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—
Chair

Mrs. Joy Smith

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• (1535)

[English]

The Vice-Chair (Ms. Joyce Murray (Vancouver Quadra, Lib.)): Good afternoon, everyone.

I would like to welcome Minister Aglukkaq to our meeting on the main estimates today.

Welcome, Minister. Thank you for being here.

We're here today pursuant to Standing Order 81(4) to discuss the main estimates for 2009-10. With the minister, we have some witnesses from the Department of Health: Morris Rosenberg, deputy minister; and Alfred Tsang, chief financial officer. From the Public Health Agency of Canada, we have Dr. David Butler-Jones, the Chief Public Health Officer, and we are expecting the chief financial officer, James Libbey.

Minister, we're very interested in your remarks. You have the floor.

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

Good afternoon, Madam Chair and members of the committee. It's again my pleasure to be here with you.

I'm here today to address the health portfolio's main estimates for this fiscal year, which represent an increase of approximately \$236 million.

I also want to talk about how our spending and legislative priorities support a stronger focus on the federal role in the health and well-being of Canadians. In particular, this year's main estimates include investments supporting stronger product safety, further recruitment of new health researchers, and better health outcomes for first nations and Inuit.

But before I go any further, I want to address our response to the H1N1 flu virus.

For the better part of a month, public health officials in Canada and throughout the world have been monitoring the development of this virus and responding according to the level of risk. Thankfully, the impact on Canada has been relatively mild so far, but let me be clear: we cannot afford to let our guard down. H1N1 is a new strain of influenza. As a result, we can't be sure of the next turn it will take, so we will stay vigilant and be ready to respond as necessary.

Canadians can take comfort in the fact that we have a well-informed, well-supported, and well-developed pandemic preparedness plan. We will continue working with the provinces, the territories, and international partners, as well as learning from the

data we have collected and the research we conduct at the National Microbiology Laboratory.

As precautions, we issued a travel warning advising against non-essential travel to Mexico, stationed more quarantine officers at Canadian airports that receive direct flights from Mexico, and distributed health alert notices to travellers—over 1.5 million a week.

I also want to highlight the achievements of researchers at the National Microbiology Lab who made an important discovery last week by sequencing the genome of Mexican and Canadian samples of this virus, essentially decoding its genetic makeup. This discovery has provided important information for researchers around the world. With this knowledge, we were able to eliminate genetic mutation as a possible reason for why the virus has apparently hit Mexico harder than Canada. Identifying the nature and composition of this virus will also help with vaccine development.

Health Canada experts are working with a vaccine manufacturer on the initial steps toward developing a vaccine. However, it is internationally acknowledged that producing a safe and effective vaccine could take up to six months. It is imperative that we balance the need for speed with quality and safety. In the meantime, should the situation dictate, we have safe and effective anti-viral stockpiles at the ready.

Madam Chair, let me say that so long as this situation persists, we will remain vigilant. As we have from day one, we will keep Canadians well-informed and well-advised as important details emerge. We are constantly considering the effectiveness of everything we do so we can make adjustments and continue to provide the leadership Canadians need and deserve. Providing leadership in protecting the health of Canadians against infectious disease is a key federal health responsibility. It is one we are committed to fulfilling.

As you know, our government has pledged to improve our ability to meet another key federal health responsibility. I'm referring to our commitment to modernize our safety system for consumer, food, and health products. Some of the essential changes we seek are represented in Bill C-6, the Canada Consumer Product Safety Act. This is important legislation that will bring our consumer product safety regime in line with the realities of today's global economy.

Of course, amendments to the Food and Drugs Act remain part of our food and consumer safety action plan, but for now, I want to thank the members on this committee for your careful review of Bill C-6.

I also want to thank you for your thoughtful input on Bill C-11, the Human Pathogens and Toxins Act. That legislation has been improved, thanks to the work of this committee. The bill will increase biosafety and security at Canadian labs that work with human pathogens and toxins. Please allow me to thank all members for their efforts in putting forward important changes to this bill at committee.

I join all of you in hoping for the quick passage of Bill C-6 and Bill C-11 through the Senate, towards gaining royal assent. The sooner this happens, the sooner the health of Canadians will be better protected.

Of course, research is essential in finding new ways of protecting and improving Canadians' health. It is for this reason that our government is providing further support to the Canadian Institutes of Health Research. This government is committed to supporting innovation and research.

Budget 2009, or Canada's economic action plan, contains some \$5.1 billion in science investments. With respect to health research since 2006, CIHR has benefited from \$117.2 million in permanent budget increases and a further \$154.6 million in time-limited, targeted funding, supporting priorities such as pandemic preparedness. Furthermore, I'm proud to say that this year's main estimates include greater investments in scholarship programs designed to recruit and develop the health research stars of tomorrow.

And Budget 2009 commits even more.

In the past, CIHR-funded research has led to improvements in cancer treatment, cardiac care, and patient safety. As a result, I'm confident that the investments we're making today to attract new talent will lead to significant health improvements in the future.

This year's main estimates also include new investments for better first nations and Inuit health—today.

As I said in my opening remarks, we're dedicated to sharpening our focus on federal responsibilities. Among the most important objectives within my portfolio is ensuring the availability of health care services for first nations and Inuit.

Today, health disparities between aboriginal communities and the rest of Canada are apparent, and it's our goal to reduce them. As a result, these main estimates invest more than \$200 million for core first nations and Inuit health programs, services, and infrastructure to better meet front-line demands.

Indeed, these investments represent a clear focus on federal responsibility, one of my portfolio's primary objectives since 2006. And future decisions will continue to be made along these lines.

Accordingly, this same approach was taken during the health portfolio's strategic review process. In February, I know, members of this committee had questions regarding this, and my officials and I are committed to discussing details with you today. Across the portfolio, Health Canada, the Public Health Agency, and CIHR

carefully reviewed their programs to ensure their efficiency and effectiveness. The goal was to reallocate funding to better meet Canadians' needs.

In doing so, officials were asked to propose ways for making programs and services more effective and efficient, to focus on providing programs that are consistent with federal roles and responsibilities, and to align federal activities with the needs and priorities of Canadians. The portfolio will realize the following savings: \$44.6 million in 2009-10, \$61.7 million in 2010-11, and \$108.4 million in 2011-12.

Additionally in February, some committee members feared there would be cuts to important aboriginal and women's health programs. I'm happy to say that these fears were unfounded. In fact, the reinvestments we were able to make will improve our ability to protect the health and safety of Canadians.

For example, Budget 2009 included \$35 million over three years to CIHR through the Canada graduate scholarships program to support future research stars, \$440 million for first nations and Inuit health care and infrastructure, and \$500 million to accelerate the use of electronic health records in Canada, which will lead to higher-quality, more effective health care. These are important investments that are in line with the priorities of Canadians.

In conclusion, I want to take a moment to salute my officials and all employees who have worked so hard in responding to the challenge of the H1N1 flu virus. I also want to thank our partners, both internationally and within Canada, for their ongoing collaboration.

● (1540)

Let me also thank the committee for your work, past, present, and future, and I look forward to the observations that will come from your study on health human resources as well as from the new subcommittee that will study the impact of neurological disease.

As we take further actions to sharpen the focus on the federal role in health, I look forward to your ideas. Thank you, also, for accepting my invitation to visit Nunavut later this month. In my February appearance before this committee, I said that our vision needs to extend north of 60 if we want to be truly national.

This will represent the first time in history that the health committee has visited my home territory, so I thank you for accepting my invitation to broaden our perspective to account for the full vastness of the country we all love so much.

Thank you. I look forward to your questions.

The Vice-Chair (Ms. Joyce Murray): Thank you very much for those comments.

We'll go to a round of questions now. I'd like to remind committee members that when the minister appears, there's different timing, so there will be 15 minutes for the Liberal questions, and 10 minutes for the Bloc, NDP, and Conservative questions in the first round, and then it will go to five minutes for each of the question opportunities, in the usual order of our committee.

Dr. Bennett.

• (1545)

Hon. Carolyn Bennett (St. Paul's, Lib.): Thanks very much.

Thank you very much, Minister.

Thanks again to your officials for the hard work you've done in this recent outbreak and for your inclusiveness in allowing us to be briefed appropriately and to hopefully to be part of building the confidence of Canadians in what you are doing.

I believe your intentions are well founded, but in looking at the estimates, I'm worried that you don't necessarily have the money to do it. I would like, therefore, to understand, just beginning with the line item on emergency preparedness and response, why it would be more than \$10 million less than last year. There was \$38.97 million last year, and there's just \$26.8 million this year.

Also, as you know, there's pandemic preparedness and then there's pandemic response. We are now into response, so we want to know what happened to the \$400 million that was booked in the 2006-07 budget, which was \$600 million for departments and agencies over the next five years, and \$400 million that could be set aside as a contingency fund, accessed only as necessary. My understanding is that this is down now to \$80 million.

We want to know if you have been able to access that contingency fund. How big is it? Why are the estimates for emergency preparedness and response so much lower than they were even last year?

Hon. Leona Aglukkaq: Thank you.

To start off, in Budget 2006 we had invested \$1 billion to develop the pandemic preparedness plan for Canada in partnership with the provinces and territories. The plan that was developed included planning for the stockpiling of antivirals and so on. As we establish a contingency plan, how we access the funding goes through the Public Health Agency of Canada. The original investment of \$1 billion was to develop the plan in partnership, to stockpile, to build the vaccine capacity, and so on. We continue to work with our provincial and territorial counterparts as we respond to this H1N1.

This is the first time—

Hon. Carolyn Bennett: The \$400 million was for a contingency—

Hon. Leona Aglukkaq: I'll get to that.

Hon. Carolyn Bennett: —in the event of needing a response.

Hon. Leona Aglukkaq: Yes. I'll get to your question.

In terms of developing a plan, this is the first time that we're actually dealing with an issue like a pandemic—the H1N1. As we are implementing the pandemic plan, we are working very closely with the provinces and jurisdictions in monitoring how we deal with it. If there is a requirement to access additional funds to deal with the H1N1 pandemic issue, we will go forward with that.

I will now ask my officials to elaborate in terms of how we established the contingency fund to respond to this.

Hon. Carolyn Bennett: Before the officials answer, I would like to say you used the subjunctive, Minister: you said “should” we need. We are in response mode now. Have you accessed the contingency fund, particularly in view of the fact that in this year's estimates you have reduced the support for public health infrastructure across this country? It was \$325 million and it's now done to \$137 million. What are the provinces and territories, your partners, saying about the fact that there's less money for them now?

Hon. Leona Aglukkaq: The provinces and territories, as part of the pandemic plan, have already established stockpiles in their jurisdictions, as an example. They also deliver health care on a front-line basis to the delivery of health care—

Hon. Carolyn Bennett: Minister, this isn't about stockpiles. It's about having public health nurses.

Hon. Leona Aglukkaq: We do have the funding for that—

Hon. Carolyn Bennett: It's about building infrastructure.

Hon. Leona Aglukkaq: Do you want me to answer your question or...?

• (1550)

Hon. Carolyn Bennett: I don't want to hear about stockpiles anymore, because they have to be refreshed.

Hon. Leona Aglukkaq: That is part of the plan. Part of the plan to deal with the pandemic included stockpiling. If the provinces and territories need it to respond to the H1N1, it's there. We made the investment. It's there.

Hon. Carolyn Bennett: So what is being reduced in your estimates for this year from \$325 million to \$137 million of what you're sending? You even have reductions in the grants to agencies to support health promotion. Is handwashing in health promotion or is it in response to pandemic? How can you be reducing the money to health promotion in this year's estimates?

Hon. Leona Aglukkaq: In terms of the pandemic plan process, I'll get Dr. Butler-Jones to elaborate.

Thank you.

Dr. David Butler-Jones (Chief Public Health Officer, Public Health Agency of Canada): There are a number of things.

Firstly, with regard to the contingency fund that you were referring to, \$80 million per year was the way it was laid out. We, as needed, can draw on the \$80 million as it relates to this year as part of the contingency. It was not \$400 million that sat there; it was \$80 million a year over the five years of the contingency. Obviously if there are requirements beyond that, then we will deal with that through the usual processes.

In terms of the reductions, part of it, as the minister's saying, really does relate to stockpiling. In other words, when we bought antivirals and when we purchased other materials and how we built up the national emergency stockpiles—

Hon. Carolyn Bennett: So just to be clear, every year that you don't have a pandemic, you lose the \$80 million? Is it only \$80 million for a pandemic response?

Dr. David Butler-Jones: The way that the—

Hon. Carolyn Bennett: What about the \$1 billion that was booked?

Dr. David Butler-Jones: Okay. The \$400 million is the contingency. It was costed at \$80 million a year. We are now four years into that, so this year there's \$80 million that we potentially have access to.

Hon. Carolyn Bennett: So why isn't there \$400 million in the fund?

Dr. David Butler-Jones: That's not the way it was set up.

But, again, in terms of the issue of governments and how they will deal with this, whether provincial or federal, we'll deal with what we face and then how we address it.

In terms of health promotion during this, we are involved with the provinces. You have seen ads. You have seen information at airports. You have seen other things, and those are pandemic-related health promotion and resources. The other \$600 million, not just to the agency, but the \$600 million divided between Health Canada, CFIA, and ourselves, was to address, to develop the plans, to purchase antivirals, to make sure that we have contracts in place for vaccine, etc. That has been applied and is a big part of the reason why we are in as good a position as we are today compared to five years ago.

Hon. Carolyn Bennett: Is the health promotion money for this coming out of pandemic preparedness response health promotion money, or is it coming from other health promotion money?

Dr. David Butler-Jones: It depends. Some of it is clearly from the pandemic money, because it relates to preparedness for pandemic and the kinds of information promotion around handwashing, etc.

That fits. So it comes under the more pandemic-related activities. So there are promotional materials activities as part of our pandemic planning and response.

Hon. Carolyn Bennett: The health promotion money that used to be much higher is going to be much lower for this upcoming year. What are you going to have to cut in order to not be doing health promotion this year?

Hon. Leona Aglukkaq: I think one needs to understand that there's also a health promotion responsibility from the provincial and territorial governments. In this year's budget under the Canada health transfer, we transferred \$24 billion to the provinces, which are also responsible for prevention and front-line delivery. There's—

Hon. Carolyn Bennett: But, Minister, here on—

Hon. Leona Aglukkaq: There's a joint partnership relationship in responding—

Hon. Carolyn Bennett: Just look at the line I'm talking about.

Hon. Leona Aglukkaq: —to the pandemic plan and there is a relationship to the plan itself. Provinces and territories are part of the pandemic plan. Some of their role is related to prevention and they've taken a partnership role in the prevention part.

Hon. Carolyn Bennett: But, Minister, my concern is that you cannot do a plan unless there's public health infrastructure.

In the line item under “Grants”, and “Grants to individuals and organizations in support of public health infrastructure”, last year it was \$325 million, and this year it's \$137 million. How can they effect their plan if they have less money for infrastructure?

Hon. Leona Aglukkaq: I'll get Mr. Butler-Jones to explain the change in the paper, how we presented it.

Dr. David Butler-Jones: It's not that there is a reduction. It is a movement from grants to contributions, a different mechanism for funding these activities. It's not that the money isn't being used and isn't there. It's no longer in the “Grants” column.

•(1555)

Hon. Carolyn Bennett: What about the “Strengthen Public Health Capacity” line, which is down from \$44 million to \$31 million?

Dr. David Butler-Jones: Let me speak to it generally, while Jim kind of looks at the specific numbers, because what we're doing and what we're developing, those kinds of things, and it's difficult in one single year to another.... We have, as an agency, increased substantially over the last four years. Both staff and resources have been put into public health activities, both for the support of the system out there, but also here.

So from year to year, moneys will go up and down depending on whether there are specific purchases, specific projects, etc., that are done. Some of them are moved into more effective areas or more appropriate areas. Because once we've done something, then we don't have to do it again. We use that money somewhere else so it moves in column.

Hon. Carolyn Bennett: So are you telling me that you think that public health infrastructure for Canada is perfect and that we can actually now afford to be rolling back?

Dr. David Butler-Jones: No—

Hon. Carolyn Bennett: Even contributions to universities and public health organizations to do workforce development are down. Contributions to individuals and organizations in support of public health infrastructure are down. The people I talk to the on the ground are still very worried that they are one-armed paper hangers. There are not enough resources to do this stuff. Why would we be ramping down at a time when we need more?

Dr. David Butler-Jones: Well, anyways, thank you for the question, just in the context of—

Hon. Carolyn Bennett: We just want to help you get more money. That's all.

Dr. David Butler-Jones: I very much appreciate that.

Voices: Oh, oh!

Dr. David Butler-Jones: We've always talked about how public health is a local activity. There's a provincial mandate and there are federal roles that we play to support and build that capacity. In the first full year of the agency, we had 1,800 staff and a budget of \$423 million. Now, in these estimates, there is a staff of 2,400-plus and \$648 million. That is applied to the work of public health in the country.

Is public health there yet? No. The neglect of the nineties clearly is a problem that was recognized in SARS. We are continuing to build that, not just federally, but also provincially, territorially, and locally. Is the system there yet? Of course not. It needs to continue to develop. But there's also an absorptive capacity in terms of how, if we hired 50 public health doctors tomorrow, that's 50 less to actually serve public health at the local level in this country. We need to continue to work on the training, the skills, the development, tools, etc., that support the whole system. That's where we focused our efforts.

So we're not reducing funding for public health in that sense.

Hon. Carolyn Bennett: Well, it looks worrying. In the estimates, I can't see the national antiviral strategy anymore. It was in previous estimates. It seems to just have fallen off the map.

Dr. David Butler-Jones: We have the joint stockpile with the provinces and territories, which we funded 60%. That's 55 million doses. We also have over 15 million doses in the national emergency stockpile. Plus, there are others in terms of the overall balance. We've been adding more Relenza as an alternative to Tamiflu. We just placed an order, jointly with the provinces and territories, for I think another 10 million doses of that. That will contribute to it.

We have a national antiviral strategy. The antivirals are in place, they're across the country, and they're ready to really be mobilized as needed, depending on what we see in the fall.

Hon. Carolyn Bennett: My concern, as you know, is that the human H1N1 that's circulating regularly is resistant to Tamiflu, and a lot of it is perhaps even resistant to Relenza. Where is the money coming from for the research for new antivirals? A real strategy would be trying to get ahead of the curve. Are we able, with cuts to CIHR, with cuts to everywhere we know, to have a national antiviral strategy that will give us what we need should this new and more severe virus in the fall end up resistant to the two drugs we already have?

•(1600)

The Vice-Chair (Ms. Joyce Murray): A brief answer, please, because the time is almost up for this line of questioning.

Hon. Leona Aglukkaq: Thank you.

I think Dr. Butler-Jones responded to that. We have plans to develop a vaccine and to stockpile it with the provincial jurisdictions as well. But at the same time we are—

Hon. Carolyn Bennett: Minister—

Hon. Leona Aglukkaq: —moving forward with developing the vaccines for H1N1. As I said in my opening remarks, I would expect that internationally it's going to take about six months to produce that, but we are starting that process now, and I look—

Hon. Carolyn Bennett: Minister—

Hon. Leona Aglukkaq: —forward to keeping members updated on that process as—

Hon. Carolyn Bennett: Minister, there's a difference between antivirals and vaccines.

The Vice-Chair (Ms. Joyce Murray): Thank you very much, Minister, for your remarks.

Dr. Bennett, your time is over.

Mr. Malo, it's your 10 minutes.

[Translation]

Mr. Luc Malo (Verchères—Les Patriotes, BQ): Thank you very much, Madam Chair.

Madam Minister, good day and welcome.

Gentlemen, good day and welcome to you.

One of the budget items for your department refers to the regulation of pesticides. As you undoubtedly know, the Government of Quebec is currently being sued by American pesticide producers, on the basis of NAFTA-related arguments, because of that government's policy prohibiting pesticides on its territory.

Using funds from this budget item or another, can you support the Government of Quebec in its defence of its law?

[English]

The Vice-Chair (Ms. Joyce Murray): Minister, your response, please.

Hon. Leona Aglukkaq: Thank you.

Thank you for the question.

The government has always been very clear that the health and safety of Canadians is a priority. When it comes to involving provincial legislation around pesticide bans and so on, it's the provincial responsibility to implement that legislation, as far as I understand it.

Thank you.

[Translation]

Mr. Luc Malo: Thank you.

Moreover in the budgets allocated to your department, there is a heading entitled "Sustainable Environmental Health". Activities under this heading also involve new technologies such as nanotechnologies.

Currently, Madam Minister, we have very little information on the quantity of nanometric materials that are being marketed and the potential risks associated with them. Because we have little information, this may raise a certain number of concerns, in particular as regards the impact nanoparticles may have on human health, animal health, or even the environment. We have very few research results on the effects of nanoparticles.

As you know, pursuant to the Canadian Environmental Protection Act, 1999, your colleague from the Department of the Environment and yourself are bound to conduct environmental and health risk assessments, and to manage risks related to the arrival of chemical substances on the market in an appropriate manner.

And so, with the budgets allocated to you under this item or any other, will you be launching, quickly, a complete consultation process which will lead to a review of the existing legislation to ensure that it truly meets the challenges posed by nanoparticles? Will you also put in place a mandatory data collection system for all of

the new nanomaterials which have entered the market and are continuing to arrive?

Mr. Morris Rosenberg (Deputy Minister, Department of Health): Thank you, Madam Chair.

I am going to try to answer that question. I can say that we are of course working on this new technology, nanotechnology, which does present advantages, but also risks which we do not completely understand at this time. This has led us to be very prudent.

We have an inventory of the materials or products that are used in this technology. We work in close cooperation with our international partners and we are continuing to develop our policy in this regard. We can continue to inform the committee as to the progress of that work.

● (1605)

Mr. Luc Malo: Will there be consultations on this?

Mr. Morris Rosenberg: Of course. When we introduce new regulations—and especially regulations as important as this one—it is always the practice of Health Canada and the Government of Canada to undertake consultations with the public before the regulations become official either in the form of a working document or a draft regulation published in Part 1 of the *Canada Gazette*. That is the regulatory policy.

Mr. Luc Malo: When do you expect this to happen?

Mr. Morris Rosenberg: I don't know the exact date, but I can find out and let you know.

Mr. Luc Malo: Will it happen sooner, or later?

Mr. Morris Rosenberg: A report was published in July 2008 on nanotechnology. This report was prepared by the Council of Canadian Academies.

As to whether Health Canada will be undertaking consultations on this matter, I will find out, but I don't know the date as such. Before the end of this hearing, I hope to have information for you.

Mr. Luc Malo: Thank you, Mr. Deputy Minister.

Madam Minister, in your conclusion, you said: "As we take further action to sharpen the focus on the federal role in health, I look forward to your ideas."

I would like to know how you would sharpen the focus of the federal government in the health arena, when the provision of health care and the management of health care systems are matters that fall under Quebec and the provinces' jurisdiction. Do you intend to increase your presence or the implementation of strategies, of pan-Canadian programs, to attempt to find solutions to the various problems of the health care system?

All of the members of this committee from other political parties have expressed the wish to go forward with a study on human resources in the health area. Do you also believe, as do a certain number of witnesses from Canadian organizations, that the federal government should play a leadership role with respect to the training of health personnel, and with respect to how things should be done on the ground?

[English]

Hon. Leona Aglukkaq: Thank you for your question.

I think it's very clear that we have to deal with health care in partnership with provinces and jurisdictions. Our government is committed to continuing to provide financial support to provinces and territories for the delivery of health care under the Canada Health Act. In the last few years we've been transferring funding, and increasingly transferring funding to the provinces and jurisdictions to allow them to deliver health care.

This year's budget, which we transferred on April 1, was \$24 billion. Next year that will grow by 6%. It's up to each province and territory in terms of how they allocate that funding to meet their needs. Our role is to ensure that we support the Canada Health Act and provide the financial support to provinces as agreed to.

In addition to that, the federal government has a role in the delivery of health care to first nations—Health Canada does. My job here is to ensure that we continue to try to address the health indicators in this country for first nations people. That's one of the increases in the budget. If you look at the population health of first nations people, as opposed to the rest of Canada, there's a huge gap. We need to start addressing that. It is equally important to address the delivery of health care in provinces and jurisdictions. The funding we have provided here will support this and try to address some of those health disparities.

The other part I'd like to talk about is this. We do a lot of work in this country in partnership with provinces and territories, whether it be in the area of mental health, whether it be in the area of health human resources—we've been working with provinces on that—whether it be in addressing patient wait-times, whether it be the issue around developing the pandemic plan—we never had a pandemic plan in this country until 2006—or whether it be the investments and partnerships of provinces to address a national plan. We'll continue to work with provinces on that, but we need to also respect that provinces and territories deliver front-line health care and we provide the funding. There's that relationship that we continue to build on as a federal government.

Thank you.

•(1610)

The Vice-Chair (Ms. Joyce Murray): Thank you, Mr. Malo and Madam Minister.

It's now the turn of the NDP member, Madam Wasylycia-Leis... and Mrs. Wasylycia-Leis has a point of order.

Ms. Judy Wasylycia-Leis (Winnipeg North, NDP): Before I start, I just want to ask you for some direction, Madam Chair. When we met with the minister and the department on February 10 and we were discussing the budget, I asked specifically for details of the cuts listed under Health Canada and the Public Health Agency of Canada, which totalled \$167.8 million over the next few years. A commitment was made at that time to table with us, as soon as possible, a list of the cuts.

We received nothing. So I contacted the clerk, who contacted the department, and he was told they would be tabled today. I just don't know why we don't have a document by now. How do we do our estimates when these requests are not taken seriously? I'm wondering how we proceed on the basis of that kind of—

The Vice-Chair (Ms. Joyce Murray): Thank you for the question. The minister has a chance to respond to that.

Hon. Leona Aglukkaq: Our plan is to go through that information with the committee today, and I have both the deputy and Dr. Butler-Jones to go through the details with the committee, with you. And if you want—

Ms. Judy Wasylycia-Leis: We would like it tabled so that we can study it and ask appropriate questions.

Hon. Leona Aglukkaq: We can table that, yes.

Ms. Judy Wasylycia-Leis: All right. I'll proceed with my other questions until I get that information handed out to us in both languages. When requests are made by committee for information and there's a commitment to do so, these are meant to be taken seriously, not laughed at.

The Vice-Chair (Ms. Joyce Murray): Thank you, Mrs. Wasylycia-Leis. This is your 10 minutes.

Ms. Judy Wasylycia-Leis: Thank you.

Let me start, then, with the question around infrastructure. As it now stands, the infrastructure dollars set aside in this budget for the stimulus package do not include health facilities, either hospitals or wellness clinics, or any other such health facility.

I'm wondering if the minister has made any representations to her colleagues and has accomplished anything to ensure that health facilities might be able to access some of the infrastructure dollars.

Hon. Leona Aglukkaq: Thank you for the question.

The delivery of health care is the responsibility of the provinces and territories. We transferred, on April 1, \$24 billion, which was an increase of 6%. Again, the provinces and territories distribute that funding according to their priorities. What's included in our main estimates for Health Canada is infrastructure for our responsibility in the delivery of health care for first nations communities.

Ms. Judy Wasylycia-Leis: Can I take it that you have not made any representation to the Prime Minister or to your colleagues to help access some of the new infrastructure dollars for health facilities?

Let me ask about other infrastructure. With respect to aboriginal communities, are you prepared to announce today \$300 million for a facility to serve the Garden Hill region in Manitoba, which has just experienced the tragedy of a couple of baby deaths? This is a commitment that was made five years ago. I'm wondering if you can make a commitment today to Garden Hill for a facility that will serve about 10,000 people in that region.

Hon. Leona Aglukkaq: To answer your first question, we went forward with infrastructure money. The infrastructure money we had requested, within the responsibility of Health Canada direct delivery of health care, went to first nations health. We received infrastructure money for that. The provinces and jurisdictions receive their health care funding through a transfer payment.

As for Garden Hill, from what I understand, the community is supported by a recently built nursing station that provides a 24/7 service. The services that are currently provided include delivery from licensed practical nurses, regional staff, referrals to provincial hospitals, and transportation. The delivery of health care is there, and the community is supported by a new nursing station.

•(1615)

Ms. Judy Wasylycia-Leis: For the information of the minister, Garden Hill is served by a nursing station staffed by two full-time nurses and two part-time nurses. A doctor flies up 16 times a month. In view of the baby deaths that have happened, the aboriginal community and the chiefs have indicated to you, Minister, that five years ago it was agreed that there should be a 12-bed hospital built to serve this region, so that some of these deaths might be prevented. Are you prepared to announce today the \$300 million facility that was pledged five years ago, which is desperately needed in this region?

Hon. Leona Aglukkaq: With respect to the situation in that community, I'd like to express my sincere sympathy to the family for their loss and for what happened in that community.

With respect to the member's question of whether I'm prepared to make an announcement today, the answer is no, I'm not.

Ms. Judy Wasylycia-Leis: Thank you.

In regard to what I would consider a core service of the department, which is upholding the Canada Health Act, could you tell me how much money has been spent by your department in the last year investigating possible breaches of the Canada Health Act and evidence of lack of compliance?

Perhaps while you're looking for that answer I'll ask a related question.

Can you tell me if you've investigated the Copeman Clinic in Calgary, which has introduced a significant annual fee for families and is believed to be providing two-tier health care? I'm wondering if you can give us a report on the Copeman Clinic—what your investigations have shown, and how much money you've spent on investigating that clinic.

Mr. Morris Rosenberg: I'll start with the first question, while we try to see if we have information on the second one. Our total budget this year for the Canada Health Act administration enforcement is \$4,217,000.

On the Copeman Clinic, I'm trying to see if we can get the information. If not, I'll get back to you.

Ms. Judy Wasylycia-Leis: Let me ask about another core service of the department—research in health and innovation. I know that in your speech you tried to suggest that there is additional money for scientific research. However, the cutback to the CIHR is a significant one and presents a serious deterrent to funding innovative research. It flies in the face of everything the Americans are doing to invest in a national institute of health. I'm wondering if you are prepared to match proportionately the Obama new money to NIH with comparable funding to CIHR.

Hon. Leona Aglukkaq: Thank you for the question.

CIHR was increased by \$34 million in 2008, and close to \$1 billion is now spent in CIHR's research.

Ms. Judy Wasylycia-Leis: That's with the \$180 million cutback in this year's budget, is it not? That's a cutback, it's not an increase. It's not holding the line. It's a cutback at the very time when the world recognizes the need to invest, especially in terms of the areas you've mentioned, Madam Minister, the social determinants of health and well-being that are very much dependent upon money that goes to SSHRC and other institutes, that have been cut back as a result of your decision.

Hon. Leona Aglukkaq: Thank you.

The CIHR research, as part of its strategic review, basically streamlined some of the health research support activities to increase the efficiencies and to also reduce overlap in granting programs. That is my understanding of how we arrived at that particular amount. The objective, overall, as I stated in my opening comments, is to better support the creation of new knowledge and direct research funding, and the efficiency was to look at overlaps in the granting programs.

•(1620)

Ms. Judy Wasylycia-Leis: But your cuts forced CIHR to end the open team grant program, discontinue the intellectual property mobilization program, and it throws into limbo a whole lot of projects that need funding in the future. So I guess we'd like to hear some time in the future how you intend to support some very important research, especially in the areas of social determinants of ill health.

A final question. I think my time is running out, Madam Chair. Back to infrastructure—

The Vice-Chair (Ms. Joyce Murray): There is a minute and a half left.

Ms. Judy Wasylcia-Leis: Okay, thank you.

With respect to infrastructure again, and the whole question of the possible pandemic, I have two questions. One, there was originally a commitment to fund a \$25 million expansion of the Winnipeg-based Canadian Science Centre for Human and Animal Health. Of course, it's home to the microbiology laboratory. That does not appear to be anywhere in this budget, and I'm wondering what the plans are to do that, because it's so desperately needed.

Related to that, I understand one of the innovative approaches of the lab would be to actually do some investigative work around hospital supplies that wouldn't carry bugs and allow for infections. We have a pandemic of our own right now; one in every nine hospital patients in Canada contracts a health-care-associated infection. Twelve thousand Canadians die every year from that. What is your government doing to address cleaning as a determinant of health-care-associated infections?

The Vice-Chair (Ms. Joyce Murray): Madam Minister, there's about a half a minute, so a short answer, please.

Dr. David Butler-Jones: Thank you, Madam Chair.

Firstly, as part of the infrastructure money, the lab in Winnipeg is receiving \$24 million to address improving our efficiencies, etc. But that's a different line, and I think it addresses what you're questioning.

The second item, with regard to infection control...it's a huge issue. Obviously, it's not only of concern to us, but to the provinces and territories. There has been increasing work with them around how do we actually get at that in a more effective way, including some of the research that we in CIHR and others are doing in terms of what is effective in addressing it. We hope to see more over the next year.

The Vice-Chair (Ms. Joyce Murray): Thank you very much.

Time is up. We'll move on to Mr. Uppal.

Mr. Tim Uppal (Edmonton—Sherwood Park, CPC): Thank you, Madam Chair.

Thank you, Minister, for coming. I also want to add my comments to the opposition in commending you and your department in handling the H1N1 situation. I think it really adds to Canadians' confidence in the situation.

Minister, can you tell us what our government has done to improve mental health in Canada?

Hon. Leona Aglukkaq: Thank you for the question.

Our government invested \$130 million over two years in 2007 to establish a Mental Health Commission. The commission itself has started to develop some work at a national level. In the 2008 budget, another \$110 million was also committed over five years, also to do research projects on mental health and homelessness. Right now, in major urban centres across Canada there are some pilot projects being undertaken, and we are acting on that.

Mr. Tim Uppal: Very good.

Minister, what is Health Canada doing to address fetal alcohol spectrum disorder in first nations and Inuit communities?

Hon. Leona Aglukkaq: Thank you.

FASD is one file I've been involved in for the last five years in the provinces and territories. We have a number of initiatives. There were some reports that there were some cuts to FASD. I want to reassure this committee that there were never any cuts to FASD. We give out grants and contributions, and 90% of that was spent. We will continue to address the FASD projects in communities where it's needed and where there is study. Our government is committed to making investments in the areas of prevention, counselling, and screening. We'll continue to work in that area.

• (1625)

Mr. Tim Uppal: Thank you.

Minister, respiratory diseases, including lung cancer, are the third leading cause of death and hospitalization in Canada. Lung diseases also account for over \$12 billion annually in direct and indirect health care costs. What is the government doing to improve the lung health of Canadians?

Hon. Leona Aglukkaq: Our government recently announced that we were investing \$10 million over three years to provide Canadians with ways to prevent and detect respiratory illnesses. That was the major element of the national lung health framework.

Recently I made the announcement that we would invest \$10 million in the Lung Association of Canada, here in Ottawa. We know that lung diseases can be completely preventable. We know that we can invest in prevention through public health and so on. But this year we recently announced a \$10 million investment to address some of those issues.

Mr. Tim Uppal: Thank you.

Given the interest and involvement of this committee, as well as the interest of the media and the public, on the issue of trans fats, could you please inform us as to what Health Canada is doing to monitor the levels of trans fats in Canadian foods?

Mr. Morris Rosenberg: As you know, the government asked companies a couple of years ago to voluntarily limit the amount of trans fats they put in their foods. Our sense now is that 80% of the foods tested are under the 5% limit that was imposed. We had given notice at that time, two years ago, that industry would have two years to reduce trans fats to the lowest levels possible, as recommended by the trans fat task force. We are now examining just how far this has gone.

The trends are good. Most companies are complying. There are a few outliers. The question that remains, in finalizing this analysis, is the extent to which one continues with the voluntary approach to encourage people to go along, maybe accompanied by some publicity, as we've already done, for companies that are non-compliant. Or is now the time to switch to a more regulatory approach, recognizing that for companies that have complied with the voluntary limit on trans fats, the regulations would really not impose any hardship? All they would do is reflect where those companies are. But regulations might in fact be an important inducement for those who are not in compliance to bring themselves there.

So this is an issue we are currently studying, and we hope, within the next few months, to be out with a proposal we would be consulting on publicly.

Mr. Tim Uppal: Thank you.

For my last question, I want to follow up on Ms. Wasylycia-Leis's question regarding the strategic review.

Can you tell us about those documents? I know you'll table them later anyway, but could you just take a few minutes—I think there are still a few minutes left—to go over those numbers?

Mr. Morris Rosenberg: Thank you, Madam Chair.

I apologize if there was any misunderstanding. I have some notes here in English. We can have them ready in French very quickly, but not today. I will take you through what we have. Dr. Butler-Jones and I are prepared to table our notes.

Health Canada's strategic review helped identify areas where we can better focus the federal government's core role in health; where we can improve how we work with partners inside and outside the federal government; and where we can improve the efficiency and effectiveness of how we do business within the department.

Health Canada exercises the federal role in three main areas: consumer and environmental safety, working with provinces and national health systems, and first nations and Inuit health. On the latter role, as the result of the Province of Alberta's decision to eliminate health care premiums for its residents, \$11 million of payments that Health Canada previously made to Alberta to cover the cost of health premiums for first nations living in that province are no longer required. These savings contributed toward the 2009 budget's reinvestment of \$440 million over two years to ensure the department's ability to continue to deliver and improve health services for first nations and Inuit clients.

As a department with a very broad mandate, engaging in partnerships with third parties, other federal departments, and other levels of government, this is critical to our ability to deliver on our

objective to help Canadians maintain and improve their health. To that end, we are exploring a few small changes.

First, current laboratory facilities for environmental health science at Health Canada are housed in an aging building. We are looking at opportunities to co-locate these laboratories with compatible laboratory facilities at academic institutions so we can avoid repair costs for our current facilities estimated at around \$700,000.

In working with international partners and stakeholders over the next few years, we'll be looking to update and improve the efficiency of the process for how we review and approve low-risk veterinary drugs for companion animals and how we undertake supportive corporate activities in the health products and food branch. Further steps are needed before we're ready to implement changes in 2011-12. Once implemented, approximately \$2.8 million in program costs and related supporting activities could be saved.

Since the funding of educational institutions is a provincial responsibility, rather than acting as the sole funder of the National School of Dental Therapy, Health Canada will be limiting its support to providing \$600,000 in financial assistance directly to aboriginal students pursuing careers in dental studies. To ensure that the national school will be able to continue operations, we will work with the school's administration to help find alternative sources of funding. Net savings are approximately \$1.4 million.

Some discretionary project funding related to Health Canada's international affairs will be reduced, and we will further centralize the coordination of international activities and policy advice within the department. In total, our spending on international affairs will be reduced by approximately \$2.6 million by 2011-12.

We also looked at realigning resources where objectives have already been achieved, and we sought efficiencies by proposing new ways of organizing functions within Health Canada. A departmental emphasis on continuous improvement has identified several areas where we're able to produce savings without compromising the quality of services being provided.

Over the past four years of providing training and advice to other federal departments, we're managing the cleanup of contaminated sites. We've gained considerable experience and have found ways to operate at a much lower cost. As a result, a one-time savings of approximately \$2.6 million has been identified that we will not need to spend.

• (1630)

The Vice-Chair (Ms. Joyce Murray): Thank you very much, Mr. Rosenberg.

We'll now go to the second round of questions.

The first one is for Dr. Duncan, for five minutes.

Ms. Kirsty Duncan (Etobicoke North, Lib.): Thank you, Madam Chair, and thank you to the minister and to the officials for coming.

I'm going to pick up on my honourable colleague's questions. I guess my concern is, as my colleague mentioned, that we are in response mode right now. We're at phase 5 pandemic alert. This virus is spreading rapidly. It is mild. No one can predict what the future will hold, but there is the possibility that the virus will mutate. I think we have to take every opportunity, as the minister said, to be vigilant.

I'm concerned that there is a drop in funding for preparedness from \$38 million down to \$26 million. I have an understanding that \$400 million gives you some sense that there's help, and in reality we've learned it's \$80 million per year. If we don't use it, we lose it. I'm wondering if the funding will be adjusted right now because we are in that response mode.

I'm going to ask a number of questions. You mentioned the antiviral strategy, which wasn't mentioned in 2006, 2007, 2008, or 2009. I guess my first question has to be what the national antiviral strategy is. We talk about 55 million doses. Have we stockpiled for 17% of the population or for 25%? The next question is, how much of that stockpile reaches its shelf life this year? When will that be replenished? The last question I'll ask is around our health care providers, who we are going to depend on to cope if the virus mutates. I'm hoping the minister can assure us that they will be protected and that antivirals will be made available to them.

Thank you.

•(1635)

Hon. Leona Aglukkaq: Thank you for your question.

Again, just to talk about the pandemic plan, this plan was tabled back in 2006 when we developed the plan with the provinces and jurisdictions. It outlines very clearly the roles and responsibilities of provinces and jurisdictions, the federal role, and what we would provide in terms of support with provinces and jurisdictions, whether it be funding and separation of roles and responsibilities and so on.

Right now, the health and safety of Canadians is our top priority as we respond to the H1N1 situation. We are working very closely with the provinces and jurisdictions. We keep going back to this \$1 billion investment, the \$80 million, the \$400 million, but I want to reassure this committee again that the health and safety of Canadians is our top priority. Should we require additional funding in the case of H1N1, should it develop again in the fall, we will do that. I think Canadians would expect us to do that, and right now the plan we have is to implement how we respond to it in partnership with the provinces and jurisdictions.

That's part of the plan.

Ms. Kirsty Duncan: Minister, with due respect, I know the plan and I know how hard you're working.

We have this window of opportunity, and I would like to know why we're not going to take this now to look at other potential

technologies—but with your assurances, I think I'll move on. I'd really like to know what the antiviral strategy is, and how much of that stockpile becomes due this year and how we're replenishing it.

Hon. Leona Aglukkaq: I want to thank you for your question.

I'm going to leave now. I'll have the officials respond to how we're preparing for the antivirals.

Thank you very much for your time.

The Vice-Chair (Ms. Joyce Murray): Thank you, Madam Minister, for being here and for staying longer than we expected.

So it's over to your officials to answer the questions for the rest of the meeting.

Dr. David Butler-Jones: Thank you.

The plan continues to evolve and it keeps being adapted, etc. We are obviously looking at all options, not just in Canada but internationally. We're working with the WHO, with the Americans and Mexicans and others in terms of effective responses—what the alternatives are, the appropriateness of distancing measures, what other things might actually be effective.

Unfortunately with the antivirals, every antiviral known eventually will have resistance. That's why we, a long time ago, started to diversify with the addition of Relenza, to which none of the influenza viruses we've seen has yet developed resistance. So we've been focusing on adding to—and not replacing Tamiflu completely, but a lot of that being Relenza. Right now there are no other licensed products available, but there is research on a number of other options going forward.

There is a number that are expiring. Some are expiring this year, some next year. We're working with the provinces and territories to replace those.

The Vice-Chair (Ms. Joyce Murray): Dr. Butler-Jones, if you could wrap up your comments...

Ms. Kirsty Duncan: What percentage of the stockpile—

The Vice-Chair (Ms. Joyce Murray): We're onto the next questioner. Sorry, Dr. Duncan.

The next questioner is Mrs. Davidson.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): Thank you, Madam Chair.

Thank you very much to the officials for being here again. It's always good to see you.

When I'm looking through the main estimates book, I see strategic outcome number four says: "Better health outcomes and reduction of health inequalities between First Nations and Inuit and other Canadians."

I have three questions I want to ask. I'll ask the questions and then just leave it open for response.

I want to know how the aboriginal health transition fund is improving health outcomes for aboriginal Canadians.

I would like to know what investments are being made by Health Canada to improve the quality of health services for first nations and Inuit.

Thirdly, we all know we're in uncertain economic times, and that you as well as everyone else in the government is under pressure to do more with less. I know that in the past Health Canada has funded a range of programs to address improved health outcomes for first nations and Inuit. Because of the economic times, will the government continue to make those commitments, such as the prescription drugs and other important programs? Are they going to make those still available for first nations and Inuit? Or are there going to be cutbacks in those areas?

•(1640)

The Vice-Chair (Ms. Joyce Murray): There's a new witness at the table.

Could you introduce yourself, please?

Ms. Anne-Marie Robinson (Assistant Deputy Minister, Department of Health): Yes. My name is Anne-Marie Robinson. I'm the assistant deputy minister of the First Nations and Inuit Health Branch.

Mr. Morris Rosenberg: Thank you, Madam Chair.

I was going to turn to Ms. Robinson in a moment. I was going to start trying to answer a couple of these questions.

In terms of some of the new investments the government has made, the 2009 budget invested \$305 million over two years to strengthen nursing services and the non-insured health benefits program. I guess that answers, in part, your third question, around prescription drugs, since the government will continue, through the NIHB program to provide prescription drugs for first nations.

There was also, in the 2009 budget—and I think the minister may have alluded to this—\$135 million for the construction and renovation of health services infrastructure in first nations communities, including health clinics and nursing residences.

On the question of the aboriginal health transition fund, I was going to ask Ms. Robinson to elaborate for you.

Ms. Anne-Marie Robinson: Thank you.

The aboriginal health transition fund is a five-year fund where we invest \$200 million over five years. There are approximately 300 projects that we do in partnership with provinces and aboriginal organizations. These are things to either adapt or integrate aboriginal health care with provincial jurisdictions.

One example would be in northern Saskatchewan. The local health authority is working with a local first nations tribal council to look at a plan to integrate their laboratory services and to integrate their diabetes testing services.

So these are projects that are on the ground. They support our tripartite mandate and they look to build efficiencies, both locally

and provincially, so that we can better align our services with provinces.

Mrs. Patricia Davidson: Do I still have some time?

The Vice-Chair (Ms. Joyce Murray): You have just over a minute and a half.

Mrs. Patricia Davidson: Okay, great.

Could you elaborate a little bit more on the health clinics and nursing end of that? When I look at the estimates, are the FTEs remaining fairly constant or are they increasing or decreasing?

Ms. Anne-Marie Robinson: First I'll talk about the infrastructure.

We have \$135 million over two years. Normally, we spend about \$50 million a year on infrastructure. This would increase our spending by about another \$62 million, so about \$112 million, \$115 million a year. We have a 10-year capital plan. What we've done is accelerate that capital plan forward, so we're able to bring a 10-year plan forward by four years. We will be building nursing residences and nursing stations and health centres in communities.

As well, we have money for investments in improving 24/7 nursing coverage and for innovation in nursing. With that, we will be trying to hire additional nurses, and particularly broadening the practice of our nurses, so, for example, hiring more nurse practitioners or even other practitioners, such as paramedics, who can support our nurses in different contexts.

Mrs. Patricia Davidson: Thank you.

The Vice-Chair (Ms. Joyce Murray): Mr. Dufour.

[*Translation*]

Mr. Nicolas Dufour (Repentigny, BQ): Thank you very much, Madam Chairperson.

I thank the witnesses very much for having come before us today.

As I was listening to the minister earlier, something seemed paradoxical in her introductory remarks. She stated that: "Research is essential to finding new ways of protecting and improving Canadians' health."

Unfortunately—we saw this in the last budget—the Conservative government cut close to \$160 million from research budgets. In the health field, we can see that in 2006, the Canadian Institutes of Health Research indicated that they had an urgent need for 150 million additional dollars for the necessary funding of investment in employment and infrastructure. The problem is that the CIHR, the NSERC and the SSHRC will see their budgets cut by \$148 million over the next three years.

So on the one hand, we hear that there is a crying need for investments for researchers, that this is a priority for the minister, that you absolutely want to invest in research to attempt to find new vaccines. We can see, particularly these days with the H1N1 virus, that there is an important need to fund research to attempt to find new cures, new antidotes. However, by the same token, we see budget cuts to everything that could help scientists obtain the tools they need to try to find these cures.

I would have liked to put the question directly to the minister, but perhaps you could enlighten me concerning the funding?

• (1645)

Mr. Morris Rosenberg: Thank you, Madam Chairperson.

I will attempt to answer the questions. I would say, firstly, in French, that the government over the past four years has increased the base budget of the Canadian research institutes by somewhat more than \$142 million. This year, these Canadian research institutes have investment plans of approximately \$926 million in peer-reviewed health research projects. These projects will be conducted in university, hospital and research centre laboratories throughout Canada.

Also in the 2009 budget, \$35 million were allocated to the Canadian Institutes of Health Research over three years to support the Vanier Canada Graduate Scholarships.

You put some questions concerning some decisions in the context of the strategic review. As is the case for all of the other departments and agencies subject to this exercise, we are attempting to review each government institution every four years. And so, approximately 25% of government bodies are reviewed every year. The idea is that things change, there are changing priorities, some things are less effective and less in keeping with the Canadian context which evolves over time.

It is, consequently, normal that there be certain cuts and it can be said that the changes that were made, the reallocations that were made with regard to the Canadian Institutes of Health Research are of that nature.

[*English*]

The Vice-Chair (Ms. Joyce Murray): Dr. Butler-Jones would like to add a comment.

[*Translation*]

Dr. David Butler-Jones: Thank you for those questions.

In that context, there are two very important things to point to. The first is our research capacity. For the past four years, we have improved our research on certain infectious diseases such as influenza. Our research capacity was really successfully put to the test, in that situation.

Also, there is a budget for immediate research on the H1N1 virus or other very urgent matters, together with the Canadian Institutes of Health Research...

Mr. Nicolas Dufour: Would this explain...

[*English*]

The Vice-Chair (Ms. Joyce Murray): Thank you. The time is up.

Madam McLeod.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Thank you, Madam Chair.

First of all, I'd like to pick up where my colleague left off with some questions about aboriginal issues. We recognize the huge disparity in health status, and we have talked about the need to focus on those inequities. There are significant dollars being spent to support aboriginal health. Are we having some success? Are things tracking in a positive direction?

The other thing I'd be interested in exploring is understanding the agreements. For example, with respect to the agreement with the Province of British Columbia, how well is it supporting our aboriginal communities?

• (1650)

Mr. Morris Rosenberg: We are currently in discussions with the Province of British Columbia and with first nations in the province to try to reach a tripartite agreement on providing health services to first nations people there. We've had a bit of a delay because of the election. But we spoke to colleagues in B.C. just a few days ago, and we expect that as soon as cabinet is formed and the new minister is named we will be back at it. In June or July, we hope to meet with first nations leadership and political leadership in the B.C. government to talk about progress.

The idea would be to integrate first nations health services into the broader health services within the province. Recognizing that Health Canada will continue in the role as funder, we believe that first nations health will be better served through provincial health services. Taking into account all of the attendant cultural sensitivities and particularities is an important part of developing this agreement. We're dealing with two other principals, but those principals, especially first nations leadership in B.C., have to consult with a large number of first nations communities with different health needs and preoccupations. That's taking a bit of time, but we want to do this in a way that is as respectful and consultative as possible.

Ms. Anne-Marie Robinson: On the other part of the question, we're doing a number of things to improve aboriginal health. We're trying to shift our resources into promotion and prevention, so we can prevent disease, rather than just be in the business of treating it, as other health care systems are. For example, we're putting a lot of emphasis on things like prevention and management of diabetes, maternal and child health, and research to make sure that we take an evidence-based approach. We're also looking at the underlying determinants of health. We recently released a report on this topic and are working much more closely with first nations and our federal partners to ensure that we address health outcomes in a comprehensive way. We have the first nations regional longitudinal health survey and other techniques that we use, and continue to improve on, to ensure that we have health indicators that enable us to target our interventions and programming in the most efficient and effective way.

Mrs. Cathy McLeod: I understand that you're doing some things on the health portfolio to modernize the management and delivery of the grants and contribution system.

Ms. Anne-Marie Robison: I can talk about that in relation to first nations and Inuit health. We're proud to announce that we've just launched a 10-year contribution agreement. We now have agreements with two first nations. We've taken a risk-based approach to ensure that we're being prudent in the use of taxpayer dollars. We're also looking at streamlining the management of this initiative and using a more intensive risk-based approach. For first nations, it's much less of an administrative burden with respect to the paperwork and reporting they have to do. For first nations who have gained experience in health care delivery, they have much more flexibility in taking the bundles of money that are passed down from governments and recombining them in a way that makes more sense for their own local needs.

The Vice-Chair (Ms. Joyce Murray): Thank you, Mrs. McLeod.

Dr. Bennett.

Hon. Carolyn Bennett: Thanks very much.

These estimates represent what was part of a budget that was to be part of a stimulus project for the economy, and I think there are many experts who believe that investing in health and social services is one of the most important ways of getting dollars down to where they can do good work.

Other than the good increases in terms of first nations and Inuit health and to the Mental Health Commission, virtually everything else in the Health Canada estimates went down—health systems, environmental health, health products, substance abuse, food and nutrition, pesticides, workplace health, international health. Everything went down.

Why couldn't you have made a better case that at this time, in a recession, investing in health is a good stimulus? I am really disappointed that from health human resources, all those people losing their jobs.... Couldn't we have had training for these people to become nurses, or all the things that we're lacking? There doesn't seem to have been any creativity in actually designing a budget, other than all these cuts.

I'll go back to public health for a second. If you want to answer the other one, that's fine.

Is any of the \$500 million for Canada Health Infoway going to public health—in terms of tracking of the new money that went into Infoway? I think a lot of us felt that....

And then for Dr. Butler-Jones, I have to go back to this contingency for a pandemic. I think Canadians believe you were quietly and wonderfully spending the \$120 million a year to get ready. I think most Canadians would believe that the \$80 million a year is sitting nicely in a pot such that should we end up in trouble, all of that money is sitting there. I don't think I feel very confident knowing that you have access to only \$80 million in the event of a severe pandemic this fall. So \$80 million doesn't seem like a lot of money; \$400 million makes me more confident that you can tap into that amount that was set aside. It was booked in the 2006 budget—\$1 billion over five years. What happened to the \$80 million in

2006-07, 2007-08, 2008-09? Where is that money, and why isn't it sitting there for you to access should you need it?

• (1655)

Dr. David Butler-Jones: Thank you very much.

First, on the Canada Health Infoway, there was the original investment leading to the development of Panorama, which is the surveillance and case management system that the provinces have been actively involved with, and we're continuing to work with them on that development. That's in addition to Sin-Fi and other technologies that have allowed for the rapid dispensing and sharing of information across the country, not just with public health officials, but with health care institutions and others, which has really facilitated quick and accurate information-sharing.

Second, on the \$80 million a year, that's the way the budget was set up, because nobody could predict whether the pandemic would be next year or in ten years. So there was a contingency set aside for \$80 million a year should it be needed in that given year, as a pre-positioning. That does not mean that is the end of the story. That is pre-positioned, that we can apply for and access if needed. Then if there are additional resources required, we will address that at the time. But by having it in the budget, it allows quicker access than trying to react in other ways.

At this point we don't know for sure that it will be the pandemic, and we don't know for sure even then if it's going to be severe or mild, or basically like a really nasty regular flu year, or something different from that. So I think all governments are planning. And we're fortunate in Canada. We now have the summer to build on the existing plans to make sure we have vaccine, etc., in place—and we believe there are enough antivirals in the country to treat everybody who would need treatment, whether they're health care workers or not—and to have all of those plans really refined before we get into the fall and we see what happens.

Again, it could peter out, in which case we don't need it this year, or it could continue, in which case we'll have to address that at the time.

The Vice-Chair (Ms. Joyce Murray): Thank you.

It's the turn of Mrs. Wong.

Mrs. Alice Wong (Richmond, CPC): First of all, thank you very much for coming and giving us so much detail on the budget and what the government has been doing for the needs of the different Canadians in our nation.

My question is more about seniors, because in the riding of Richmond, a lot of seniors have talked to me and I know their concerns, and I just want to know the government's point of view.

Our senior citizens are the fastest-growing age group in Canada. They will need better services and better care. What is the Government of Canada doing to make sure that we properly understand their issues and are prepared to face this demographic change and the health challenges of an aging population?

• (1700)

Dr. David Butler-Jones: I think there are a number of things that governments at all levels are quite conscious of.

And you know, I'm getting awfully close to the age....

Actually, most seniors are active and fairly healthy and living well into advanced age. So all levels of government, I think, are looking at the best ways to support that.

One way we have is the age-friendly cities and age-friendly communities we work with—and for which we have funded WHO—to give guidance and support to these municipalities and communities on the kinds of things that will actually make a big difference and are legitimate for the federal government to do. In addition, there is planning around emergencies and on working with municipalities and others if there is an emergency, such as an outbreak or a heat wave, as occurred in Europe and affected Paris so badly. What are the kinds of things that communities can do to actually be more responsive and to recognize those who are vulnerable, etc.?

Those are just a couple of examples of the many kinds of things we're doing. There is, as you know, an advisory group to both the health minister and the minister of HRSDC. We work very closely with our sister departments to really address those things in a more effective way.

Those are just a few examples.

Mrs. Alice Wong: My next question is about family violence, because that has become somewhat of an issue too. What is the Government of Canada doing to address the issue of family violence?

Dr. David Butler-Jones: There are a couple of things. Certainly in terms of the federal role, there is the initiative and support we provide around guidelines and best practices, bringing various groups together to try to approach this strategically.

Again, these events happen locally. But having the connections provincially, nationally, and internationally, and bringing best evidence and practices and a profile to the issue are all important roles that we play.

Mrs. Alice Wong: Do I still have more time?

The Vice-Chair (Ms. Joyce Murray): Two minutes.

Mrs. Alice Wong: Okay, thank you.

I'm also very interested in the drug safety and effectiveness network. In January 2009, the government announced additional investment in that network. What activities do we expect the network to undertake in the near term, using this investment?

Mr. Morris Rosenberg: Thank you, Madam Chair.

I think this is actually a really important initiative, and it's a really good example of how the federal government can play its role in collaboration not only with the provinces and territories, but also

with other partners, basically to get information earlier and more comprehensively on the impact of drugs in the marketplace. It's consistent with the approach we want to take to have a life-cycle approach to drugs. Rather than simply approving them at the front end, we want to actually monitor the performance of pharmaceuticals in the marketplace, as we get more and better information. In fact, we expect to be issuing the first call for projects on the drug safety and effectiveness network this autumn.

Mrs. Alice Wong: Thank you very much.

Do I have more time?

The Vice-Chair (Ms. Joyce Murray): You have half a minute.

Mrs. Alice Wong: What does Health Canada do for official language minority communities?

Mr. Morris Rosenberg: Thank you.

We and government think that a really important instrument for reinforcing the strength of official language minority communities is the ability to have health services available in the language of one's choice. So between 2008 and 2013, Health Canada will invest more than \$174 million to improve access to health services in the language of choice of the more than 2 million Canadians in official language minority communities. With this investment—

• (1705)

The Vice-Chair (Ms. Joyce Murray): Thank you, Mr. Rosenberg. Your time is up.

Ms. Wasylycia-Leis, it is your turn.

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

I think I should quickly go back to the questions I raised at the end of my last round, one dealing with the request made by the virology lab to actually have an additional \$125 million for expansion.

Dr. Butler-Jones, I know you mentioned the \$24 million that came out of the \$250 million for all federal labs. Does the \$24 million deal with the need for space and equipment that scientists and researchers need to prevent their exodus?

Dr. David Butler-Jones: That original look was related to the addition of another high-level pod. That's a long-term planning issue. As some will know, we have acquired a former provincial lab and are currently renovating that. That will free up substantial space for the high-level containment work as well.

In the short term, we are addressing those. In the long term, obviously, we continue to plan.

Ms. Judy Wasylycia-Leis: Some of the reports suggest that researchers have left Winnipeg from the national laboratory because of lack of space and resources. Can you confirm that at all?

Dr. David Butler-Jones: We've had movement in and out of the lab in terms of research. It is a premier facility internationally. It's a very attractive place for people to work. People do not spend their whole career in one place. Depending on the nature of their research, sometimes they find somewhere else where they're more comfortable. We see that from time to time.

Ms. Judy Wasylycia-Leis: And sometimes they leave with the vials?

Dr. David Butler-Jones: Well, normally, no. In fact, that's an unusual circumstance.

Ms. Judy Wasylycia-Leis: Unusual. But you do have \$5 million in the supplementary estimates for establishing a stronger safety and security regime to protect the health of Canadians. Is that enough to deal with the risks involved in terms of laboratories?

Dr. David Butler-Jones: This is in relation to the human pathogens legislation and the following regulations, etc., that will go with it. So it's about laboratories across the country.

Again, I just want to say the infectious materials within the lab are secure and people are limited as to who can handle them and see them. This was not an infectious disease issue, but we're examining that as we go forward.

Ms. Judy Wasylycia-Leis: Was one of the reasons for the expansion at the laboratory to actually build this facility to test for materials for hospitals that would not carry germs? It would help hospitals deal with infections?

Dr. David Butler-Jones: No, that was simply an increased containment, to add to our containment facility in terms of space. The other that you're referring to is one of the concepts that's been discussed and looked at in terms of other things we might do into the future around research and practical research.

Ms. Judy Wasylycia-Leis: Let me ask both of you, Dr. Butler-Jones and Dr. Rosenberg, what other specific steps are being taken to deal with the serious problems of infections being transmitted in hospitals? I'm referring specifically to a report that was done by CUPE in January of this year. Is there any specific strategy to deal with that?

Dr. David Butler-Jones: Yes, certainly. But again, because the application and management of hospitals, etc., are provincial, it really does depend on close collaboration with them and their work. We provide guidelines. We bring together expertise in terms of best practices.

The biggest challenge in hospitals in relation to this is where they do not apply the existing guidelines. It's not about new; it's really about basic things. If doctors and nurses are not washing their hands, we—my colleagues and I—are spreading diseases from patient to patient.

Ms. Judy Wasylycia-Leis: On the question of FAS and FASD, the reports referenced in the media earlier suggest that there has been a significant underfunding of the FASD budget. This is based on an ATI, and media covered it quite extensively. Do you have any explanation for the underfunding in this area?

Dr. David Butler-Jones: Essentially, what occurred with the funding in this area is that we have maintained it: there is no change

in funding for the program or activities. What we were able to do is decrease the overhead in managing that program.

I think the federal role in this has been clearly recognized in terms of providing guidance, advice, and best practices, and developing guidance so that practitioners can apply it. The provinces have now become increasingly engaged, as have territories, in delivering programs. We help to coordinate that activity, which is an appropriate federal role.

• (1710)

Mr. Morris Rosenberg: If I could just add to that, FNIHB is obviously involved in that as well. There has been an annual investment of \$16.7 million ongoing since 2001-02. The Canadian Institutes of Health Research funds academic institutions for FASD-related research through grants based on priorities and successful applications to the institutes.

Beyond that, I'll say that FASD is a really good example of an issue that transcends the health system and plays on other systems, including justice and corrections. I'm happy to say that working with the Public Health Agency and ourselves are the Department of Justice, the Correctional Service of Canada, and a number of provinces—notably the Yukon Territory—that are very concerned about it. We're trying to come up with a concerted approach to deal with FASD and some of its impacts.

The Vice-Chair (Ms. Joyce Murray): Thank you, Mr. Rosenberg.

We have one more questioner, and that's Mrs. McLeod.

Mrs. Cathy McLeod: Thank you, Madam Chair.

Would the funding for the work that is going to be done on our government's commitment to tobacco, the flavoured tobacco, be under "Strengthen Public Health Capacity"? I would presume that it would be within that budget. If so, where is that particular piece of legislation going?

I know it was a very strong topic within our Bill C-6, but I understand there are some thoughts that it is appropriately in a different place.

Mr. Morris Rosenberg: Thank you.

As you're aware, there was a campaign commitment made by the Conservative Party with respect to cracking down on flavoured cigarettes: setting minimum packet sizes for cigarillos so they would be less affordable for children; prohibiting flavouring additives that would appeal to children; and banning all tobacco advertising and promotion in print and electronic media that may be viewed and read by youth. That was translated, I think, into a commitment to move forward with legislation, and we're hopeful to move forward with legislation on this very soon.

Mrs. Cathy McLeod: Great. Thank you.

The other thing we have talked about is some significant increase in terms of the Mental Health Commission of Canada. I understand it will get about \$4.5 million more. Could you please chat about what the increase in funding is going to be used for and how it's all going to connect? We certainly know that mental health and the appropriate services have a huge impact in terms of our acute care system. Obviously, dealing more appropriately with mental health issues earlier.... What is the federal role in the Mental Health Commission? Where is it going with the new funding?

Mr. Morris Rosenberg: Thank you, Madam Chair.

Through the 2007 budget, there was a commitment of \$130 million over 10 years to establish the Mental Health Commission of Canada, and consistent with the Treasury Board submission, funds allocated to the commission are as follows: \$5.5 million in its first year of operation; \$7.5 million in 2008-09; and \$12 million in 2009-10. We'll increase it to \$15 million per year starting in 2010-11.

That approach, that kind of escalating step-wise approach, was established in recognition of the fact that the first three years would be start-up years for the commission. So these incremental increases will assist them in achieving their mandate by maximizing available resources.

The increased funding for this fiscal year will be used to further ongoing activities, including the development of a national mental health strategy, the launch of the anti-stigma, anti-discrimination campaign, and the establishment of a knowledge exchange centre. Funds are also being used to support advisory committee projects and a new "partners for mental health" strategy that was recently developed in response to the need for a strong social movement, volunteer-based, to transform the mental health system.

Mrs. Cathy McLeod: Thank you.

My colleague asked, if I have a minute, if I could let him jump in. So I will hand it over.

Mr. Tim Uppal: Thank you, and thank you, Madam Chair.

I'm just going to jump in with a question. As our country grows, there are emerging health trends. I just noticed one, because I've been invited to a seminar on diabetes in the South Asian population—Indo-Canadians. Is there something Health Canada is doing to look into whether there are certain cultural communities, such as the Indo-Canadian community, that are, for whatever reason—hereditary or dietary—getting diabetes more than others?

• (1715)

Dr. David Butler-Jones: There are a couple of aspects to that.

One is that ethnicity and risk do go hand in hand with diabetes. The indigenous peoples in North America and around the world, Africans, and presumably South Asians, as you say, have high rates of diabetes. In general, as the population grows bigger, in girth, we are seeing much more diabetes, even in young people, who normally wouldn't have diabetes until they're much older.

There is a lot of research going on about that. A lot of it then also relates to diet and changes of diet. Certainly in the aboriginal community in Canada, as western diets moved west and north, the diabetes epidemic moved with it. So we are coming to understand more about this. We do have a diabetes strategy, working with

community organizations and different communities of different backgrounds as well in terms of how to best address that. There are funds available, which community groups can and do apply for, if they meet the criteria, to help deal with that.

The research piece is something that is much broader, but we're also engaged and interested in that and in making sure that people understand just what the research tells us.

The Vice-Chair (Ms. Joyce Murray): Thank you, Dr. Butler-Jones.

That's the end of the second round of questions. The business in front of the committee right now is to pass the estimate votes. We've had one of the committee members request that we not do that business today due to the absence of the tabling of documents she had requested, so we have a choice before us.

I've consulted with the clerks. There is time before the deadline for the completion of the estimates. They must be reported by May 31. We could do the passing of the vote May 28, at the beginning of that meeting, and continue today with one last round of short questions of two to three minutes each, or we could continue and complete the estimates today rather than do more questioning.

I'd like to hear comments from the committee.

Go ahead, Ms. Wasylycia-Leis.

Ms. Judy Wasylycia-Leis: Thank you, Madam Chairperson.

I think it would be irresponsible of us to pass or to vote on the estimates when we have not received the information we requested from the department. I would suggest that we hold this over until May 28 and devote at least half an hour of that meeting to estimates, both in terms of dealing with the votes and of having at least one of the officials back to answer any questions about the information we've been waiting for.

The Vice-Chair (Ms. Joyce Murray): Ms. McLeod, would you comment?

Mrs. Cathy McLeod: Madam Chair, although we don't have specific details, we do have the figures, and although I appreciate the frustration of Ms. Wasylycia-Leis in terms of having those specific numbers, I think we should go ahead. I know the staff have made a commitment to get those numbers to her, and I am sure, in terms of consultation, they will provide feedback to her, so I would suggest that we go ahead with our tasks.

The Vice-Chair (Ms. Joyce Murray): Go ahead, Mr. Uppal.

Mr. Tim Uppal: I'd also like to point out that we did have an opportunity today to discuss it more. In some of my questioning I gave them time to discuss those numbers, and it was open to the committee members to do that with their time as well.

The Vice-Chair (Ms. Joyce Murray): Thank you.

Dr.—

Ms. Judy Wasylcia-Leis: I have a point of order, Madam Chair.

We had a serious request by this committee to the department for details of \$167 million in cuts. A little bit of that may have dribbled out today. We didn't have a chance to analyze it or to ask questions about a serious matter. We should not allow that kind of disregard of a committee's request, and under no circumstances should we be voting on something when we have not had the proper information before us.

The Vice-Chair (Ms. Joyce Murray): Excuse me, Ms. Wasylcia-Leis; this is a discussion about that very issue.

Dr. Butler-Jones, would you like to comment? Then Dr. Duncan will follow.

Dr. David Butler-Jones: Madam Chair, it's just a technical point. The strategic review is not reflected in these estimates because it was post-estimates. It will be reflected in supplementary estimates, but it's not reflected in the numbers you have before you.

The Vice-Chair (Ms. Joyce Murray): It has a different deadline. I believe it's at the end of June.

Dr. David Butler-Jones: I'm not sure exactly what the date for supplementary estimates is, but they will be reflected in the supplementary estimates.

The Vice-Chair (Ms. Joyce Murray): Go ahead, Dr. Duncan.

• (1720)

Ms. Kirsty Duncan: I would like to respect my honourable colleague's request as well. We've been told that the numbers are coming, but we haven't seen them. I understand they will be forthcoming, but in order to make informed decisions, I would like to see that information. I also think there are some more questions that need to be asked that haven't been answered.

The Vice-Chair (Ms. Joyce Murray): Would you comment, Dr. Bennett?

Hon. Carolyn Bennett: I believe there has to be some sanction for not fulfilling the request of a parliamentary committee. I think it would be better for us to be able to look at the document that was requested in February before we vote on the estimates.

We can vote on the estimates on May 28. In the meantime, Dr. Duncan has the same question that she has asked about nine times; it has still not been answered to her satisfaction, and I prefer that we use the time doing that.

The Vice-Chair (Ms. Joyce Murray): As a point of information about the May 28 meeting, there are two large panels. It's an extended meeting to accommodate the health human resources witnesses.

Are there any other comments?

Go ahead, Ms. Davidson.

Mrs. Patricia Davidson: Thank you, Madam Chair.

We have the estimates before us; that's what this meeting is for. We've had all of the people here explaining the estimates. We've had every opportunity to ask questions. As Dr. Butler-Jones has stated, the document required is not in these estimates.

I think you should call the question.

Hon. Carolyn Bennett: We might have had some questions; therefore the quality of this afternoon was diminished by the fact that we haven't seen it.

The Vice-Chair (Ms. Joyce Murray): Is there anyone who hasn't had a comment yet?

Hon. Carolyn Bennett: Why are the tourists at this committee trying to direct the work of the committee?

Mr. Paul Calandra (Oak Ridges—Markham, CPC): If you want to tell the people of Oak Ridges—Markham that their member is a tourist, I welcome you to do so.

Madam Chair, if you would call the question, I'd appreciate it. This tourist would like the question called so we can take care of the health care of Canadians.

Ms. Judy Wasylcia-Leis: Madam Chair, to facilitate, I move that we hold over votes on the estimates until May 28, at which time officials will appear to discuss the information that would have been provided to us no later than tomorrow in two languages.

(Motion negated)

The Vice-Chair (Ms. Joyce Murray): A recorded vote has been called for.

HEALTH
Department
Vote 1—Operating expenditures.....\$1,788,379,000

(Vote 1 agreed to [See *Minutes of Proceedings*])

The Vice-Chair (Ms. Joyce Murray): We'll continue with the business of estimates.

Vote 5—Capital expenditures.....\$40,795,000
Vote 10—Grants and contributions.....\$1,422,741,000
Assisted Human Reproduction Agency of Canada
Vote 15—Program expenditures.....\$9,923,000
Canadian Institutes of Health Research
Vote 20—Operating expenditures.....\$43,240,000
Vote 25—Grants.....\$876,687,000
Hazardous Materials Information Review Commission
Vote 30—Program expenditures.....\$4,855,000
Patented Medicine Prices Review Board
Vote 35—Program expenditures.....\$10,369,000
Public Health Agency of Canada
Vote 40—Operating expenditures.....\$352,686,000
Vote 45—Capital expenditures.....\$9,646,000
Vote 50—Grants and contributions.....\$255,381,000

(Votes 5 to 50 inclusive agreed to [See *Minutes of Proceedings*])

The Vice-Chair (Ms. Joyce Murray): Shall I report the main estimates to the House?

An hon. member: No.

The Vice-Chair (Ms. Joyce Murray): The meeting is adjourned.

Some hon. members: Agreed.

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