new action, where needed, to provide better information to consumers, and to ensure our regulatory tools are updated to keep pace with the speed of globalization.

● (0910)

[English]

In the past two decades we have seen enormous change in terms of the increasing number of product imports to Canada. What remains the same, however, is that health and safety is and must be paramount, so we're looking at how to strengthen important legislation such as the Food and Drugs Act and the Hazardous Products Act and to make any changes necessary. In the end, of course, we want Canadians to be able to expect the same standards of quality for imported goods as we do for products made at home. Our direction here aims at helping achieve our government's core goal: getting results in achieving a safer, better Canada.

In addition, we continue the important work, Madam Chair, of ensuring taxpayers' dollars are spent as effectively as possible. You may have seen some media reports in the past week regarding some of the decisions we have been called upon to make. For example, as a result of cuts to spending made in the previous government's 2004-05 and 2005-06 budgets, we are now legally required to identify approximately \$16 million in savings at the Public Health Agency of Canada. I can tell you, we are working very hard to ensure identified savings will have the minimum impact that is possible on service delivery, and of course this review is under way right now.

For instance, in searching for savings, we have determined that information now held on the Canadian Health Network website can be transferred to the existing Health Canada and Public Health Agency of Canada websites. Moving from three sites to two will result in saving \$7 million per year. At the same time, Canadian consumers and health professionals will be able to find information more easily on these sites, which receive millions of visitors per month.

In the weeks ahead, Madam Chair, we will be making additional decisions to identify the remaining \$9 million in savings mandated by the previous government's 2004 and 2005 budgets.

Let me now turn to some of the initiatives through which we will see improvements in quality and effectiveness and therefore help build a safer, better country.

First of all, our commitment to improving first nations and Inuit health is strong, and we're moving to make it even stronger. Of course, I've already mentioned our support for first nations and Inuit patient wait time guarantee pilot projects, and with the \$75 million we're requesting for this fiscal year through supplementary estimates, we're increasing our support for first nations and Inuit health by

6.4% to \$2.1 billion. Maintaining and improving health care means building a better Canada, and that's what this investment is all about.

Our supplementary estimates also include a funding increase for the Canadian Institute for Health Information. The information provided by CIHI informs decisions by health policy-makers and health system managers at all levels of government, and, most importantly, it provides a means for Canadians to measure the effectiveness of those decisions and to ensure they're getting value for their money. As a result, the increase for CIHI is an investment in getting results for a better Canada.

So, Madam Chair, through these supplementary estimates, we're also investing in a safer Canada. As I noted earlier, adapting to major changes in the marketplace is a regulatory challenge, and one that is felt globally.

One of those changes is the increasing prevalence of natural health products. Our priority is about protecting the health of Canadians by ensuring access to natural health products that are safe, effective, and of high quality. Certainly, due to the increase in availability of natural health products over the years, issuing licences on a timely basis has been, to say the least, challenging. At the same time, I am proud to tell you that we have made progress, and we have made process improvements that have led to a threefold increase in productivity during the last two years. To continue this momentum, the supplementary estimates provide an additional \$12.4 million for this fiscal year.

Madam Chair, I want to turn from an issue where health risks are less than apparent to some to an issue where the dangers need to be made clear and present to all. Our government is very concerned about the damage and pain illegal drugs cause Canadian families. Years of ambiguous messaging can be blamed for leading many Canadians to question the illegality and the dangers of illicit substances. Incidentally, I might add that the number of Canadians smoking marijuana doubled between 1994 and 2004. At the same time, the number of Canadians reporting use of an injectable drug at some time in their lifetime increased from 1.7 million Canadians to more than 4.1 million Canadians. That is why Budget 2007 has invested \$64 million in our national anti-drug strategy.

● (0915)

In addition to other ongoing efforts, this brings us to \$417 million overall, which is the highest contribution ever provided to protect Canadians from illicit drugs.

The strategy will bolster prevention and treatment efforts, placing particular emphasis on educating Canadians, especially young people and their parents, about the dangers of illegal drugs. As part of our efforts, we plan on running a national ad campaign to raise awareness, the first one of its kind in two decades. It is my pleasure to tell this committee that this year's supplementary estimates include \$12.1 million to get this funding started.

[Translation]

In closing, I would like to thank the committee members for giving me this opportunity to speak to them today. Together, I know you are well-informed when it comes to working for the health and safety of Canadians.

I wish you all very well in carrying out proceedings that put the health and safety of Canadian families above all else.

And as I thank you for listening to me, I look forward to taking your questions and answering them as best I can.

[English]

The Chair: Thank you, Minister Clement, for that insightful presentation.

We'll now go into the questioning segment, but before taking questions from members, I am required to call vote 1a in order to open the discussion.

Also, the time allotted for questions when the minister is present, so everybody will know, is as follows: the first 15 minutes will go to the official opposition, the next 10 minutes for the Bloc Québécois, the next 10 minutes for the NDP, and the next 10 minutes for the government members. Following this, we'll have five minutes per party, alternating between the opposition and the government members, for questioning as well.

Madam Bennett, would you please begin the questioning?

Hon. Carolyn Bennett (St. Paul's, Lib.): Thank you very much, and thank you, Minister.

I want to set the stage by saying that supplementary estimates are based on performance reports. I guess in health and health care, performance is very important. In terms of results-based management, in the foreword from the Treasury Board, we need to know whether we're winning with all the money that's being spent.

I guess I'm a bit disappointed that the performance report for Health Canada, and for all of the agencies, doesn't actually explain the results in a way we would expect, in terms of what is happening, whether it's wait times, whether it's HIV rates, or whether it's any of the things that matter to us.

I'm disappointed also, Minister, that the first report of the Chief Public Health Officer of Canada has not been tabled. I don't think it's good enough any longer to separate these two things, in terms of the money we're spending and the results we're getting in the health and health care of Canadians.

That being said, in the Public Health Agency performance report, there is a paragraph on page 34 that says:

There has been a steep increase in sexually transmitted infections over the last decade, and rising co-infections of HIV with diseases such as tuberculosis, hepatitis C and syphilis.

I guess we're admitting there that we're losing in terms of results—there's an increase in this—and yet there seems to be a decrease in the amount you're spending in community-based programs for prevention and whatever.

Certainly, we know there are 4,500 new cases of HIV/AIDS in Canada every year; this has plateaued. I guess I don't understand, the rumour being that in the rolling budgets of your department, Ontario has had the highest number of HIV-positive test reports in the country. In 2005, there were 1,670 HIV-positive tests; this is an increase from 2003-04. So I simply don't understand how we can be cutting Ontario disproportionately in community-based funding.

I know there's been an interest in the HIV vaccine. I know that the Gates Foundation is giving you some money. So my first question would be, how much money are you putting into the Canadian HIV initiative overall? How much every year? What is the source of that funding? Will those funds be additional to the \$84.4 million that was promised through the federal initiative to address it? If not, how much is being taken out of that \$84.4 million, and is that where you are achieving the necessity of these cuts to community-based programs, which actually are about prevention and the human response in supports and services to people with AIDS in our country?

• (0920)

Hon. Tony Clement: Thank you very much for that series of questions. I will try to deal with some of them; I might be passing on to Madam Billings and Mr. Libbey some of the other details.

First of all, in terms of disproportionality, I want to assure you that over the lifetime of our spending decisions, it will not be disproportionate to Ontario or any other province. It will be proportional. Sometimes they start in one province, but they will be measured over the fiscal year.

Hon. Carolyn Bennett: But these are cuts—these are people in the communities now, as of March, not having the money they need to continue even the programs they've been doing.

Hon. Tony Clement: First of all, as I said, the spending in each province will be proportionate; it will not be borne disproportionately by one province or another.

I find this an interesting conversation because I'm obligated by law, because of Liberal budgets passed by Parliament, to initiate the decisions we're making on spending on the issue you've raised.

Hon. Carolyn Bennett: No, I don't want to go there, Minister, because—

Hon. Tony Clement: I know you don't want to go there, but I'm answering your question.

Hon. Carolyn Bennett: That argument didn't hold for child care, for Kelowna, or for any of those.

Hon. Tony Clement: The honourable member knows that she was my predecessor.

The Chair: Excuse me, Madam Bennett. Everyone is going to get a chance to speak, so would we be so kind as to let the minister finish his conversation? You still have quite a few minutes left in your time.

Minister, would you continue?

Hon. Carolyn Bennett: No, I don't want any more answers on that question, if you don't mind, Mr. Chair. That is just ridiculous.

Hon. Tony Clement: I know you can't handle the truth, but I do have to deal with the facts.

Hon. Carolyn Bennett: In the budget of 2006, you know those funds were cash-managed, because there was going to be another infusion of money in the 2006 budget—

Hon. Tony Clement: Well, I know there were lots of Liberal promises that never came to fruition.

Hon. Carolyn Bennett: —before the conference, so that's fine.

Minister, in the estimates there is no money for the safe injection sites. You keep saying you won't support projects without scientific evidence. I want to know whether you have read the very positive reports in 21 published papers on the importance of safe injection sites and how this program is doing, or are you continuing to deny this because of the ideology of your government on harm reduction?

Hon. Tony Clement: Well, I sense there were two questions in there, and the answers to those questions are yes and no.

The answer to the first question is yes, I have read the reports. The answer to the last question is it has nothing to do with ideology. In fact, it's the exact opposite of ideology; it's being pragmatic by making sure a program that exists meets the community's goals that are expressed in a whole series of measurements. We are continuing—

Hon. Carolyn Bennett: Okay, that's fine. Thanks very much.

Next—

Hon. Tony Clement: —the research in this area, and of course that research will conclude with a decision—

Hon. Carolyn Bennett: No, Minister Clement, I think I've had a sufficient answer on that—

Hon. Tony Clement: —on June 30, 2008. Thank you for your question.

Hon. Carolyn Bennett: I now want to know about health research in this country.

I have to tell you that your video performance last night at the dinner for Alan Bernstein was not.... People just thought you were afraid to show up. For you to use the wording of \$1 billion in the video when we know here that it's \$843.3 million, and for you do this all-in stuff is an absolute insult to the research community in this country, who have been hoping for \$1 billion for a very long time and have been asking for stable funding over three years so that they can actually plan.

Given the fact that American health research amounts to \$28 billion in public dollars—that's public dollars—how can you defend flatlining health research in this country?

●(0925)

The Chair: Mr. Minister, we're going to give you a chance to answer that in full.

Hon. Tony Clement: Thank you very much, Madam Chair.

First of all, I'd say that—

Hon. Carolyn Bennett: No, that would be up to me, Madam Chair.

Hon. Tony Clement: —spending for health research has never been higher. It certainly has been that way under our government. There were a lot of promises made by the former Liberal government, which of course they did not keep.

Hon. Carolyn Bennett: We increased it every year.

Hon. Tony Clement: I'm not responsible for the promises that she made, but I'm responsible for the promises that we've made, which we've kept.

I don't know if you want to go into detail; I think the \$1 billion is an all-in number, which includes money for CIHR, plus other research initiatives.

Hon. Carolyn Bennett: We've never used that before, Minister.

Hon. Tony Clement: Well, I think it's the most accurate way to describe it—

Hon. Carolyn Bennett: No. People are asking for.... I mean, in terms of the—

Hon. Tony Clement: —and quite frankly, I resent your accusation. I'm not afraid of a bunch of professors.

Hon. Carolyn Bennett: That is even more insulting, Minister.

The world looks to Canada for the way CIHR has been founded and...it is a present to the world, and you won't go to their celebration—

Hon. Tony Clement: I'm sorry, but that evening I was dealing with some federal-provincial issues and meeting with a provincial health minister, which, quite frankly, was important too.

Hon. Carolyn Bennett: Maybe you should call a meeting of all provincial health ministers and it would save some time.

Hon. Tony Clement: We're meeting on December 11 and 12.

Hon. Carolyn Bennett: You mentioned natural health products in your speech, Minister, in terms of how much more money was going in there. But as you must know, Minister, the backlogs for the approvals of natural health products have continued to climb and climb and climb and climb. So again, in results-based management, how can you defend putting more money in without admitting that the backlogs have never been higher, and that all of these small companies across this country are starving and are in terrible trouble in terms of their efforts to keep Canadians well?

Hon. Tony Clement: I think I might pass that one to my deputy.

The Chair: I want to call this committee to order. I'm going to be recognizing everyone, so the speaker or the questioner has a chance to have a breath, and you will answer following the recognition.

Mr. Minister, it's now Mr. Rosenberg. Go ahead, thank you.

Hon. Carolyn Bennett: This my choice, Madam Chair.

No, no, I'm sorry, Madam Chair—

The Chair: Excuse me, I need to—

Hon. Carolyn Bennett: Madam Chair, the 15 minutes is my choice, actually. So if I want to get these on the record and ask for written reports from the minister, that's up to me.

The Chair: That's fine, but we need to have the answers to your questions, Madam Bennett.

Hon. Carolyn Bennett: No, no. He can write them if he can't answer them.

The Chair: You don't need the answers to your questions?

Hon. Carolyn Bennett: If he can't answer them, then he can just write them to me.

The Chair: Would you like to just have the full 15 minutes to talk, Madam Bennett?

Hon. Carolyn Bennett: I will do whatever it takes to get—

The Chair: The minister is trying to answer your questions.

Hon. Carolyn Bennett: No, he's trying to fill the time.

The Chair: No, he's trying to answer the questions, but if you'd like to talk it out, that's fine. I would like to give the minister and Mr. Rosenberg now a chance to try to answer Madam Bennett's question.

Hon. Tony Clement: Thank you, Madam Chair. I'm deferring to my deputy, please.

Mr. Morris Rosenberg (Deputy Minister, Department of Health): Thank you, Madam Chair. On the question of backlogs in natural health products, we acknowledge that there have been some challenges with the timely issuance of licences for natural health products. Over the past couple of years, we've been implementing process improvements that have resulted in a threefold increase in productivity.

To list some of the things we've done, we've increased the number of monographs; we've redefined and revised our standard operating procedures; we've increased assessment resources; and we're revising and clarifying the information and evidence that companies have to submit with their applications. We acknowledge that we need to do better, and we're continuing to explore other ways to strengthen the timeliness and efficiency of the review process.

Hon. Carolyn Bennett: This committee was very interested in assisted human reproduction, and I would like to know what has taken so long in terms of the planned 44 people whom you were to have employed. There is actually one employed at this time, which is a discrepancy of 43 people. You have to wonder what on earth we need this for if we've have been able to...you know, you are 43 people short from the projection.

• (0930)

The Chair: Go ahead, Mr. Minister.

Hon. Tony Clement: I can get some more detail from my deputy, but I can certainly assure you that within the past year...the board is now up and running, which was the first stage of making sure this agency was available to the people of Canada. That has occurred. They are moving forward with their responsibilities, which include staffing up.

Deputy, would you like to add anything to that?

Mr. Morris Rosenberg: In terms of the agency, which started about eight or nine months ago, it's staffing up. It has 18 people on staff between the office in Vancouver and the office in Ottawa. There are some people on contract, and they're continuing to build the team, which takes some time.

Hon. Carolyn Bennett: Thank you. I would like to explain to the minister that I think as a committee, in terms of doing our job, receiving the regulations one at a time is extraordinarily difficult for us—to be able to then understand the comprehensive nature of the file—and whatever you could do to get us the regulations in a package, as opposed to regulation by regulation, so we can see how confidentiality and some of these things are being dealt with, I think the committee would appreciate it.

Minister, on the HPV vaccine—that was \$300 million in the budget and it is now in a third-party trust—my concern, as you know, has been that the young women on reserve in aboriginal schools are not necessarily going to receive it in the provinces that haven't signed on yet to give HPV, so it actually creates a complete unevenness for aboriginal young women across this country if you as the minister can't guarantee that all young aboriginal women will get the vaccine regardless of what province they live in.

Hon. Tony Clement: Sure. Can I respond to that?

Hon. Carolyn Bennett: Yes.

Hon. Tony Clement: First of all, the funding for each province was per capita, so there is in fact funding for every single individual, including first nations and Inuit communities on reserves or elsewhere. That's the first thing.

I know we're rolling it out based on an immunization schedule.

I don't know, Dr. Clarke, if you wanted to add anything to that?

Dr. Robert Clarke (Assistant Deputy Minister, Infectious Disease and Emergency Preparedness Branch, Office of the Deputy Chief Public Health Officer, Public Health Agency of Canada): Four provinces have already started programs, and the rest are in discussions with their respective communities to develop their programs, so it is proceeding at that level.

Hon. Carolyn Bennett: I'd just like to go back to the HIV funding. I want to know if those funds you are giving to the vaccine initiative are in addition to the \$84.4 million promised in the federal initiative to address AIDS.

Ms. Jane Billings (Senior Assistant Deputy Minister, Strategic Policy, Communications and Corporate Services Branch, Assistant Deputy Minister's Office, Public Health Agency of Canada): In terms of the funding for the HIV vaccine, the federal government is providing \$111 million, of which \$26 million came from existing sources, including about \$15 million from the federal initiative. But that total of \$111 million, including the \$26 million of redirected money, has levered another \$28 million from the Bill and Melinda Gates Foundation. So in total, we have almost \$130 million going into the HIV vaccine initiative, of which only \$26 million came from existing federal sources, the rest being new.

The Chair: Thank you, Ms. Billings.

Hon. Carolyn Bennett: So the \$26 million is down from the \$84 million?

The Chair: Now we'll go on to Madame Gagnon.

Thank you.

Ms. Jane Billings: No, not all of the \$26 million is drawn from the \$84 million.

[Translation]

Ms. Christiane Gagnon (Québec, BQ): Thank you, Madam Chair.

It is difficult to be as energetic as Ms. Bennett is today, but I will try to be up to par.

I would like to go back to the federal initiative to fight HIV/AIDS in Canada. You will remember that this was an initiative undertaken by the Liberal government in 2003. Yesterday I listened to a presentation made by the Public Health Agency of Canada during which some explanations were given about how the money had been distributed. We were told that there had been an increase, but that this increase had already been announced five years ago. This is a continuation of the agreement made by former Minister Rock under the Liberal government. This was a five-year agreement; you are simply renewing it. If I have a proper understanding of the way these increases have been distributed, the Conservative Party has not announced any new money.

I am worried by the spillover effect that this increase has had on AIDS support organizations. Yesterday, I was making a presentation on COCQ-Sida, an organization that oversees 23 organizations in Quebec. No tangible money has been given to this organization as part of this increase from \$42.2 million to \$84.4 million from 2003 to 2009. As we speak, this organization allegedly received an initial amount of \$100,000 in 2005 and a further \$23,000 in 2006.

In 2007, *niet* the organization received no additional monies. About \$9 million was allocated over the past five years, but in actual fact, the support organizations did not receive what they could have expected given the increases that were to be made over the years. In 2007, the renewal did not include an increase. You talk about increases, but at the same time, you talk about additional funding. However, that doesn't make sense when you look into the accounts of the support organizations.

I would like you to explain why the government is unable to provide any additional support to organizations over the years?

● (0935)

Hon. Tony Clement: Thank you for your question.

I would simply like to tell you that there is more money for this initiative. The Conservative government has a new initiative for the vaccine, which is also tied to the Bill & Melinda Gates Foundation. But there are also community programs for treatment and other services.

Perhaps Ms. Billings would like to add something to this.

Ms. Jane Billings: The money for community programs can be divided between continuity and programming. There are also funds that are given on a one-time basis. The funds were reduced because of the reductions the minister referred to a few minutes ago.

[English]

We've had to allocate these funds among a number of different one-time programs. There are still funds flowing in Quebec. For a number of the community groups, there are some reductions from last year, but these reductions are relatively modest, and there are funds still flowing into those groups, with payments due to go on for the rest of the year, on a schedule that's been shared with—

[Translation]

Ms. Christiane Gagnon: The year 2007 is drawing to a close, and no new money has been forthcoming. You said that there has been an increase, but in the same breath you talk about reductions. You talked about the vaccine strategy. The funds allocated to this initiative are not supposed to come from the budget. This is a strategy to respond to the immediate needs of people living with HIV/AIDS. The research on the vaccine is for the future. You are aware of a failure regarding Merck Frosst. You will be taking this \$23 million from this budget. Accordingly, we cannot really talk about an immediate increase for the people afflicted with the disease.

Earlier it was said that there were 85,000 cases of HIV/AIDS. So we have to take action for the here and now, while at the same time thinking of the future. You announced new funding. You are bragging about this, but there really is no new funding. This funding had been allocated. With respect to the HIV/AIDS strategy, we can see that there has been an increase in cases. You are unable to meet the expectations in the field. Organizations are overworked. Some are even thinking about shutting down because they did not receive the required money. The need is there, the demand is there, but the money is not forthcoming with respect to what was announced in this strategy. There may be an additional \$40 million, but what about the support program? You said that the money had been allocated to Quebec. The money was allocated, but in two phases. There was \$100,000 for 23 organizations. In 2007, this was refused. I know how you are going to answer me.

Over the years, there has been an increase from \$9 million to \$10 million, if I understand correctly, for the 40 million additional dollars. This money never reached the organizations that look after people living with HIV/AIDS. And this is not the case just in Quebec. I have been told that there are some provinces, in the rest of Canada, that feel abandoned because of inadequate support.

● (0940)

Hon. Tony Clement: I would like to add a few words. There of course has to be a balance between treatment and support initiatives for community programs and a new vaccine program which is the hope for the future. Canada could be a world leader in producing the vaccine. I am very pleased with our partnership with the Bill & Melinda Gates Foundation, the first partnership in the world to take on this challenge.

Ms. Christiane Gagnon: Mr. Minister, the \$23 million that have been announced are coming from the increased budget that was already put in place under the Liberal government. So this is not additional funding. You are taking this money from a strategy that deals with the immediate and urgent needs of people in order to invest in the future. I can understand, however...

Hon. Tony Clement: This is a new strategy, Ms. Gagnon.

Ms. Christiane Gagnon: It is a new strategy, but do not tell me that support for these organizations has increased because there is new funding. There is still \$20 million of the \$40 million left. That money is not getting to where it is needed.

Hon. Tony Clement: I would like to assure—

Ms. Christiane Gagnon: That is what I want to tell you, Minister. People are very concerned. There was the HIV-AIDS conference in Toronto, where commitments were made by the international community.

Hon. Tony Clement: I want to tell Quebeckers and Canadians that our government is contributing to all the programs to combat AIDS, particularly through the best funding offered by any Canadian government in history.

Ms. Christiane Gagnon: This is the same budget that was announced by the Liberals, Minister.

Hon. Tony Clement: Under the new strategy, Canada is working with other leaders around the world to find a real solution to the vaccine challenge.

Ms. Christiane Gagnon: Minister, I would have liked to talk about natural health products, but since that issue has already been raised, we will come back to it on the second round.

The new Canadian Food Inspection Agency directive on the labelling of home-made products by small local producers will come into effect in 2008.

[English]

The Chair: Madame Gagnon, there's less than a minute left. I just want to tell you that you're going to run out of time.

[Translation]

Ms. Christiane Gagnon: Would you be prepared to impose a moratorium on the implementation of those regulations?

I have been hearing from people that it has been very difficult to get in touch with small traditional producers in the regions. I personally tried to find out what the impact of those regulations would be in our area—

[English]

The Chair: Madame Gagnon, we've run out of time.

Mr. Minister, would you answer? I'll give you a couple of minutes to answer, if you could.

[Translation]

Hon. Tony Clement: That question might be for the Department of Agriculture, but I will try to find the answer.

[English]

The Chair: Madame Wasylycia-Leis.

Ms. Judy Wasylycia-Leis (Winnipeg North, NDP): Thank you, Madam Chairperson.

Thank you, Mr. Minister, and all your staff for being here today.

I would also like to acknowledge the presence in this room of Dr. Frank Plummer, who I think all of our committee would like to congratulate in terms of his Order of Canada award in recognition of his great contribution here in Canada and internationally. I just want to put on the record our thanks and appreciation.

I would like to pick up on the AIDS funding issue for just a moment. I know you've mentioned in your speech some increase, and some would argue—rightfully so, I think—this is really just a rollover of previous money committed under the former government. The biggest concern we have is that it would appear that in fact you are reducing moneys to the AIDS community action program. There has already been confirmation that Ontario is being cut back some \$26 million over the next five years, and that money—I don't know where it's going—is being cut back out of ACAP. Lots of groups, as you know, are writing us. They're concerned. The Public Health Agency is reviewing this whole area. There's a real belief that this money plays an important role. The AIDS community action program is important in terms of education and prevention.

Can you confirm that this is happening and that there are reductions to ACAP being planned over a period of time?

• (0945)

Hon. Tony Clement: Here's my dilemma. First of all, I don't think any definitive decisions have been made. But the box in which I find myself is that there is an act of Parliament; the previous two Liberal budgets, prior to their demise, mandate certain cuts to programs in the Public Health Agency. That's what I'm left with.

Despite that, we are increasing funding within our discretion for programs generally within the envelope of HIV and AIDS. Yes, some of it is going to vaccine. I think that's a worthwhile initiative. Canada is number one in the world on working for vaccine.

So that's the dilemma in which I find myself. We have reductions that were mandated by an act of Parliament during the Liberal government. I feel obliged to meet Parliament's wishes, but at the same time, I think it is important to recognize to the communities you are concerned about that our total funding will be \$84.4 million next year, which is significant and certainly the highest it's ever been.

Ms. Judy Wasylycia-Leis: That appears to be simply the rollout of the previous government's funding for AIDS.

Let me ask then—

Hon. Tony Clement: Not completely, no.

Ms. Judy Wasylycia-Leis: I think all departments were given directives around looking for programs to cut. I think most Canadians would find it passing strange that we would cut community funding in an area pertaining to HIV and AIDS when the problems are serious and of deep concern to Canadians, and at the same time you're able to find money for an ad campaign for a war on drugs, which has dubious results according to all who are experienced in this field.

Hon. Tony Clement: Can I assure viewers, through you, in the HIV/AIDS community and all Canadians who are concerned about this disease that we recognize this as an international epidemic. We recognize it as a challenge we face here. We are putting more money into the programs that we think will make a difference.

Ms. Judy Wasylcia-Leis: Could you assure us that there will be no cutbacks to the ACAP program, the AIDS community action program?

Hon. Tony Clement: I cannot assure you that, no, because I feel I have a mandate that has been bestowed upon me by previous Liberal budgets.

Ms. Judy Wasylcia-Leis: Let me just switch gears a bit. I think that's disappointing to the community, and obviously—

• (0950)

Hon. Tony Clement: I'm disappointed too.

Ms. Judy Wasylcia-Leis: —it will have an impact in terms of our country's ability to actually educate people in ways that will prevent the spread of HIV and AIDS.

I think it might be useful to move some of your money from your war on drugs to a war on drug safety and drug prices, and I mean legal drugs. This is one of the biggest concerns facing Canadians right now—the price of drugs going up and up. There's been an increase in terms of household spending on prescription drugs over the last decade of about 70%. Compare that to food and housing and other basic needs, which is more like 11%. We know that overall this country is spending \$21 billion on drugs, and it's growing 12% a year. I want to know what you are doing to bring down the price of drugs and to make it affordable for Canada.

Number one, I'd like to know what you have done to effect implementation of the federal-provincial agreement on a national pharmaceuticals strategy signed in, I believe, 2004.

Number two, what are you doing about your department's recommendations and another department's recommendations, Industry Canada, to help provide doctors with information about cheaper versions and putting in place a mechanism so that doctors can then prescribe based on, yes, quality, but also on when drugs are similar and there's a cheaper version to prescribe the cheaper one?

Number three, what are we doing about the kickbacks in terms of the generic drug industry to pharmacies and why that's not being passed on to consumers?

Number four, what are you doing about evergreening amongst large pharmaceutical companies, and are you prepared to act finally on some of the insidious patent protection beyond even the 20 years through notices of compliance with conditions?

Hon. Tony Clement: Thank you very much for that comprehensive list of questions. Let me just say generally that, first of all, we do have an ongoing discussion with my provincial and territorial counterparts on the national pharmaceuticals strategy element of the 2004 health accord, and I dare say that at our next federal-provincial-territorial meeting in December it will be a topic of conversation. Certainly, what I've laid out to the provinces is that I think there are ways we can work together that will save money for the drug benefit plans in some areas, which then can be reallocated for catastrophic drugs and for expensive drugs for rare diseases, so there is a way to make this self-sustaining and possible.

Whereas our means may be different, our end may be the same.

Ms. Judy Wasylcia-Leis: Is any part of that previous agreement and the strategy implemented today?

Hon. Tony Clement: No.

But in terms of some of the other issues you raise, I think I'm the first health minister to have raised the issue of generic prices, which tend to be higher in our country than elsewhere, and it does impede our ability to put new drugs on the formulary when we're paying 15%, 20%, 25% higher in this country than some of our trade partners.

So that is an issue. A lot of the levers, though, are held by the provinces, I must say. When you talk about kickbacks at pharmacies and whatnot, as you may know, Ontario has taken a run at this and other provinces are following suit. So I certainly am commending provinces that are taking this seriously because I think in the end, as these blockbusters come off patent over the next 10 to 15 years, that will provide us with the savings we need to reinvest in catastrophic drugs and expensive drugs for rare diseases.

Ms. Judy Wasylcia-Leis: Thank you.

I have two other questions, if time permits. There is just one more on drugs. As a committee, we've been talking about post markets—

The Chair: Madame Wasylcia-Leis, I just want to tell you that you have about a minute and bit left.

Ms. Judy Wasylcia-Leis: Thank you.

I just want to know quickly how much money your department puts into approving drugs versus monitoring drug safety after the product is at the market? Are you prepared to restore the federal drug research laboratory that was cut by the Liberals in 1997? And thirdly, with respect to recent studies around gender differences and wait times, can we be assured that the evidence-based benchmarks for medically acceptable wait times address the needs of both women and men?

Hon. Tony Clement: I think we'll have to get back to you on some of that. Do you have an answer—

The Chair: We have less than a minute.

Hon. Tony Clement: I think we'll get back to you on those. Obviously those are serious questions, so we'll get back to you with fulsome answers on those.

Ms. Judy Wasylcia-Leis: Do I have more time, then? Can I put in one more question?

The Chair: You have just a matter of seconds, Mrs. Wasylcia-Leis.

Ms. Judy Wasylcia-Leis: I have one more question then related to this question of gender differences, which I think was surprising to us when we heard the reports. Do the terms of access to the trust fund require that statistics be collected on the basis of sex?

Hon. Tony Clement: I believe not, but we'll get back to you on that.

The Chair: Thank you very much.

Mr. Fletcher.

Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC): Thank you, Madam Chair, and thank you, Minister for coming today, and thank you to your officials as well.

I was at that CIHR event last night honouring the great Canadian, Dr. Alan Bernstein, and your remarks, Minister, received some of the greatest applause of the night. I just wanted to make that clear.

My question actually deals with the chemicals management plan, Minister. Chemicals are all around us. They're in our environment, they're in our food, they're in our clothes, and they're making their way into our bodies. Can you tell us what is being done to protect the health of Canadians and the environment from these harmful chemicals?

• (0955)

Hon. Tony Clement: Thank you very much for the question. First of all, our government has invested \$300 million in this chemicals management plan, and it indeed makes Canada a world leader. Certainly many other countries have contacted us and expressed an interest in emulating our chemicals management plan, and are actually signing agreements with Canada to take advantage of our leadership in this issue so that they can dovetail in to all the work that we have already done in this area.

There were 23,000 substances considered—legacy substances, chemicals that had already been added to our marketplace before more stringent guidelines and rules had been put into place. Of those, 19,000 were found to cause no concern whatsoever. About 4,300 required further action. We've reversed the onus. We've said to industry—and this is the critical part—that they have to show us that these chemicals are safe to use in their manufacturing process or to use around the house or to use in somebody's garden. If they can't show us that something is safe, they have to phase it out and have an action plan to make sure that Canadians are safe in this regard.

We have already proposed prohibition of some 60 substances, and we're rolling out, every quarter, new substances that come on the list to be reviewed, and in some cases phased out. So I'm quite proud of this program. I think it will help have a huge impact on the toxicity levels in our bloodstreams, and Canadians can be rightly proud that we're taking a world leadership role.

Mr. Steven Fletcher: Thank you, Minister.

Minister, Canadians are sick and tired of illicit drugs on our streets. What is the Government of Canada doing to crack down on gangs, combat illicit drug production such as grow ops and methamphetamine labs, prevent illicit drug use, and treat illicit drug dependency?

Hon. Tony Clement: As you may recall, I was in Winnipeg with the Prime Minister—and you and the chair of the committee were there too—for the announcement of our national anti-drug strategy.

I believe this is an excellent approach. Two-thirds of the new money is going into prevention and treatment, which is of course important for those who are unfortunate enough to be hooked on drugs or to have had drugs imposed upon them and who now have an addiction problem. They need help. They need our concern as a

society, and that's what the treatment and prevention programs are all about.

But we also have to get tougher with the bad guys, and I'm pleased to see this week in Parliament that we introduced legislation for mandatory jail time for meth lab operators and for grow op operators and for the bad guys in the drug world who are pushing these drugs into our communities. You know, and I know, any urban area...and I come from a rural area, Parry Sound-Muskoka, and we have grow op issues. We have meth lab issues. There's no part of this country that is not affected by this. We need to do more, and that's why our government is acting.

Mr. Steven Fletcher: That announcement in Winnipeg was very well received there and across the country.

Our government has taken action on trans fats, but sodium seems to be the new trans fat. Sodium is recognized as one of the most important factors in cardiovascular disease—the number one cause of death worldwide. Recent estimates indicate that over half of Canadians have high sodium intakes. Many come from commercially prepared foods, putting Canadians at risk for high blood pressure.

In light of the link between sodium intake and the risk of cardiovascular disease, what actions are being taken by Health Canada to lower the level of sodium in the Canadian diet and make Canadians aware of this important issue?

Hon. Tony Clement: Thank you very much. This is indeed a challenge and a problem area. There's no question about the relationship, based on the scientific method. There are two things I would like to report to the committee.

First, Canada's food guide has been revised for the first time in 13 years, and it now advises Canadians to use the nutrition facts table to help choose products that are lower in sodium. So again that's consumer awareness and consumer empowerment.

Secondly, I was able to announce the establishment of an expert working group that will develop plans and oversee the implementation of a strategy to reduce overall consumption of sodium by Canadians. So I think that's a step in the right direction. I'm quite looking forward to the expert advice of this sodium panel. Hopefully we can assist Canadians in dealing with this health matter.

• (1000)

Mr. Steven Fletcher: Madam Chair, I don't know how much time I have left.

The Chair: Mr. Fletcher, you have about four minutes.

Mr. Steven Fletcher: Great.

Obesity is becoming an epidemic in the western world, and Canada is experiencing this epidemic as well. This committee has spent an awful lot of time already in this session looking at the issue of obesity, and I wonder if you could share with the committee what the government is doing to address the rising rate of obesity across the country.

Hon. Tony Clement: Thank you.

I think our government has been acting quite forthrightly in this area and taking action. There are several things.

First, I was pleased to announce, with Secretary of State Guergis, the relaunch of the ParticipACTION initiative under the Public Health Agency and Sport Canada. We are putting \$5 million into an overall advertising and awareness campaign to make sure our kids and all Canadians are aware that there are options in order to pursue a healthier and more active lifestyle.

Second, let me return to Canada's food guide. I think this is an important food guide. We have a tailored food guide for first nations, Inuit, and Métis, by the way. That resource will help Canadians make the right choices for their families.

We have the children's fitness tax credit. Sometimes we don't talk about this very much, but by helping parents enrol their kids in sports activities, we are helping Canadians ensure that their kids have that level of metabolism and activity that is necessary. It really is a world-leading thing. When I told some of my counterparts in the U.K. and France about this tax credit, they were in awe that we were able to do this because it is so leading-edge.

When I look at that and at the research we do through CIHR—for instance, \$87 million in the area of obesity—I think we are helping to make a difference in real terms in Canadians' lives when it comes to tackling this issue.

Mr. Steven Fletcher: I really like the ParticipACTION initiative. I think we all have fond memories of ParticipACTION from our youth, and I look forward to future generations having that experience.

My last question—and this is a very important but taboo issue—is around mental health and mental illness. It affects so many Canadians in so many different ways under so many different circumstances. Up to a quarter of Canadians are affected by mental health issues at some time in their lives.

Given the recent findings pointing to high rates of depression and other related mental health issues in the Canadian population, what is the federal government doing to effectively address mental health and mental illness in this great country?

Hon. Tony Clement: I think the Prime Minister's announcement on the Mental Health Commission of Canada is a signal announcement. It means we are finally going to be able to work with our provincial and territorial counterparts on a pan-Canadian strategy to tackle mental health. Mike Kirby's report, *Out of the Shadows At Last*, was obviously the genesis for this. It illustrates that Canadians generally have turned the corner on this file. They want to see action. They want to reduce the stigma. They want to elaborate on knowledge exchange and get right into the workplace on this issue.

This commission already has eight advisory committees that will assist the commission in its work. They'll focus on such things as aboriginals, seniors, children, and youth. The workplace, for instance, is going to be a huge focus. If I can say, parenthetically, the federal government also needs to take some leadership in this area. We have carriage over certain first nations and Inuit issues, we have the Canadian Forces, we have penitentiaries and prisons, and a huge number of people are employed by us in the public service. Each of these areas could benefit from some focused activity on mental health, and certainly that's my aspiration.

• (1005)

Mr. Steven Fletcher: Thank you, Minister.

The Chair: Thank you, Minister, for your answers.

That brings this round of questioning to an end. We're going into our next round now. It is five minutes per party.

We will start with Madam Kadis.

Mrs. Susan Kadis (Thornhill, Lib.): Thank you, Madam Chair and Mr. Minister.

You talked about being responsible for your promises. Your party promised Canadians in the last election that it would implement a wait times guarantee, if elected. Almost two years later you've not fulfilled this promise. Your wait times plan represents a greatly scaled back wait times reduction commitment. Now provinces and territories only need a guarantee in one treatment area rather than in the five treatment areas. In fact, on the Prime Minister's website, the wait time guarantee has been taken off the list of priorities. It's very disappointing considering your government still hasn't fulfilled this promise.

Why have you not implemented the wait times guarantees in all five identified priority areas in every province and territory, which your government did promise it would do almost two years ago?

Hon. Tony Clement: If I could just have a few seconds to reply, certainly I disagree with the premise of your question.

We promised to work with the provinces and territories to establish patient wait times guarantees, and that's precisely what we've done. We led in our own areas of jurisdiction—wait time guarantees, first nation and Inuit areas, and pediatric health. Then we established guarantees in every province and territory through our partnership with the provinces and territories.

I think Madam will understand, based on her knowledge of the issues, that in health care you don't overturn the apple cart tomorrow. You walk before you run. I think it is prudent for us that our charge with responsibility for health matters is to roll out these guarantees, to measure them, to examine their effectiveness, and then we can keep moving forward. Certainly, this is a priority for our government.

Mrs. Susan Kadis: Thank you, Minister.

I don't think Canadians will be able to walk or run if we don't adequately address the wait times issue for all the areas that you had promised, as opposed to just a scaled-back version. Cataract surgery wait times in Ontario have only been reduced by one day.

Hon. Tony Clement: That's not true at all.

Mrs. Susan Kadis: This is my information.

The next area I'd like to ask you about is this, and I'm very concerned. Canadians were very disappointed and shocked to learn that the Canadian Health Network website was cancelled. Its usage, in the last year alone, had grown by approximately 70%. If your Healthy Canadians website, which you've talked about, is a better alternative, then why does your database fail to make any reference to the links between health and the environment, disease and poverty, or violence and gun control? There's no mention of issues such as genetically modified foods, sexual abuse, or mental health.

Minister, Canadians deserve to know all the facts about all these issues that affect their health to help them live healthier and to stay healthy, not just the ones your government deems ideologically acceptable. Are you going to reinstate this? Why are you funding information sponsored and controlled by your government and denying Canadians access to independent public information about their health?

Hon. Tony Clement: There's a lot in there that isn't true.

I know for a fact that my staffer saw dozens of links to mental health, for instance, on the Healthy Canadians site, which is healthyCanadians.gc.ca, or healthyCanadians.ca. I'm not sure your accusations are accurate.

Certainly, we'll take your commentary under advisement as we continue to improve the healthyCanadians.ca website.

Mrs. Susan Kadis: But again, the website you're talking about is strictly government regulated, whereas the other is non-commercial, non-governmental information about health-related issues. It's a partnership. This can only be beneficial to Canadians. I'm sure it has been and will continue to be. You're basically pulling the rug out from under the issues of prevention, and you mentioned briefly before how important prevention is. This is about prevention, and there is no justification for actually taking away something that is so significantly important for the health of all Canadians. I'd really like to understand the justification for this, because I still haven't heard an adequate answer.

• (1010)

Hon. Tony Clement: May I just add parenthetically perhaps that again these are part of the mandated cuts that were passed by Parliament because of a Liberal budget. In this particular case, I agree with the previous government. This site has outlived its usefulness and it's time to move on. We're willing to move on.

Mrs. Susan Kadis: Actually, the number of times people are accessing has increased by 70%, so it's actually the opposite. What you're doing effectively is capping and limiting the information that Canadians need to have maximum health.

Hon. Tony Clement: I disagree with you entirely.

The Chair: You have about 50 more seconds.

Mrs. Susan Kadis: The area of e-health is an area that is particularly important. I know you have moved money from the e-health area. I'd like to hear a little more about what you're doing in the area of e-health, which I consider to be a vital, important link to the health and well-being of Canadians.

Hon. Tony Clement: I'm not quite sure what you're referring to. In terms of Infoway, we've added \$400 million to the budget as a result of Budget 2007, which your party voted against. So I'm not sure what your question is relating to exactly.

The Chair: Your time is up, Ms. Kadis.

Thank you so much, Mr. Minister.

Mr. Tilson.

Mr. David Tilson (Dufferin—Caledon, CPC): Good morning, Minister.

I have a couple of questions to ask of you and the people who are with you.

The first one is with respect to the cost of health care in this country. I understand you were a provincial minister, and part of this question may have to do with the delivery of health care, but there is such a thing as national policy and the national government's obligation to deal with this. The cost of health care has skyrocketed right across this country, so much so that we're spending more on health care than anything else, and particularly in the jurisdiction in which you were formerly the Minister of Health. But people demand health care and must have health care. There are all kinds of initiatives that the medical profession is taking.

My question has to do with other jurisdictions, as to whether your government is looking at other governments, other countries, other processes, and whether it's reviewing other processes, other systems, to see not only whether the system that those countries have is as good as ours but whether they are doing it more efficiently, so that perhaps with a meeting with provincial ministers some sort of national policy could be put forward.

Hon. Tony Clement: I think that's an important question, and sustainability of the health care system is certainly a debate that will not go away. I think it is important to examine other jurisdictions, being mindful of the fact, however, that there are certain unique characteristics in the Canadian health care system.

What I find in this debate is that there are a lot of people who produce reports on a weekly basis on the state of health care in our country, and sometimes what they try to do is cherry-pick. So, say, in France they do this well; why don't we do what they do in France? The problem with that is that France does a whole lot of other things that Canadians might find distasteful in their health care system or that certain elements of our health care system might find distasteful. I find it interesting sometimes that people say, well, France has more physicians per capita than Canada, which is a fact; they do. But they also treat physicians much more like employees rather than as professional partners in the health care system. So what I would say to the CMA or other interlocutors on this issue is that you can't cherry-pick; if you want us to go whole hog, say so. I suspect they would not.

So I think it is important to examine other jurisdictions. I'll just leave one more fact with you that I personally have been finding interesting. The U.K. government has spent billions and billions of pounds more on health care in the last few years as part of Prime Minister Blair and Gordon Brown's legacy. A recent report by the King's Fund, which some members of this committee might be familiar with, indicated that of all the additional spending—I think it worked out to something like 2% or 3% of GDP—in the U.K., 44% of it actually went to price inflation within health care rather than the actual delivery of more services to patients. That's the U.K. example. That's the age-old adage that more money, if spent unwisely, doesn't deliver better health care. It's how you spend the money to ensure increased access, better accountability, as Madam Bennett was talking about earlier. These issues that are extremely important to a properly functioning health care system.

●(1015)

Mr. David Tilson: Are you developing any initiatives, or is the government developing any initiatives?

I understand the point you made, that you could look at one particular country and they may have a whole slew of other things that don't apply to us. However, no one likes to reinvent the wheel, and if someone is doing something better at a more economical cost...

Eventually, there will be no more money. We won't have any more money. It may be that there's an obligation on the national government to develop some sort of policy that could be recommended.

The Chair: Excuse me, Mr. Tilson, but there's less than a minute left.

Mr. David Tilson: I'll stop there. Thank you.

Hon. Tony Clement: In our patient safety reviews, for instance, we're looking at what some other jurisdictions have done. On our product safety, which I know has been a hot topic in Canada over the last few months, certainly we're very much studying what other countries are doing and making sure that we have as good as or better solutions than they have.

Generic drug prices, electronic health records...these are all things where we're constantly doing reviews of what else is going on and seeking to make sure that our made-in-Canada solution is at least as good as or better than what else is available.

Mr. David Tilson: Thank you, Madam Chair.

The Chair: Thank you, Mr. Minister and Mr. Tilson.

Monsieur Lévesque.

[*Translation*]

Mr. Yvon Lévesque (Abitibi—Baie-James—Nunavik—Eeyou, BQ): Thank you, Madam Chair.

On page 5 of your document, Minister, you talk about funding of \$2.1 billion for aboriginal people and Inuit. You have had many applications dealing with the needs of the aboriginal and Inuit nations. For example, there is a need for assistance for air transportation. These people have no roads and poor nutrition is a big problem, which leads to enormous health costs. There is also funding needed to repair homes and build new homes. Houses are overcrowded, and there are many cases of tuberculosis. There are also problems with drinking water and with garbage dumps, which are affecting drinking water sources because of global warming. This is happening in Nunavik and Nunavut. Unfortunately, I have not had an opportunity to visit the other territories.

Ghislain Picard, Chief of the Assembly of First Nations of Quebec and Labrador, was calling for more money to implement the 2007-2017 Quebec First Nations Comprehensive Plan on Health and Social Services. Ottawa knows the terrible health status of aboriginal people—and this is nothing new—and it knows that aboriginal people from these reserves have an average life span of six or seven years less than other Canadians and that their risk of developing tuberculosis is nearly 10 times higher than the Canadian average.

Given these troubling statistics, does the government intend to listen to the request for financial assistance from the Chief of the Assembly of First Nations and take immediate action to reduce the suicide rate, infant mortality and obesity among aboriginal children?

I will now allow the rest of my time to be used by my colleague.

Ms. Christiane Gagnon: The health of aboriginal peoples is a subject of great concern to us. In fact, I hope that the committee will be undertaking a very specific study on this and that it will be a priority.

I would like to come back to the issue regarding AIDS, minister. I have some questions about the figures. Next year and the following years, a reduction of \$16 million is planned, and yet you talked about an increase. Consequently, it is very difficult to understand the document from the Public Health Agency of Canada. However, you say you intend to transfer \$23 million to be used for vaccination.

Since you will have \$23 million less, how do you think you can achieve your objectives in the field? Are you going to continue with the Federal Initiative to address HIV/AIDS, which the Liberals introduced? The vaccination was not part of this initiative at the time the commitment was made. There are two choices: either you increase the budget or you set up a separate budget. Otherwise, it will be impossible to meet the needs.

• (1020)

Hon. Tony Clement: Do you want me to answer the question about aboriginal peoples or the funding issues?

Ms. Christiane Gagnon: We will be able to discuss the HIV/AIDS issue on another occasion. I would prefer that you answer the question about aboriginal peoples, since it is an important issue that has not yet been discussed this morning.

Hon. Tony Clement: There are a number of challenges with this issue, there is no doubt about that. We need to adopt a new tripartite strategy involving the provinces and territories as well as the aboriginal leaders.

For example, I signed a tripartite agreement binding the B.C. government, the first nations peoples of the province and the Government of Canada. This could perhaps be used as a model for the other provinces. I asked my counterpart in Quebec, Mr. Couillard, whether it would be possible to adopt this strategy in the case of aboriginal peoples in Quebec. I would like to visit Nunavik next winter to get a better understanding of the challenges facing this part of Quebec and Canada.

Mr. Yvon Lévesque: Mr. Chairman, I would like to tell the minister that, despite the matters that were included in the B.C. agreement, the aboriginal peoples find that this is inadequate. That is what we heard at the aboriginal affairs committee.

We know that the government wants to reduce the debt, but that will delay the investments required to keep first nations peoples and the Inuit healthy. The costs this could entail could be much higher than the amount that goes to pay down the debt.

Hon. Tony Clement: The costs are high, but they are necessary. We have to find a better solution for health care for aboriginal peoples. As regards the agreements with the provinces, the intention is not at all that the federal government will abandon its responsibilities.

[English]

The Chair: Thank you, Mr. Minister.

Mr. Brown.

Mr. Patrick Brown (Barrie, CPC): Mrs. Chairman, last year I had the pleasure of meeting a young girl from my riding who came with a group of kids who have type 1 juvenile diabetes. I know they went to many offices about the challenges they face in living with juvenile diabetes. It was very distressing to hear. I met this individual again at a walk they had in Barrie where they were raising funds for research for juvenile type 1 diabetes.

I wonder if the minister could share the priorities for the renewed Canadian diabetes strategy with us.

Hon. Tony Clement: Thank you very much.

First of all, maybe I could put on the record that in terms of research dollars, let's say for the 2006-07 fiscal year, as an example, CIHR spent \$6.6 million for type 1 diabetes research, \$15.7 million for type 2 diabetes research, and \$10.6 million for research applicable both to type 1 and type 2 diabetes and their complications. Certainly that has been a commitment of this government as well.

In terms of the Canadian diabetes strategy, we are looking to renew and review that strategy. It has been around for almost 10 years now, and I believe it's time for a full-scale review. That's why I appointed a former premier from Newfoundland and Labrador, Premier Peckford, to lead the review on the diabetes strategy, to ensure we can target high-risk groups, look at early detection, and also support effective management of diabetes. These are going to be the focus points.

• (1025)

Mr. Patrick Brown: That's certainly encouraging to hear, and that's news I will take back to Rebecca Morrison, the young girl who asked me to raise this question.

Could you also comment a bit on pandemic preparations in terms of what the government has done to prepare for emergencies that could arise?

Hon. Tony Clement: That's a whole topic that the committee might be interested in having more fulsome detail on. But just to give you the 40,000-foot level on that, we have a national pandemic plan that has been recently reviewed and renewed. That plan is consistent with the international health regulations of the World Health Organization, so we fit like a hand in a glove with the international requirements.

We have a continental initiative with our partners in the United States of America and Mexico to make sure we know what everybody's doing and that we react in a concerted fashion that will assist us in keeping our borders open, for instance, in the event of a pandemic.

All of these initiatives are taking place. They then funnel down to the pandemic planning by each province and territory, and you probably see it in your local public health unit in their pandemic planning. So all of this has been integrated. This is relatively new for Canada. I've been spending a lot of time, because of my experience during the SARS outbreaks in Ontario, on the need for more communication, more planning, and more testing before an event. When you're in the middle of an event you won't have the time to test whether it's right or wrong; you have to act.

These are all things that are going on. This Friday I'll be in Toronto for the largest emergency response exercise in Canada's history. You'll probably be seeing some media on that. There are at least 900 participants who will be participating in this emergency response exercise.

These are the kinds of things we're doing that I believe will help us deal with the pandemic when it occurs.

Mr. Patrick Brown: I have a bit of time left.

Last Christmas there were TV commercials that Health Canada ran in some of the movie theatres to combat teen smoking. I know the Simcoe-Muskoka health unit was a recipient of some of those funds. I thought the results were very effective, and I was very pleased to see the federal government get involved. I think that was a useful initiative. Are we going to continue to see campaigns like that to attempt to combat teen smoking?

Hon. Tony Clement: Yes. I think denormalization campaigns are very important when it comes to reducing tobacco use. This is one area, certainly. Madam Bennett was mentioning targets and measurements. Based on our measurement, I think we can safely say that because the smoking rate over the last few years has gone down from I think 26% to 19%—somewhere around those figures for this country—it indicates that a lot of efforts are taking hold.

We have to continue to denormalize tobacco usage amongst our youth and combat the countervailing pressures by the tobacco companies and by popular culture, if you will. We will continue to do that. And we're continuing to look at additional ways within our constitutional mandate to restrict tobacco advertising. Sometimes there are new media that become available to the tobacco companies, like text messaging, for instance, which didn't exist ten years ago, but now might be a way the tobacco companies will try to get at the youth market.

So we will continue to protect Canadians, and particularly our young Canadians.

Mr. Patrick Brown: Thank you.

The Chair: Thank you, Mr. Minister.

Mr. Temelkovski.

Mr. Lui Temelkovski (Oak Ridges—Markham, Lib.): Thank you very much, Madam Chair, and Minister, thank you for coming to the committee.

You promised to honour the 2004 health accord in its entirety. This includes the “Blueprint on Aboriginal Health”. What is the current status of the blueprint?

Hon. Tony Clement: Just to reiterate some of the points I made a few minutes ago, we have what I think is a very important health initiative when it comes to aboriginal health. We're working with the Assembly of First Nations, for instance, and we're also working through tripartite arrangements, the first being with British Columbia, to have a new vision for the delivery and the effectiveness of health programs in our country.

The B.C. one is important because you have a willing provincial government, the Government of British Columbia, which as we know has been very aggressive and focused on aboriginal issues generally; the B.C. first nations; and the Government of Canada working together so that we can continue to live up to our commitments in terms of funding, but also see if there is a way to deliver these services a bit closer to home, with more provincial and local input by first nations. I see that as a potential template for other provinces.

I have had discussions with other provinces, like Quebec and Ontario and others, to see whether they are interested in moving ahead in that regard.

• (1030)

Mr. Lui Temelkovski: Thank you. Do you have any intention of honouring the Liberal commitment to aboriginal health, Minister?

Hon. Tony Clement: I'm going to do better than that. I'm going to live up to the Conservative commitment for aboriginal health, which is far better.

Mr. Lui Temelkovski: Well, let's get down to basics then. Maybe you can tell the committee how many Canadians don't have physicians.

Hon. Tony Clement: Do you want an exact number or an approximate?

Mr. Lui Temelkovski: A rough number is good. If you have the exact number, that would be even better.

Hon. Tony Clement: That would be even better.

Mr. Lui Temelkovski: You'd be really impressing me then.

Hon. Tony Clement: We'll get back to you with a number on that.

Mr. Lui Temelkovski: Okay.

Maybe you'd know how many doctors we are short of in Canada.

Hon. Tony Clement: Well, we have a shortage of all medical professionals, you're quite right. In all seriousness, this is a world-wide shortage. The world-wide shortage today of medical professionals is in the order of five million and is likely to grow.

Mr. Lui Temelkovski: What's Canada's share of that?

Hon. Tony Clement: I can't calculate that off the top of my head, but we will get you a number.

But you are right that there is a world-wide shortage and a Canadian shortage of medical professionals. That is why we're working with the provinces and territories pursuant to the 2004 health accord. There is a \$100 million pot that will help us deal with credentialling issues and with pan-Canadian strategies for recruitment and retention, and we have to continue to work with the provinces on that.

Mr. Lui Temelkovski: Maybe you're aware of the number of foreign-trained doctors who are living in Canada who can help with this shortage. Do you have any numbers for those?

Hon. Tony Clement: I don't want to do it off the top of my head, so I can get you a number on that. I remember from my Ontario days that the number in Ontario was close to 1,300 IMGs, international medical graduates.

That's an area, of course, that's of great concern to us. I believe the Minister of Immigration is working on our one-stop window to help with credentialling matters.

Mr. Lui Temelkovski: Obviously, we would need some residency spots for these foreign-trained doctors. Maybe you have a plan for that, for increasing the current residency spots in Canada. By how many?

Hon. Tony Clement: Yes, as I have been trying to explain, we have a particular pot, I believe, of \$75 million over five years that was part of the health accord, specifically designed to expand the assessment and the integration of international medical graduates.

Certainly that is our continuing commitment, and I'm hopeful it will have an impact.

Mr. Lui Temelkovski: So, basically, we don't know how many more residency spots we will need to fill the shortage of doctors Canadians need today?

Hon. Tony Clement: I think it's fair to say that it's going to be a combination of things that will help with this. First of all, the number of medical school places in recent years has increased by 30% in this country, after a disastrous turn of events in the early 1990s, when governments of all stripes reduced the number of medical school spaces. So that will, in the long term, obviously be of assistance.

You have the international medical graduates, and you have perhaps a lot of provinces looking at other means of delivering medical services, looking at scopes of practice issues, like physicians' assistants and nurse practitioners, which will help ease the situation in some areas. And integrated health teams will be important, which a number of provinces are pursuing, partially with funding from the federal government.

So I don't think there's one magic bullet in this, but I believe that a combination of things will be of assistance to you.

Our goal, incidentally, is to get 1,000 doctors, 800 nurses, and 500 other medical professionals as a result of our funding.

The Chair: Thank you, Mr. Temelkovski. I'm sorry, but I've let you go over your time here, so I'd better cut this off.

Mrs. Davidson.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): Thank you, Madam Chair, and thank you, Mr. Minister, for appearing before our committee today, and also to the members of the different departments as well. We certainly appreciate your being here to answer our questions.

I want to take my questioning on perhaps a different route than we've been this morning and talk a little bit about pest management control, and maybe ask some questions on that.

I think we all know that the environment and health have definitely been linked far more closely over the past year or so, and that this avenue is probably going to be continuing. I see in the estimates that you're seeking just over \$3 million in additional funding for pest management control, so I'm wondering if you could maybe speak to that a little bit and tell us what that \$3.4 million would be going towards and what you're maybe doing to allow newer, safer pest control products on the market. I think that's definitely been the thrust from communities, and local levels of government as well.

• (1035)

Hon. Tony Clement: Thank you, and as the honourable member is probably quite aware, there have been significant technological advances and research into pest management, which requires that Health Canada assess, through the PMRA, these new chemical compounds and new pesticide management initiatives.

I believe a lot of that money will help us address the technological gap, making sure we can increase our evaluations so that they become quicker and therefore those products that are safe for use can get into our marketplace sooner than has hitherto been the case.

We're also re-evaluating existing reduced risk pesticides, and we're using refined risk assessment criteria, which will maybe expand the universe of growers these pesticides might be used by.

So that's where the money is going.

Mrs. Patricia Davidson: Thank you.

I just wanted to go back to a remark you made on page 4 of your comments, where you said that as a result of cuts to spending made in the previous government's budgets of 2004-05 and 2005-06, you're legally required to identify \$16 million in savings at the Public Health Agency of Canada.

I know this question or issue has been alluded to already, but I'm not sure you had the opportunity to respond fully, so I'd like to ask that you do that now, please.

Hon. Tony Clement: Sure.

I have certain legal obligations, and one of my legal obligations is to not offend Parliament. If Parliament has passed budgets in previous years with, in some cases, long hang times, I do have to implement those.

Some other honourable members commented that there were ways to ensure that the \$16 million in cuts to the Public Health Agency had not taken effect in 2005, 2006, and 2007. That's true. But eventually the clock does tick and eventually we have to live up to the parliamentary requirements.

That's what I'm doing. I'm trying to do so in a way that is least disruptive for Public Health Agency programming in every area, including HIV/AIDS. I identified, I thought, through this plan...and the Public Health Agency identified this \$7 million Canada Health Network website, where we could go from three websites down to two websites and accomplish the same mission but save \$7 million.

I agree that I was obliged to make that choice, but I actually agree with that choice. I'm willing to defend that choice. I think that's the right choice to make, so that other programs can continue on.

We're continuing with that exercise. There will be more reductions that will be coming. I'm not trying to hide anything. But that is the reasoning behind it. My commitment is, whether it be the HIV/AIDS programs or other programs within the Public Health Agency, that we don't want to get to core initiatives, we want to ensure that all the good work being done in the community continues to be done. But I have this obligation to Parliament, which I am going to fulfill.

The Chair: We only have about 20 more seconds, if you have a comment, Mrs. Davidson.

Mrs. Patricia Davidson: I've finished, thank you.

The Chair: Thank you so very much.

Everyone has had a chance to ask a question. What the procedure is, following Ms. Gagnon's question, is to go into a conclusion. We will give you time, Mr. Minister, for a conclusion.

We have exhausted the list of questioners.

Ms. Gagnon.

• (1040)

Hon. Carolyn Bennett: Excuse me, Madam Chair, the committee determines its work.

[Translation]

Ms. Christiane Gagnon: I would like to come back to an issue we have discussed before, Minister.

[English]

The Chair: Madam Gagnon, excuse me, we have to go. I'm so sorry, we're running out of time. We have to give the minister time for conclusions and then we have to take some votes.

[Translation]

Ms. Christiane Gagnon: You say we have 20 minutes to wind up? We have never worked that way.

[English]

The Chair: No, no. If you will let me finish, I will make this proposal to you. We can wait for a few minutes until we all get organized.

What I'd like to do is this: we need time for voting—

Ms. Christiane Gagnon: No, it's my turn. We have two questions for the Bloc—

The Chair: Excuse me! This is what we need to do: we need time—

Ms. Christiane Gagnon: We never work like that, *madame la présidente*. If you don't respect the members of the committee, we won't respect you.

The Chair: We're wasting time.

With all due respect, this is what I'm trying to do: get everything done so we can finish at 11 o'clock. At your suggestion, I was instructed that we need time for the minister to conclude and for our votes.

However, what we'll do is give each person one minute and see how far that goes.

Ms. Christiane Gagnon: No, I'm sorry, I need a five-minute question time for the Bloc Québécois.

Hon. Carolyn Bennett: Madam Chair, you can't make this up. Give Ms. Gagnon her time.

Ms. Christiane Gagnon: We missed questions. It's my turn.

The Chair: Madam Gagnon, we will give you one minute for a question.

Ms. Christiane Gagnon: You're trying to change the rules when the minister comes here.

The Chair: Madam Gagnon, one minute for a question, one minute for an answer.

Madam Gagnon, go ahead.

Ms. Christiane Gagnon: No, I have my five minutes right away.

Hon. Carolyn Bennett: Madam Chair, you do not have that prerogative.

The Chair: Excuse me—

Ms. Christiane Gagnon: We've never seen this at the committee. The rule was clear and it was very respectful of each other.

The Chair: Madam Bennett and Madam Gagnon, I have been instructed on two things: we need to get the—

Ms. Christiane Gagnon: Madam Chair—

The Chair: Can I finish?

Hon. Carolyn Bennett: No. Madam Chair, I'm challenging the chair on a point of order.

The Chair: I'm going to suspend. We'll have to do this another time.

Hon. Carolyn Bennett: No, sorry. You are the chair of this committee and you take your instructions from the committee. You take your instructions from the committee.

The Chair: Excuse me, I do not want to suspend this committee, but I want to finish at 11 o'clock. So what I'd like to do is inform you—

Hon. Carolyn Bennett: So it is five minutes for Madame Gagnon, five minutes for the Conservatives, and five minutes for Madam Wasylycia-Leis.

A voice: We are here to ask questions of the minister.

The Chair: Madame Gagnon, do you want the five minutes? Is it agreeable to the committee, so we can finish by 11 a.m., that we only have two people ask questions? I was going to try to have everyone have one quick question.

Can we agree to two questions?

Hon. Carolyn Bennett: No. It is three. Judy needs another question too.

A voice: And I have a question. We have time.

The Chair: Excuse me, I will give—

Hon. Carolyn Bennett: That's right—one, two, three.

The Chair: Madam Wasylycia-Leis, did you have a suggestion?

Ms. Judy Wasylycia-Leis: Yes. I think we probably can agree, even if we go after 11 a.m., that we will still have time for the votes. I think it's important that each party get five minutes.

The Chair: Okay, so we'll give each party five minutes. So you're willing to go after 11 a.m.

We have to bring this.... We're supposed to adjourn at 11 a.m., because other people have other things.

Hon. Carolyn Bennett: You've wasted five minutes, Madam Chair, by not listening to the committee.

The Chair: I will give each person, each party, two minutes, to try to give you some leverage here—

Hon. Carolyn Bennett: It should be five minutes, Madam Chair.

The Chair: —and then the minister will conclude, and then we will do the vote.

Hon. Carolyn Bennett: You're just making this up as you go.

The Chair: Would everybody agree to that? We have to finish by 11 a.m.

Hon. Carolyn Bennett: No, it should be five minutes, five minutes, five minutes. It's very clear. Don't make this up.

The Chair: Okay, Minister, if you don't have any concluding remarks, then, we can use that.

Hon. Carolyn Bennett: That's correct.

The Chair: Okay. Is that a consensus, then, that we'll not have the minister's concluding remarks?

Hon. Carolyn Bennett: We never do. We never have. Where'd you make that up?

The Chair: Madame Gagnon, you may go.

[Translation]

Ms. Christiane Gagnon: Thank you, Minister. I apologize, we will agree on clearer rules in the future.

I would like to talk again about the important issue of silicone breast implants, Minister. The United States have simply given up. They amended the follow-up protocol for breast implants, and that resulted in a lowering of the American standards. There is a Democratic senator who is very concerned, and she sent a letter to the Food and Drug Administration. The manufacturers agreed that there would be a study conducted of each patient who received a silicone gel breast implant. The FDA no longer wants this requirement in place.

We are very concerned about this, Minister. The Bloc Québécois was opposed to this procedure which is dangerous to women's health. Are we going to base our standards on the new American standards? Will Canada also be reducing its requirements having to do with the Health Canada protocol on silicone breast implants?

•(1045)

Mr. Morris Rosenberg: Thank you, Madam Chair.

Last year, the decision was made to award licences to authorize breast implants. These licences came with various conditions, including the requirement to conduct studies. There has been no change in that regard.

Ms. Christiane Gagnon: [Editor's Note: Inaudible] in the United States. They applied pressure to have this requirement removed. It would no longer be required to follow up on patients who have received breast implants. We are very close to the United States, and often we are inclined to make the same decisions it does.

Could manufacturers apply pressure to Health Canada to try to get it to relent?

Mr. Morris Rosenberg: I cannot speak about what the manufacturers will do. All I can say is that the current conditions for obtaining a licence will remain in place.

Ms. Christiane Gagnon: I am just giving you a warning, because this could happen.

I would like to come back to the issue of nutritional labelling. Some municipalities have called for a moratorium on the implementation of new standards on nutritional labelling for small manufacturing businesses of one million dollars or less. We have had a great deal of trouble following this issue, because not all small producers have been reached, or they do not really understand how these new standards work.

I am somewhat surprised at your answer. These municipalities sent you a request for a moratorium and you replied to them, or one of your assistants did, by saying that this was out of the question. You tell me that this involves Agriculture Canada. And yet, this letter from Health Canada was sent by your office.

This is extremely complicated. Throughout the summer, I tried to understand myself how this regulation would be enforced. We heard that the laboratory analysis would cost \$800 for each product, and that otherwise, it would be analyzed using software. The cost of the software varies between \$500 and \$3,000. There is a whole range of steps that can be taken, but you will appreciate that small producers may not have all the tools they need to do the analysis and proceed properly. What should small producers do in order to comply with your nutritional labelling standards?

They called for a moratorium. The officials have told us that there might not be any sanctions, but that is not clear. Could you issue a directive in the interest of helping out small producers?

Hon. Tony Clement: It is important that this question receive a full answer. Honestly, I do not think this involves my department, but it is nevertheless important to answer your question.

We need regulations that will protect the health of Canadians. If there is a problem with one company, of course, I am...

Ms. Christiane Gagnon: Is William King your chief of staff?

Hon. Tony Clement: Yes.

Ms. Christiane Gagnon: He is the one who said it was out of the question. He said in his letter that he was sorry he could not agree to the request. The letter came from your office.

•(1050)

Hon. Tony Clement: Agreed, but I would like to get a complete answer.

Ms. Christiane Gagnon: Thank you.

[English]

The Chair: Thank you.

Madam Kadis.

Mrs. Susan Kadis: Minister, the residents of my riding of Thornhill are very concerned—as was also said by Ms. Davidson—about the use of pesticides, particularly on our food. In the last session many of us raised the issue at this committee of reports on the amount of pesticide residue permitted on fruits and vegetables—that it may be increased as part of the SPP.

My concern as well is that any of the \$3.4 million that's being increased for our pest management control will be used in any way to increase the maximum residue of pesticides on our food.

Hon. Tony Clement: I can only reiterate to you and the committee that all pesticides in this country are stringently regulated. That has been the case, is the case, and will be the case. No changes to regulations will occur if they affect the health and safety of Canadians. That must be our top priority.

Mrs. Susan Kadis: So Canadians will not see a lowering of our standards as part of the harmonization.

Hon. Tony Clement: Unlike some people, I need to have regard for science. If the scientists tell me that something is safe and does not impede Canadians' health, that's what I have regard for. I know you have constituents; I have constituents too. But at the end of the day we have to be ruled by fact rather than emotion.

Mrs. Susan Kadis: So you can't confirm today that we won't lower our standards on the amount of pesticide residue allowable on our foods.

Hon. Tony Clement: We will make evidence-based decisions that will protect the health and safety of Canadians. That's my commitment.

Mrs. Susan Kadis: I just want to make sure, and I think everyone wants to make sure, that we do not lower our standards.

Hon. Tony Clement: We will not lower our standards.

Mrs. Susan Kadis: There's too much pesticide in our food now.

Hon. Tony Clement: Now you're into opinion rather than fact.

Mrs. Susan Kadis: That is what I'm hearing from my residents. I'm sure many others are too.

Hon. Tony Clement: I know you are. But I'm in a science-based department, and I have to rule on these things based on science.

Mrs. Susan Kadis: Then what you're saying is we're going to have to very closely monitor this issue for the health and safety of Canadians and perhaps have the minister back and those involved directly in the SPP discussions revolving around pesticides on our food.

Hon. Tony Clement: I don't know what discussions you are referring to, but I know there have been a lot of conspiracy theories engendered by the Liberal opposition.

Mrs. Susan Kadis: We had officials here in the last session. There was legitimate concern, and we had officials here, and I believe this bears—

Hon. Tony Clement: We have MRL discussions. We do, and I'm not denying we do.

Mrs. Susan Kadis: —close monitoring. I haven't heard definitively from you that we will not lower our standards on the pesticide residue level on our foods.

Thank you.

Hon. Tony Clement: You know, this is silly. That's just partisanship. I'm sorry you're reacting that way. I know a lot about health, Madam.

The Chair: Are you finished, Madam Kadis?

Okay, Mr. Fletcher.

Mr. Steven Fletcher: Thank you, Madam Chair.

Minister, this government has done a lot in the area of heart disease, cancer, and mental health. You've talked about mental health already, but we haven't heard yet today about the progress in the Canadian Partnership Against Cancer. I wonder if you could provide the committee with an update on that very great initiative.

Hon. Tony Clement: I think that's important. Obviously it's one of our signature initiatives as a government. Cancer is a national epidemic. The previous government ignored this fact and stonewalled against working together with cancer agencies, provinces, and territories for a national cancer strategy. We moved ahead. I was very proud of the Prime Minister when he announced in Montreal the establishment of the Canadian Partnership Against Cancer. It is not a top-down approach. Everyone is at the table, similar to what we have here. Everyone—provinces, territories, cancer survivors, oncologists, researchers, cancer agency individuals, and federal government representatives—is at the same table so that we can develop a national strategy.

Obviously the provinces must continue to play their role. Where the federal government fits in is on establishing better national surveillance, sharing of best practices, health human resources—which has been an issue at this committee today—and establishing better strategies for health human resources in the cancer area. These are all ways that we can be helpful through establishing the table and sharing the best practices.

It defies imagination, but it is true that some parts of our country and some provinces have some really good ideas that somehow never get transposed to other parts of the country. So some parts of the country get left behind in certain areas. This is our opportunity to share best practices and to deliver, I think, better cancer treatment, better cancer research, and better cancer prevention ultimately.

The experts tell us that if we adopt this strategy, we will be able to prevent something like 431,000 cases of cancer that would be deadly from being deadly, and that there are literally hundreds of thousands of other Canadians that would not get cancer in the first place if we follow this approach. I think this holds great hope that we can do better on the cancer front than we have been able to do in the past.

•(1055)

The Chair: Thank you, Mr. Minister.

Thank you, Ms. Wasylycia-Leis, for reducing your time so we can finish on time. You're next.

Ms. Judy Wasylycia-Leis: Thank you very much.

I have three short questions, to which there may be long answers.

Hon. Tony Clement: That's my fault.

Ms. Judy Wasylycia-Leis: First, on the issue of unsafe products and toxic toys, which we addressed as recently as yesterday, you've indicated that you are taking some tough actions, although what we've seen to date is a website, which clearly doesn't do the job of protecting Canadians. Your website also makes false claims, suggesting that you already have legislation to be able to recall products. We know there is no such legislation. I'm asking you today if you are prepared, as part of your action plan, to actually change the legislation and make it possible for Health Canada, this government, to be able to order recalls.

Hon. Tony Clement: We're doing a top-to-bottom review. This legislation hasn't been really reviewed in 40 years. I think it is high time. You and I agree it's high time, and when we have something to announce, we'll announce it.

Ms. Judy Wasylycia-Leis: Are you going to change your website to take away the false impression?

Hon. Tony Clement: I wasn't aware of that. We'll take a look at it, absolutely.

Ms. Judy Wasylycia-Leis: It's right here under "Consumer Product Safety". It says twice: "Enforcing legislation by conducting investigations.... Publishing product advisories, warnings and recalls".

Hon. Tony Clement: It might be further made clear that we are talking about voluntary recalls in the current legislation context.

Ms. Judy Wasylycia-Leis: I have two other questions.

Well, voluntary recalls is a totally separate matter. They're government-authorized recalls.

Hon. Tony Clement: I hear you. Uncle, uncle.

Ms. Judy Wasylycia-Leis: You are moving money from the Department of Health dealing with treatment in terms of drug abuse and you're moving that to the justice department for your war on drugs campaign. What criteria do you have in place, as you do this, to ensure that the money will actually be used for proper treatment and issues pertaining to education, prevention, and treatment around drug abuse, as opposed to putting all this money into a questionable ad campaign?

Hon. Tony Clement: I think part of it is a court diversion program, if I recall correctly.

The Chair: Mr. Minister, perhaps I can make a suggestion at this juncture. Would you mind getting the answer back to Ms. Wasylycia-Leis? I understand there's a committee waiting to come in.

Hon. Tony Clement: Okay, sure, we'll get back to you.

The Chair: We still have our voting to do, and we have to ask the minister to depart before the votes. Thank you so very much for coming today.

The other committee is coming in, so we're going to have to go to the votes quickly, please. Could we commence and finish the vote so we can finish this today, please?

We need to finish our votes, so could everyone take their seats, please? The other committee needs to come in. This is what I was talking about. We took too long on the questioning today.

We are going to go into the votes because it won't work to take it to another meeting. Can we go to it? Shall vote 1a carry?

HEALTH

Department

Vote 1a—Operating expenditures.....\$93,326,398

(Vote 1a agreed to)

The Chair: Shall vote 5a carry?

● (1100)

The Clerk of the Committee (Mrs. Carmen DePape): There is a motion to reduce the vote.

The Chair: Go ahead, Madam Bennett.

Hon. Carolyn Bennett: I had thought, Madam Chair, I would want to reduce the car allowance of the Minister of Health in that he's refusing to drive the hybrid that is sitting outside the back of Health Canada, and I think he should be encouraged to use that and then reduce the amount he spends on gasoline.

I have been encouraged not to do it in view of whatever, but I want it on record that I think it appalling that the Minister of Health is not driving a hybrid car while it's sitting in the backyard.

The Chair: Are you giving an amount to that? Are you proposing a motion?

Hon. Carolyn Bennett: [*Inaudible—Editor*]...but now I understand that you want to report it back.

The Chair: Shall vote 5a carry?

Department

Vote 5a—The grants listed in the Estimates and contributions.....\$98,331,227

(Vote 5a agreed to)

Canadian Institutes of Health Research

Vote 15a—Operating expenditures.....\$469,075

Vote 20a—The grants listed in the Estimates.....\$46,718,211

(Votes 15a and 20a agreed to)

Public Health Agency of Canada

Vote 35a—Operating expenditures.....\$9,708,944

Vote 40a—The grants listed in the Estimates and contributions.....\$5,210,000

(Votes 35a and 40a agreed to)

The Chair: Shall I report the supplementary estimates to the House?

Some hon. members: Agreed.

The Chair: The meeting is adjourned.

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