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Chair

Mrs. Joy Smith

Standing Committee on Health

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● (1530)

[*English*]

The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)): Good afternoon, ladies and gentlemen.

It is very good to see everybody back here at committee. I would ask that everyone take their seats so we can start.

I want to especially welcome the Honourable Leona Aglukkaq.

Minister, thank you for coming today. We so look forward to your presentation.

Of course, we also welcome Morris Rosenberg from the Department of Health.

Welcome back again. It's like old times, isn't it.

As well, we welcome Alfred Tsang, chief financial officer.

From the Public Health Agency is no stranger to our committee, Dr. David Butler-Jones, chief public health officer.

Welcome, Dr. Butler-Jones.

We also welcome James Libbey, chief financial officer.

As you know, the timing is a bit different for questions and answers when a minister is here. What will happen is the minister will give a presentation of 15 minutes or so, and following that, we'll proceed.

Minister Aglukkaq, we welcome you.

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

Good afternoon everyone. It's my pleasure to be here with you once again.

With me today from Health Canada are Morris Rosenberg, Deputy Minister, and Alfred Tsang, chief financial officer. As well, from the Public Health Agency of Canada, we have Dr. David Butler-Jones, chief public health officer, and Jim Libbey, the chief financial officer.

This has been an extraordinary year for the health portfolio. Since I appeared before you on the main estimates in May, we have been moving forward with many important improvements to our tobacco laws, Bill C-32, and our consumer protection legislation, Bill C-6, while dealing with an emerging influenza pandemic.

Since May, we have also developed and made investments in improving protections against food-borne illnesses in response to all 57 recommendations made by independent investigator Sheila Weatherill.

Collaborations with the provinces and territories, as well as first nations communities, have been of primary importance. International discussions and information-sharing have proved to be fruitful and, in the case of the H1N1 pandemic, have helped in our success.

We are now in the middle of the largest vaccination campaign in this country's history. It is one that could only have been undertaken with the unprecedented level of cooperation we have seen between all levels of government. We have kept close contact with the World Health Organization and other international partners. Here at home, we have maintained an open line of communication with provincial and territorial governments with respect to the H1N1 virus.

From a national perspective, the vaccination program is progressing very well. From our largest urban centres to small, isolated communities, the vaccine is getting to those who want it and need it. This is the sixth week of the campaign, and more than 20 million doses have been made available to Canadians so far. We are well on our way to having enough vaccine for everyone who wants it by Christmas. I would again like to express my appreciation to the provinces, territories, and all the front line workers who are vaccinating thousands of Canadians every day.

We were able to approve a safe and effective vaccine thanks to the unprecedented level of collaboration among international regulators. This collaboration started a few years ago, and Canada has been an active participant. In fact, the key Canadian contribution occurred in the spring, when public health scientists helped identify the strain of the new virus.

Our work with the H1N1 pandemic has provided us with an opportunity to learn. A better understanding of this flu has allowed us to acquire the wisdom and knowledge to respond to the illness if a third wave comes. It will also provide us with experience and guidance for the future, if needed.

Our work on this is ongoing. That is why the Canadian Institutes of Health Research announced support for five new research projects designed to help further understand and address the H1N1 flu virus. We are already a global leader in H1N1 flu virus research. The new research being funded will help ensure that our knowledge, approach, and planning remains amongst the best in the world.

Canadian scientists will try to understand, among other things, why the virus causes some patients to develop serious respiratory illnesses. Another team will study the impact of the virus on pregnant women and try to determine why some develop complications. Another group will study the impact this pandemic is having on health care resources.

Our goal is to learn as much as we can while this virus is having its greatest impact. That kind of learning experience will guide our response to future pandemics. This pandemic is unique because we continue to learn about it the longer it is around. Obviously, we want to keep ahead of it as it continues to circulate through the country and the globe.

Earlier this year, when the illness had spread in some isolated first nations communities, we addressed the vulnerability of the hundreds of remote and isolated communities throughout the country. Ever since that first wave, Health Canada and the Public Health Agency have been helping first nations prepare for the second wave. Being from a remote community, I know so well the challenges these regions face with health issues.

● (1535)

A federal-provincial-territorial working group was created at the outset of the pandemic to address issues specific to isolated and remote communities. I also appointed Dr. Paul Gully, who provided the much needed support and link between the first nations communities and our offices.

By October 23 more than 95% of first nations communities had pandemic plans in place. First nations had been sent supplies needed to deal with a pandemic, and antiviral medications had already been shipped to strategic locations for easy distribution. A plan was also in place to reallocate nursing staff to facilitate vaccine rollout.

As testimony to our efforts, I have provided you with the video of my visit to the Cowessess First Nation in Saskatchewan. This community was thoroughly prepared for the second wave of the virus. During my visit I met community leaders who embraced the challenge of getting their friends, family, and neighbours prepared.

The success of the preparations in Cowessess and hundreds of other communities just like it is due to the collaboration between the federal government and first nations. Many small communities were hit by the virus during the first wave, and the lessons learned during the first outbreak enhanced our preparations for the second wave.

Within three days of the approval of the vaccine, teams of health care workers flew to remote communities to vaccinate everyone who wanted to be vaccinated. The response was very high. Clearly, our message regarding the importance and safety of the vaccine had been effectively communicated.

I also signed a communications protocol with the Minister of Indian and Northern Affairs, Chuck Strahl, and the National Chief of the Assembly of First Nations, Shawn Atleo. That protocol was and continues to be a commitment to share information with first nations in a timely way.

Our first initiative under that protocol was to host a virtual summit to share important information about H1N1.

Preparations for the second wave in first nations were guided by annex B of the Canadian pandemic influenza plan, which had been adjusted to incorporate lessons learned during the first wave.

While flu activity has levelled off in some parts of the country, we continue to roll out our vaccine, inform Canadians, and remain vigilant in the event of a third wave of the H1N1 virus. We'll also continue the process of broadening our pandemic planning and make specific plans on how we will deal with future health concerns. This has been the first real test of our Canadian pandemic influenza plan, and, as I mentioned earlier, our biggest vaccination program.

While the H1N1 virus has dominated the health agenda since April, the other business of the health portfolio has kept moving forward.

With your cooperation we have passed Bill C-32, the Cracking Down on Tobacco Marketing Aimed at Youth Act. This legislation will protect children from tobacco marketing practices designed to entice young people to smoke. As well, by the banning of flavours and additives and by instituting minimum package sizes, the appeal of these products to children and youth is greatly reduced.

Bill C-6, the Canada Consumer Product Safety Act, is now before the Standing Senate Committee on Social Affairs, Science and Technology. In fact, senators are engaged in clause-by-clause consideration of this bill right now, as I speak to you. The proposed legislation would better protect Canadian families from dangerous consumer products. It would allow for much needed product recalls and mandatory reporting. In short, it will give the government the necessary tools to act in a timely and consistent manner to protect Canadians against unsafe consumer products. This is so important, particularly at this time of year when many parents are shopping for Christmas gifts. Parents need to know that the gifts they put under their Christmas trees are safe for their children.

I applaud this committee for recognizing the importance of this long overdue bill and for its timely yet diligent scrutiny of Bill C-6. I urge the Senate to follow suit and pass the legislation without delay. I hope they will be inspired by my encouragements today.

● (1540)

Another major issue for the health portfolio has been the global shortage of medical isotopes since the shutdown of the reactor at Chalk River. The impact of the shortage has been managed here in Canada because the lessons learned during the shutdown at Chalk River were used to develop contingency plans. These plans are now helping medical staff cope with the shortage.

The research for alternatives and the methods of dealing with the shortage had been well under way long before Chalk River went down. We have been able to cope with the shortage through cooperation with the provinces and the territories. The impact of the shortage has been mitigated by the hard work and dedication of the nuclear medicine community. With alternative solutions, however, patients ultimately receive the diagnostic scans they need.

In 2009 we also took actions to strengthen Canada's food safety system. In partnership with the Minister of Agriculture, Gerry Ritz, I announced that the government will invest $75 million in Canada's food safety system in response to the recommendations made by independent investigator Sheila Weatherill. Those new investments will improve our ability to prevent, detect, and respond to future outbreaks of foodborne illness. The investments will mean expanded listeria testing, more inspectors, and better surveillance and communication. In the months ahead we must remain vigilant and adapt quickly.

Thank you for providing me with this opportunity to address you today. My experience as federal Minister of Health has been extremely rewarding. I have been given the opportunity to travel and meet with Canadians from across the country. I work with intelligent, determined, and thoughtful individuals who have the same care for the well-being of Canadians that I do. It is truly a privilege to be here on their behalf.

Thank you.

● (1545)

The Chair: I thank you very much, Minister.

We're now going to go into our first round of questioning. As the committee knows, when a minister is with us we start off with the Liberals for 15 minutes; then the Bloc for 10 minutes; the NDP for 10 minutes; and the Conservatives for 10 minutes subsequently.

We will begin with Dr. Bennett.

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

Thank you, Minister.

Over the last couple of sets of estimates, a number of members have been interested in this first section—how health dollars are being transferred to ministers without portfolio or ministers of state who do not preside over a ministry of state. Can you explain what that first section is and why health money keeps being spent on ministers of state without portfolio?

The Chair: Who would like to take that question?

Hon. Leona Aglukkaq: Can you clarify what section you are making reference to?

Hon. Carolyn Bennett: It's on page 171 of the estimates, the first section, under the title of “Health”.

The Chair: Mr. Tsang.

Mr. Alfred Tsang (Chief Financial Officer, Department of Health): I do not have page 171 in front of me, but we're not making any proposals in this supplementary estimate (B) to those items.

Hon. Carolyn Bennett: It says “Adjustments to Appropriations”, $4 million.

Mr. Alfred Tsang: The details of the $4-million adjustment are provided on page 173. It consists of a number of adjustments. I will certainly be happy to walk through them. Some of the major ones include our H1N1 flu virus outbreak for $18 million. You can see the list on page 173.

Hon. Carolyn Bennett: Maybe we will put that aside.

Seeing as the latest economic update was not tabled in the House, could somebody tell me whether the asterisk over the $500 million for Infoway has been removed? It was tabled through the back door, through the journals branch; it was not tabled in the House.

The Chair: Who would like to answer?

Mr. Rosenberg.

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

In terms of the last report, there was work to be done with Infoway on further due diligence. Since that time the Auditor General has released her report on Infoway. I know that the Auditor General and Mr. Alvarez were before this committee the other day.

We continue to work with Infoway on some of the observations the Auditor General made in that report. The next step, as I understand it, is that Infoway will be tabling an action plan with the public accounts committee in December. We look forward to seeing that action plan and to working with them on that.

Hon. Carolyn Bennett: I think the testimony on Monday was pretty conclusive, that the sooner they can get the money, the sooner we save money for the health care system in this country and save lives. I'm not sure what the negotiation needs to be when it's a transfer to an independent body that actually just gives out money itself.

On the response to the pandemic, we are still, I think, asking about the $400 million that's been set aside for pandemic response. There doesn't seem to be a real explanation of how the money for response is being spent, compared to that for purchasing vaccine.

Again I ask this, on behalf of the provinces. I understand that the unilateral decision that the provinces would pay for 40% of the cost of the vaccine but 100% of the delivery of the vaccine into Canadians' arms is still of huge contention for the provinces and territories. Local public health services are scrambling. In 2007 the decision to cut the $100 million that was there for provinces to build up local public health has been very evident to Canadians in terms of how this rollout happened this fall.

I guess I would like to know if there is any money to help the provinces with the rollout of the pandemic response. Also, I think the provinces are wondering where the money is to help with the extensive costs over time and the difficulty because of the isotope crisis that was caused by the federal government.

● (1550)

The Chair: Who would like to take that?

Minister.

Hon. Leona Aglukkaq: Thank you.

In my view, the rollout of the pandemic plan has gone very well in Canada. Canada has been seen as a world leader in responding to this pandemic. I said in my opening comments that the success of how we rolled out the pandemic plan in this country comes from years of planning. At the same time, with the cooperation of the provinces and territories, we've done very well in addressing the rollout of the vaccines in provinces and territories.

We continue to work with them. We are in weekly contact with the provinces and territories, and I can say that the contingency and investments that were made in Canada—the billions of dollars that were invested—were rolled out. The communications, antivirals, enhanced emergency response, and surveillance of the outbreaks were also investments that were made. I can say that there were no cuts to that funding that the member makes reference to.

We will continue to work with the provinces and territories in the rollout and evaluate how we've done once we get through this pandemic.

Thank you, Madam Chair.

Hon. Carolyn Bennett: I think the question actually was whether the provinces can expect any assistance in money from the federal government on the actual response to the pandemic. I don't think the minister answered that.

Hon. Leona Aglukkaq: I can answer that question now.

The response is that we have assisted provinces financially in response to this pandemic. We've covered 60% of the vaccine, we've invested $1 billion to position Canada to respond to a pandemic, and we will continue to work in partnership with the provinces.

In addition to that, this year our government has transferred $24 billion under the Canada Health Act. This new year, under the health transfers, that will increase by another 6%. Canada's health ministers in provinces can invest—

Hon. Carolyn Bennett: Minister—

The Chair: Dr. Bennett, let her finish.

Hon. Leona Aglukkaq: They can invest that money as they see fit in the delivery of health care, as they are responsible for the delivery of health care.

Hon. Carolyn Bennett: Minister, I think you know as well as I do that the 6% escalator is from the 2004 accord. It has nothing to do with the pandemic response, and it really isn't fair to bring that to this discussion right now.

On page 176 of the estimates, it says that the funding to government advertising programs is $4.55 million. This morning in *La Presse*, it says that Quebec alone has spent $7 million.

Do you think it's appropriate that the federal government has only spent $4.5 million in public education when even the Province of Quebec has already spent $7 million?

At the same time, your economic action plan is—at the latest count—$56 million.

The Chair: Minister.

Hon. Leona Aglukkaq: Thank you.

Part of managing a pandemic is ensuring that there is accurate information getting to Canadians. It's one of the most challenging parts of managing a pandemic, to manage the misinformation that is out there and to ensure that Canadians have the right information to make important decisions on what to do to prevent the spread of H1N1. We will continue to communicate with Canadians through print, radio, and television ads, with toll-free numbers and so on.

On the issue in terms of how much we've invested, it is more than the $4 million you make reference to. Each province and territory has been communicating with its population through its health care system as well. This is a joint initiative. Part of the investments we made in the $1 billion was also funding to put communications strategies in place across the country, as well as the surveillance system. To date, we've invested over $30 million in communicating on behalf of the provinces and the territories in response to this pandemic.

Thank you.

● (1555)

Hon. Carolyn Bennett: Minister, because the information kept changing, the cost of communicating with Canadians has continued to rise, in particular on behalf of the provinces. As we've crisscrossed the country, what we've heard in many local public health areas is that having a full-page ad from the federal government right next to a full-page ad from the province, with different information in it in terms of priority groups or whatever, has not been helpful and has in fact really confused the population such that the province has to spend even more to clarify this duelling information coming from two levels of government.

Will the federal government reimburse the provinces for what they've had to do to continue to communicate with their citizens because of the absolutely appalling lack of consistent information from the public health community and the public health network?

The Chair: Minister.

Hon. Leona Aglukkaq: Thank you.

I said earlier that communicating with Canadians has been probably the most challenging part of managing this pandemic. It was very important to ensure that the information getting to Canadians was the most current and accurate and based on science. Since April I've had over fifty press conferences with Canada to keep Canadians informed as we learned about H1N1, and we will continue to communicate to Canadians what we've been dealing with. That will continue on through Christmas and into the new year, because we're not over the pandemic situation. Provinces and territories have also stepped up to the plate in communicating with their populations the importance of getting the vaccine.

As information or misinformation goes out into the general population, of course it's going to cost us more money to respond to make sure that Canada and Canadians get the right information about the safety of the vaccine, the importance of washing your hands, what to do when you're sick, and the importance of the vaccine. The challenge is to manage the number of organizations and individuals out there that may not necessarily have the right information. So keeping up with that has been the biggest challenge of managing a pandemic. We will continue to go out there to inform Canadians of the facts based on science, as we deal with this peak and possibly third wave of the pandemic.

Hon. Carolyn Bennett: Minister, on a number of occasions we've asked you and your department if it would be possible to have the very important information, as you've discussed, around getting the vaccine, washing hands, but most importantly, what the normal symptoms of the flu are and what is not a normal symptom of the flu, in terms of shortness of breath and the need to get medical attention.

In our country, some of the most vulnerable people do not speak English or French. This is a huge expense to local public health organizations, to not only do the translation into the other language but do the re-translation back into English to make sure that it was accurate information getting to these groups. Are you planning and will you plan to provide that kind of information on your website so that local public health can download this information and not have to use their scarce dollars for the translation and re-translation?

The Chair: Minister.

Hon. Leona Aglukkaq: Thank you, Madam Chair.

Most jurisdictions that delivered health care before the pandemic were already doing this. It is important to communicate with the population you provide services to. It's not just during a pandemic that information on important health issues is communicated to Canadians.

I have a list here on a number of the provinces. There are 19 languages in Ontario. In Manitoba, there are about 15. Nunavut has four official languages. This is an ongoing issue, and I have every confidence in the translators in those jurisdictions to translate the medical information we produce into the appropriate languages. That is their profession.

I can say that Inuktitut translators do a fantastic job of translating medical terms for the population they provide services to; this is part of providing services to individuals within their own province. In Nunavut, for example, we have four official languages—English, French, Inuktitut, Inuinnaqtun—and information is made available by the territorial health department. The Northwest Territories has nine official languages, and so on. So it will vary by jurisdiction.

It's not just about doing this in a pandemic. You need to continue, through public health, to communicate important public health messages, and that is a common practice throughout the country.

Thank you, Madam Chair.

● (1600)

The Chair: Thank you, Minister.

We'll now go to Monsieur Malo.

[*Translation*]

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

Madam Minister, government officials, thank you for being here with us this afternoon.

In your presentation, Madam Minister, you referred to the isotope crisis, a crisis—we need to remember—that was caused by the closure of a reactor under the responsibility of an organization directly under the federal government's responsibility. This closure was the result of a lack of concrete action and vision by the previous Liberal government, as by yours. In fact, you were unable to ensure a supply of radioactive isotopes not only for Quebec and Canada, but also for the entire world.

In your presentation, Madam Minister, you also referred to the extraordinary work that doctors and all medical staff in the area of nuclear medicine have done. They have faced the challenge and ensured that for patients, who are the primary stakeholders, the damage is limited. This has, however, created extraordinary pressure on the Quebec and provincial health care systems, and so this has led to additional costs.

Last August, you will recall that the Standing Committee on Health held an extraordinary meeting to talk about this issue. Ontario and Quebec had then assessed the additional costs related to the isotope crisis. Minister Bolduc from Quebec talked at that time about costs of approximately an additional $10 million. What you told me then did not satisfy me, because you told me that we would have to wait for a request to be made.

At that time, I had asked you to be more proactive, to anticipate the additional costs that would need to be compensated. In that regard I asked Dr. McEwan this question once again; he is your special advisor, the special advisor you had appointed to resolve the crisis. He told me that the government was assessing the additional costs to the provinces to resolve the crisis. He even told me that this issue had been addressed during the last federal-provincial-territorial meeting and that it would be on the agenda for other similar meetings.

Unfortunately, Dr. McEwan was not able to tell me—since he told me that this was not part of his duties—if, Madam Minister, you had made the commitment with your provincial counterparts to do everything in your power to ensure that the provinces would be compensated in light of the crisis caused by the closure of the Chalk River reactor.

So, do you have an answer to give me in this respect today?

[*English*]

The Chair: Madam Minister.

Hon. Leona Aglukkaq: Thank you, Madam Chair.

We recognize the challenge that has arisen as a result of the shutdown of Chalk River, which is an ongoing situation. We continue to work with the provinces and territories as well as the medical community in that area. I believe Dr. McEwan appeared before HESA to give the committee an update in regard to what the medical community on nuclear medicine was actually doing to mitigate the impact of the shortage of Tc-99.

From the original shutdown, there had been lessons learned that prepared us across the country to come up with a contingency plan to mitigate it, to identify alternatives to Tc-99 in the research community, and to invest in research where we can look at alternatives. That is ongoing. The work did not just start when this situation occurred. It started years before, when there was a shutdown, and there were lessons learned from that. We'll continue to work with Dr. Sandy McEwan along with other jurisdictions on that subject.

As far as the dollars involved go, some provinces have put forth a request in regard to that. Some provinces are doing better than others. Provinces that have put in triage alternatives for dealing with cancer patients have managed much better than jurisdictions that have not diversified their supply. We continue to work with the provinces and territories to encourage them to look at alternatives to mitigate the impact of the shutdown and the shortage of the supply.

In terms of the dollar value of the additional costs incurred, I have not received the actual breakdown of what jurisdictions have actually incurred while trying to mitigate the impact of the shutdown, and what it would cost if it happened again. What they have done to mitigate it is a big question for every jurisdiction to answer. Dr. McEwan has been working with each jurisdiction to assist it to put those plans in place.

Having said that, I will say again that we continue to increase the transfers to the provinces and the territories. This year we have transferred $24 billion to the provinces. Each province, respecting that it is responsible for the delivery of its health care, allocates and invests those moneys where it sees fit. That could be related to looking at different types of Tc-99 or alternative purchases. It's up to each province to invest its resources where it sees they are most needed. That applies to Quebec as well.

Thank you.

● (1605)

[*Translation*]

Mr. Luc Malo: Madam Minister, as you did last August, you are avoiding answering my question. Of course, there are transfers, and they can be increased, but that is another issue altogether. I am asking whether you intend to compensate the provinces for the additional costs they incurred as a result of the isotope shortage. This is the question to which I want an answer. Are you committing to compensating the provinces?

[*English*]

The Chair: Madam Minister.

Hon. Leona Aglukkaq: Thank you, Madam Chair.

Madam Chair, what I've said to the provinces is that I will sit down with each province and have a discussion in regard to what that means. We've received some preliminary figures from provinces, but in terms of the concrete dollar value and a list of the additional resources each province or territory incurred as a result of this, I have not received that from the provinces and territories. I have committed to working with the provinces and territories to look at alternatives. We've invested $6 million in research to look at an alternative supply to Tc-99, which will benefit provinces and territories in managing the Tc-99 shortage across the country. This is an investment we have put forward.

In terms of the day-to-day delivery, we have received estimates but not concrete dollars from, I'd say, one jurisdiction.

[*Translation*]

Mr. Luc Malo: Absolutely. We agree on that. However, I was expecting a commitment to the general idea; it is a commitment on your part that I was hoping for.

I would also like to talk to you about the additional $9 million approximately that you will invest in order to certify natural health products. With regard to the objectives that the government established in this area, it's clear that it is a failure, Madam Minister. All natural health products were to be certified by the end of this year. However, we have learned that the deadline will be extended until March.

Could you prove to us that the additional funding will ensure that the commitment you made can be met with all manufacturers and clients who want to ensure the safety of the products they are taking?

● (1610)

[*English*]

The Chair: Your time is running out, Monsieur Malo, so please wrap it up.

[*Translation*]

Mr. Luc Malo: Thank you very much, Madam Chair.

[*English*]

The Chair: Thank you.

Madam Minister.

Hon. Leona Aglukkaq: Thank you.

I can say that about 76% of product licence applications have been completed. We still are working towards the deadline we had set forward, which is, I believe, next March, in 2010.

Health Canada's priority is, again, to protect and promote the health and safety of Canadians. The natural health regulations were developed with extensive consultations with stakeholders and the Canadian public. But the update I have in terms of where we are at with this is that of the 17,000 applications that have been assessed... resulting in 22,000 products, with a full range of health claims, becoming accessible to Canadians.

So we have completed 76%, and we will continue to target to meet the backlog for March 31, 2010.

The Chair: Thank you, Madam Minister.

Ms. Wasylycia-Leis.

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

Thanks to all of you.

Let me start with the H1N1 pandemic, since that's top of mind.

How much are you paying GSK for every dose of H1N1 vaccine —just the straight figure per dosage?

The Chair: Dr. Butler-Jones.

Dr. David Butler-Jones (Chief Public Health Officer, Public Health Agency of Canada): We have a contract with GSK for 50.4 million doses, and $403 million is the total cost for that.

Ms. Judy Wasylycia-Leis: The federal government is paying 60% of that?

Dr. David Butler-Jones: That's correct.

Ms. Judy Wasylycia-Leis: Roughly how much profit is GSK making based on the cost to produce the vaccine and what they're making above that?

Dr. David Butler-Jones: I couldn't speak to that.

Ms. Judy Wasylycia-Leis: You couldn't speak to that.

Could anyone speak to that?

It's a contract between the federal government and GSK. I would hope that you could speak to it. It's your obligation to be aware of all the details pertaining to the contract you've signed with them.

And it does beg the question that if in fact they are getting millions of dollars in profit from the production of this vaccine, why is it necessary to give them another $7 million in the budget for another line to do the non-adjuvanted vaccine, since they originally received a contract for $323 million, when the Liberals were in power, to do it all? They were rolling in dough enough to be able to make a significant political donation back to the Liberal Party. They've benefited enormously from being the sole-source contract for the entire H1N1 pandemic in this country.

Can you at least tell us how much profit they're making and why you're giving them another $7 million?

The Chair: Madam Minister.

Hon. Leona Aglukkaq: Thank you.

I made reference to GSK because you asked how much profit had been made. But we're not the only customer of GSK.

In terms of what we—

Ms. Judy Wasylycia-Leis: I'm sorry, Madam Minister, but my question specifically—

Madam Chair, I have a point of order, please.

The Chair: Madam Wasylycia-Leis, will you please let the minister answer your question first?

Ms. Judy Wasylycia-Leis: On a point of order, please, my question specifically was, Madam Chair, about the profits that GSK was making vis-à-vis the contract with the federal Government of Canada.

Hon. Leona Aglukkaq: Yes, before you made reference to the federal government, I—

Ms. Judy Wasylycia-Leis: Well, that was pretty obvious.

The Chair: Excuse me, Ms. Wasylycia-Leis, the minister needs a chance to answer your question. Then you can continue.

Madam Minister.

Hon. Leona Aglukkaq: I just wanted to clarify my response to the member as to why I said GSK.

I'm going to pass it over to Dr. David Butler-Jones, who will speak to what we are paying for the vaccine production in this country.

Dr. David Butler-Jones: Companies' profits are a matter for their shareholders and whatever is on the public record. Otherwise, it's proprietary commercial information, the same as for any manufacturer as it relates to any product.

On the issue of the sole source, at the time that the previous government entered into the contract with the predecessors of GSK, it was the only company willing to provide a secure domestic supply in Canada. As a result of that, we have the most secure supply in the world for vaccine for Canadians.

The $7 million is for the first phase of the new fill line, not related to non-adjuvanted but related to new pandemic vaccines that will increase capacity in Canada to provide even better security for Canadians.

● (1615)

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

Having the responsibility for this contract, I would suspect that you would know the cost to GSK, and therefore the difference between the cost and what you are actually paying.

However, let me turn now to the subject that was raised earlier by my colleague Carolyn Bennett around the cost to the provinces. We know that the cost for the pandemic is being largely borne by the provinces and the territories. The costs you are assuming are for 60% of the vaccine, so if you really stretch things, it amounts to about 10% of the entire response of governments to the pandemic being covered by the federal government and 90% by the provinces. I am wondering if that is fair, based on a normal response in the face of a national emergency.

Secondly, would you at least be willing to return to the provinces the costs associated with the fact that there were so many changes from your end, in terms of amounts of vaccine, the “on again, off again” approach, the fact that clinics were started and clinics were shut down, priority lists were made and priority lists were removed, people were moved about, staff were hired and staff were sent back home? All those changes are a huge extra burden—which has been raised with you, in fact. This is not me making it up; the provinces have raised it with you.

My question is very simple: will you reimburse the provinces for the extra costs they have identified as a result of problems associated with your delivery of this end of the pandemic?

The Chair: Madam Minister.

Hon. Leona Aglukkaq: Thank you, Madam Chair.

I would say again that Canada has done very well in responding to the pandemic in partnership with the provinces and territories. I cannot state that enough to Canadians. The success of how we've responded to this is a cooperation with the provinces and the territories, and I was the contact with them.

With regard to what we've invested, we've invested not only in 60% of the cost of the vaccine, but also in antivirals, in communication, in surveillance, in research. There are a number of investments that this government has made in response to this pandemic.

I also said to the provinces and territories, when we met in September in Winnipeg, that we will come back to the table to have a discussion, to evaluate how we are doing with the pandemic, what we learned from the pandemic, and what costs were incurred in the pandemic. But to make that commitment before we deal with this pandemic would not give you the accurate information that you would need to make a sound decision on what to do.

Ms. Judy Wasylycia-Leis: Okay. Fair enough.

Hon. Leona Aglukkaq: You cannot anticipate dollar values for something whose magnitude you don't know. The provinces and territories have agreed to that, and I will say that.

Ms. Judy Wasylycia-Leis: No, you're right. But I can tell you that in a case in Manitoba—and this would be replicated across the board—they've had to go for a special warrant. They now anticipate having to spend $100 million on the H1N1 pandemic, and $6.8 million of that is coming from you, the federal government, and that is based on 60% of the vaccine. So you see that it is a huge cost that the provinces are bearing.

In a normal national emergency, the numbers are reversed. It's usually 90% federal and 10% provincial. In this case, we have 90% provincial and 10% federal. I think that needs to be addressed.

Let just ask you this. In terms of the number of problems that have been identified with the whole rollout of the vaccine and the whole pandemic, including the delay in identifying priority groups, the failure to commit to the three million doses per week when you did, the change in terms of different advice on the adjuvanted and the non-adjuvanted, the concerns among the first nations communities, the failure to support some of those communities, the single-source contract, the public confusion over safety of the vaccine, the rollout difficulties in terms of erratic supply—

The Chair: Ms. Wasylycia-Leis, you're running out of time.

Ms. Judy Wasylycia-Leis: My final question, based on all of that, is are you prepared to agree that there be a public inquiry in terms of this whole issue as soon as possible after the pandemic is at the end?

● (1620)

The Chair: Madam Minister.

Hon. Leona Aglukkaq: Thank you, Madam Chair.

I think there were about 300 questions in there. I will try to capture what you're looking at.

The pandemic plan was developed in partnership with the provinces and territories. Who has what role is clearly defined in it. I've always said in my briefings with the committee as well as with Canadian provincial and territorial health ministers that we will always evaluate how we have done in responding to this pandemic, and we continue to do it on a daily basis. In their rollout, some provinces had some challenges and re-evaluated, repositioned, and started their rollout. They are responsible for the delivery of health care.

We've never had a situation in which we vaccinated 33 million people. This is the largest vaccination campaign. So we will continue to evaluate how we do—

Ms. Judy Wasylycia-Leis: Will you agree to a public inquiry—

Hon. Leona Aglukkaq: —to ensure that the pandemic plan we have in place—

Ms. Judy Wasylycia-Leis: —to an independent investigation of the pandemic?

Hon. Leona Aglukkaq: —is effective and useful for Canadians.

Ms. Judy Wasylycia-Leis: A point of order, Madam Chair.

Hon. Leona Aglukkaq: I can say that in terms of speaking with the provinces and territories in Manitoba, we all agreed to come back to the table to evaluate how we have done in responding to this pandemic.

The Chair: Dr. Butler-Jones....

Yes, Ms. Wasylycia-Leis.

Ms. Judy Wasylycia-Leis: Madam Chair, just on a point of order, before we have another long-winded answer that doesn't answer my question, I would simply ask if this government would be prepared to agree to an independent inquiry into this pandemic once it is all through. It's a normal request made by many scientists in this community and many Canadians.

I would just like an answer of yes or no.

The Chair: Dr. Butler-Jones, I think you had a couple of things you wanted to add to that.

Dr. David Butler-Jones: First of all, we review all events. We will be reviewing this, working with the provinces and territories, with experts and with others. We will continue to do that. We've already learned lessons from the first wave. We've applied them in the second wave, and we'll continue to do that.

In terms of all of the questions, actually, the bottom line is that we work very closely with the provinces and territories. These decisions are joint decisions. The issue of having a domestic contractor for vaccine was supported by all provinces and territories; it was reviewed just before the pandemic. We have that in place. It has given us the most secure supply in the world. It's the same with the issue of access to the unadjuvanted vaccine. That was a request from the provinces that we, working with the manufacturer, were able to oblige.

On the risk categories, that is also done jointly with provinces and territories. It was something they agreed to; it was their view. It did not delay any delivery of vaccine.

All of these things are being done all along the way, jointly with provinces and territories. The best public health expertise in the country is trying to address each of these issues as we move forward.

The confusion has not been among public health. The confusion has resulted from drawing on claims and expectations from others who really don't understand or don't have inside knowledge on what's actually happening and what we're able to address.

The Chair: Thank you, Dr. Butler-Jones.

Now we'll go to Dr. Carrie and Ms. McLeod.

You're sharing your time. Who wants to begin?

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

I'd like to start by thanking you for being here today. I want to congratulate you and your officials on a very busy session, particularly in leading the world in the handling of H1N1.

You said something in your opening comments that got my attention. I was recently back in Oshawa doing my Christmas shopping, like a lot of parents, out at the Oshawa Centre. I have three small kids. The good news for parents is there's lots of really cool stuff out there. The selection is huge. But we've recently seen large recalls for cribs and strollers.

I know, Minister, you have a toddler who's very curious, walks around, and puts things in his mouth.

Parents are concerned—Canadians are concerned—because they want the gifts they're buying to go under the Christmas tree for their kids to be safe. Can you explain to Canadians what you're doing to protect against unsafe consumer products, especially since parents are out there right now buying all kinds of toys and things for their kids to put under the Christmas tree?

The Chair: Madam Minister.

Hon. Leona Aglukkaq: Thank you, Madam Chair.

I'd like to thank the member for that question.

This legislation we've introduced, Bill C-6, on the safety of consumer products, is long overdue in Canada. The legislation we're dealing with is 40 years old. The legislation introduced that is before Senate as we sit here will allow Health Canada to do mandatory recalls when we discover unsafe products in the market. It will allow us to work with industry when there are complaints about products or incidents with products—cribs and so on. It will allow them to report incidents of that nature to us so we can monitor at a national level which products may be unsafe.

As it is right now, we do not have the authority to do that. We do not have the authority to do mandatory recalls. In fact, we have to beg, negotiate, and consult to remove unsafe products from our shelves. So I hope the senators will think about the young children out there.

I have a son, as you said. My concern is to ensure that parents have the confidence that the products they buy from the shelves, particularly around Christmas, are safe and there is no lead, and so on.

This legislation would allow Canada to also catch up to other countries like the United States that have mandatory reporting and recall. In fact, we would not have learned of the crib recall had we not received the information from the United States. It's important that we catch up to other countries to ensure that the products coming into our country are safe, and that we protect the health and safety of Canadians.

Thank you, Madam Chair.

● (1625)

The Chair: If you want to share, Dr. Carrie, maybe Ms. McLeod should have a chance now.

Ms. McLeod.

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

I actually also want to offer my congratulations. Actually, you look remarkably chipper, because I'm sure you've spent many, many months being very busy with the tremendous responsibilities you've had.

Through your remarks, Minister, there were two comments that really sort of perked up my interest. One was when you talked about your tripartite agreement with first nations and INAC. I'm wondering if you could share a little more about what that agreement was meant to accomplish.

Hon. Leona Aglukkaq: Through my meetings with first nations leader Grand Chief Atleo, as well as Minister Strahl, we agreed on the importance of coming up with an agreement on shared interest to communicate to the population and to the first nations communities. We signed that agreement in early fall; it was Minister Strahl, me, and Grand Chief Atleo. That is a protocol on communication, and to launch that we had the virtual summit with first nations communities across the country, to be able to respond to questions from people in remote communities on H1N1. Along with Dr. David Butler-Jones and Dr. Gully we were able to hear firsthand from first nations individuals and leaders in their communities what some of their issues and challenges were in responding to the pandemic plan.

Naturally, that will go beyond H1N1, on shared interest with the Grand Chief and chiefs across the country, and through Minister Strahl's office, to able to communicate with the first nations in isolated communities. I think it's the first of its kind in this country to be transparent in communicating information to the population that we serve, so I'm quite proud of that. The virtual summit was a good example of the importance of communicating correct information, based on science and so on, when you're dealing with a pandemic. That really demonstrated that.

Thank you.

Mrs. Cathy McLeod: So out of difficult and challenging times we perhaps made some very positive improvements in terms of our relationships and how we do business.

Through the virtual summit, were most first nations communities able to actually connect in? Was it video or telephone or...? It sounds like it was a new way to connect.

Hon. Leona Aglukkaq: Yes, it was through television. In the communities, people can actually sign on to the website and communicate in an interactive discussion with Dr. Gully and Dr. Butler-Jones.

The one thing I want to say, in terms of tripartite discussions, is that we are in a discussion with first nations in British Columbia and Saskatchewan on how we can better deliver health care in those jurisdictions within the first nations communities. That discussion has been going on for some time, in terms of how we can better serve and integrate services within the provinces and territories, in those jurisdictions, B.C. and Saskatchewan.

Again, in those discussions the importance of communication has been raised time and time again in the areas of prevention, not only within H1N1 but by getting the information on public health messages to the first nations remote communities.

● (1630)

The Chair: Thank you.

I think time is up, Ms. McLeod.

Minister, I know that your time is very valuable and that you have another meeting to go to. I want to thank you so much for coming here and giving these very insightful comments that help us all out, as a committee.

I'm going to suspend the committee for two minutes to allow the minister to depart, then we'll go on with the officials.

Thank you.

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(Pause)

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The Chair: Dr. Bennett.

Hon. Carolyn Bennett: Somehow, in all the moving of times, we have missed our H1N1 briefing this week in terms of the due diligence.

I'm not sure whether we should ask for a phone briefing for later this week or whether the committee would prefer to have the regular briefing next Wednesday.

Maybe Dr. Carrie could find out from the department what the procedure will be over the holidays for the committee to be able to have a weekly briefing, or what would be suggested as we move into a....

It could be good, could be bad, but.... It's our job.

The Chair: Dr. Carrie.

Mr. Colin Carrie: I'd be happy to do that for the committee, and I could probably report back to you next week.

The Chair: Thank you, Dr. Carrie.

Hon. Carolyn Bennett: Can you remind us what's on for next Wednesday?

The Chair: Next Wednesday is HHR, Dr. Bennett. You have the calendar, or you should have it. It's HHR and the H1N1 briefing.

Hon. Carolyn Bennett: Are we having any witnesses at the H1N1, or is it just the briefing?

The Chair: It's just the briefing.

Let's commence the second part of our committee meeting. We are going to begin the questioning.

Dr. David Butler-Jones: I could just talk....

The Chair: I was going to give you a chance to do the H1N1 briefing, Dr. Butler-Jones. We're going to go into our line of questioning.

Dr. Martin.

Hon. Keith Martin (Esquimalt—Juan de Fuca, Lib.): It's actually Ms. Murray.

The Chair: Pardon me?

● (1635)

Hon. Keith Martin: I'm in the next round.

The Chair: Ms. Murray, you may commence.

Ms. Joyce Murray (Vancouver Quadra, Lib.): Mr. Rosenberg, could you tell us why there is a backlog in the licensing of natural health products?

Mr. Morris Rosenberg: We have been processing these since 2004. There was a backlog that we have begun to deal with. Close to 18,000 licences have been issued—17,807 as of November 25 were issued to nearly 1,000 different companies. The backlog is steadily going down. Our processes are improving—from issuing 5,000 in December of 2007 to 10,000 in November of 2008 to close to 18,000 today. The rate of refusal is also decreasing.

This is a new area of business for the government. There were a lot of businesses at the start that needed to be processed, and I think we have gotten better at processing. We are dealing with the backlog.

Ms. Joyce Murray: Thank you for that perspective. I'd like to share with you the perspective of the industry itself. I have been hearing from delegations of naturopathic physicians that count on the products, manufacturers, distributors, retailers, and consumers. Their perspective is that this process is completely broken down and badly needs to be changed.

According to industry representatives, the 17,000 figure is not approved or denied. Their figures may or may not be correct, but I'm sure they're in the ballpark. In the case of 33% of the products, the person responsible has essentially given up, because the process is too onerous and complex for a small business person. Many of these products are not money-makers. They usually are not patented. They're not big pharma. They're small.

Thirty-three per cent have given up, while 42% are stuck, and approximately 25% have either been approved or denied. That's not a very good batting average for five years. And I would like to put on record a correction of what the minister said earlier, which was that 76% of product licence applications are completed. I have information from the health ministry, through a question on the order paper, that referred to 70% being either completed or in the process of being completed. This means that they could still be in the backlog.

That 76% is not right, if I interpret the bulletin from the health ministry correctly. Some 20 million Canadians use natural health products; 10,000 businesses are producing, distributing, or selling them; and it's a $2-billion industry. For those businesses, there is no certainty. A huge percentage have either given up on their product or are stuck. They are not able to distribute their products to other countries, because the licensing is stuck for up to five years. Some of them have had their applications in for five years. From their perspective, this process is not adhering to the principles determined by the all-party committee on health that was the guiding document for this process.

Everywhere, discouraged or frantic business people are wondering what is going on. I wonder if you could give the readers of these transcripts an idea of what changes you will make to this dismal process.

The Chair: Ms. Murray, you only have about 30 seconds left.

Ms. Joyce Murray: Thank you.

The Chair: You're almost up to the five minutes.

Please answer as concisely as you can.

Mr. Morris Rosenberg: Thank you.

I'll answer, and I'll also provide you with something in writing on some of the business process improvements that are taking place, including the launch of an NHP online system last February, a process to batch applications, the simplification and streamlining of the applications and review processes, and the provision of quarterly progress reports. Technical workshops were also held in three cities in spring 2009. In the November sessions of the workshop, there were 400 attendees from industry.

I should say, finally, that this is an ongoing process of improvement. I acknowledge that. We would certainly be happy to continue to sit down with industry, and if things aren't working for people, if there isn't enough predictability on this, and there are things we can do better, by all means, we're ready to listen.

● (1640)

The Chair: Thank you very much.

Mr. Uppal.

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

Something that I think is a little bit unique is that the Canadian Cancer Society wrote a letter to the editor to thank members of Parliament and members of this committee for passing Bill C-32. For members of Parliament who worked together and passed that, that was the Cracking Down on Tobacco Marketing Aimed at Youth Act. They took out an ad in my local paper and possibly others; I'm not too sure.

Can somebody here tell us a little bit more about how Bill C-32 was supposed to reduce smoking, especially among young people?

The Chair: Who would like to answer that?

Mr. Rosenberg, go ahead.

Mr. Morris Rosenberg: Thank you.

Bill C-32, the Cracking Down on Tobacco Marketing Aimed at Youth Act, is an important piece of legislation that will help reduce the likelihood of young people smoking. It is intended to reduce the consumption of tobacco by kids by requiring things like minimum package sizes for little cigars, blunt wraps, and placing a ban on the use of additives that are attractive to youth, including flavours in little cigars, cigarettes, and blunt wraps.

The basic idea is that the tobacco industry consistently innovates in how it puts its products out. It will create products that are more attractive to children by way of the flavours they use, the colour of the packaging, and the size of the packaging so you can buy fewer than 20 cigarettes. A kid or teenager would more easily be able to afford access to cigarettes.

Bill C-32 is meant to deal with all those issues.

Mr. Tim Uppal: Very good, thank you.

My question is on the $1 billion in budget 2006. That came up a couple of times while the minister was here. Can you tell us how that $1 billion has helped us to prepare for the response to the current H1N1 influenza pandemic?

The Chair: Mr. Uppal, can you make sure you're asking questions that reflect on the estimates, please?

Mr. Tim Uppal: It's on page 173 of the estimates.

The Chair: Thank you.

Does that answer your question, Dr. Bennett?

Hon. Carolyn Bennett: What item is he referring to?

The Chair: Go ahead, Mr. Uppal.

Mr. Tim Uppal: I just asked the question.

Dr. David Butler-Jones: I think that's for me.

Thank you very much for the question.

As it relates to the estimates, the resource is from the contingency fund. Of the original $1 billion, $600 million was dedicated to us, CFIA, and Health Canada for preparation around the pandemic, including cost-sharing, purchase of the stockpile of antivirals, planning for first nations, and a whole range of activities that has put us in a better position to respond once we face it.

In addition, $80 million a year was a revolving contingency fund that would allow a rapid response in terms of access to resources. We accessed the first $80 million, and you can see that reflected in the estimates here. That has allowed us again to beef up our response and to respond more effectively to it, whether it's in communications or in other ways.

In addition to that there is, as you know, the funding for the vaccine. There have been some substantial investments, all of which has put Canada in a much better place.

The Chair: You have some more time, Mr. Uppal, if you would like it.

Mr. Tim Uppal: No, I'm fine.

Thank you.

The Chair: Thank you.

Monsieur Dufour.

[*Translation*]

Mr. Nicolas Dufour (Repentigny, BQ): Thank you very much, Madam Chair. Things are moving more quickly than we imagined.

Mr. Rosenberg, during her presentation, the minister talked about bill C-32. I have always been very concerned by the economic issues. We understood that the bill could create some problems, on the international front as far as the WTO is concerned, given that it may violate certain WTO rules.

I would like to know how you see this issue. Will we make it enough of a priority to ensure that it complies with international rules?

● (1645)

Mr. Morris Rosenberg: Thank you for your question. First of all I want to make it clear that whenever we develop a policy and legislation, we ask ourselves if it complies with our international trade obligations. We did this in the case of bill C-32. I think that NAFTA and the former GATT recognize that there are exceptions for valid reasons, such as health and safety concerns.

Given all of the evidence we have of the damage caused to children and adolescents by tobacco, in my opinion—and according to experts in that domain—the measures contained in this bill are justified.

Mr. Nicolas Dufour: In your opinion, there won't be any repercussions if we take this position.

Mr. Morris Rosenberg: There are two issues; we have to make the distinction. Can someone try and attack Canada on that? I have no control over that. On the other hand, do we believe we are in a good position to justify and defend the law? I believe we are. Can I guarantee anything? The answer is no, obviously. In a litigious world, we cannot guarantee anything, but I believe we have adopted a position in good faith, which in this case is reasonable and totally justified.

Mr. Nicolas Dufour: Thank you for your answer. This is an important issue, and your position is comforting, at the very least.

Last week, we met with Ms. Sheila Fraser, the Auditor General of Canada. Her report on the Canada Health Infoway stated that specialists estimated the total cost of implementing a national system of electronic health records at more than $10 billion, which is also the opinion of Canada Health Infoway. Until now, the federal government has invested $1.2 billion in this Health Infoway file.

Does the federal government intend to continue providing the necessary resources to Quebec and other provinces for the Infoway project?

Mr. Morris Rosenberg: We recognize that the Infoway is a project that has to be done in stages. All of the experts recognize the need to move forward carefully as far as managing these resources are concerned, and we want to see progress in one stage before moving on to the next. We believe, as does the Auditor General, I think, that the Infoway management practices comply with that, all in all. It is not perfect. No report by the Auditor General give any organization a mark of 100%. There are shortcomings that need to be dealt with. They are in the process of doing so and we are working alongside them.

I therefore cannot make any commitment. I am not the government, but we are working with Infoway to seriously carry out this work and try to make progress.

Mr. Nicolas Dufour: In the end, the government is going to move step by step in order to ensure that everything is done appropriately, before sending extra funds to the provinces to finish setting up the program.

Mr. Morris Rosenberg: Yes, there are lessons to be learned from other less positive experiences with large information projects and, especially, recent experiences in Ontario that give us good reason to be increasingly prudent.

● (1650)

[*English*]

The Chair: Thank you so much, Mr. Rosenberg.

We will now go to Mr. Brown.

Mr. Patrick Brown (Barrie, CPC): Thank you, Madam Chair.

My first question is on the $1 million for the modernization of the National Microbiology Laboratory in Winnipeg, for the Public Health Agency of Canada. Could you explain what the benefits of this investment are?

The Chair: Dr. Butler-Jones.

Dr. David Butler-Jones: That's actually just part of a project to modernize the handling facilities there to basically improve efficiency and throughput.

Mr. Patrick Brown: I remember last year, when we were looking at estimates, one of the biggest areas of growth was the Patented Medicine Prices Review Board. I notice there doesn't appear to be changes this year. Were you satisfied in the last year with how their increase was utilized? I remember there were several questions around the table last year when we did the supplementary estimates.

Mr. Morris Rosenberg: There is nothing in these supplementary estimates this year on the Patented Medicine Prices Review Board. My recollection was that there had been, after years of steady state operation, a significant shift, or a significant increase, in the number of contested proceedings that were taking place before that board, and that the amount in the estimates was really meant to deal with that workload increase. My sense is that has ameliorated the situation.

Mr. Patrick Brown: A couple of things stuck out for me when I was looking at the estimates on page 177: transfers for a renewed Canadian task force on preventive health care and funds to establish an influenza research network.

I'm curious about those two investments and what they entail.

Dr. David Butler-Jones: The preventive services task force some of you will remember, and those of us who are physicians who were training in the seventies and eighties. Canada was a leader in guidelines around preventive services in clinical practice. That was a compendium that was developed, a process that was developed. It's now been renewed and focused on not simply the production of guidelines but also the dissemination, application, etc. We're really quite excited about this moving forward. In addition, it will also look at broader community-based programming as well, which again I think will take it to the next level.

In terms of the pandemic research network, that is related to what we're in the midst of now, with some additional resources to look at different groups with immunization, the effect of immunization, response in different populations, everything from pregnant women to persons of aboriginal descent, etc.

Again, as others have spoken to before, research in the midst of the pandemic is really key to understand it, and this will help to elucidate a lot of questions as we move forward, dealing with infectious diseases generally but specifically with influenza, about which we need to know much more.

Mr. Patrick Brown: There was a lot of interest around the table with neurological disorders. We have a subcommittee on neurological disorders now.

I notice on page 99 of the supplementary estimates that there is $2.885 million for the study of neurological diseases. Could you, or whoever is appropriate, maybe expand on that to let us know the benefits of that investment? That's for the Public Health Agency of Canada.

Dr. David Butler-Jones: There are a couple of things, one around lung disease and the other around neurological diseases, and $15 million over four years for a study on neurological diseases, really to get some important baseline data, understanding of prevalence, risk factors, use of health services, economic costs, and really to get a more comprehensive understanding of neurological diseases, their impact, risk, and how you might actually intervene. That will set the stage, then, for future work moving forward.

● (1655)

Mr. Patrick Brown: What is the relationship of the national lung health framework and the neurological study?

Dr. David Butler-Jones: They're two separate things. One is the national lung health framework in terms of looking at issues for management of lung disease, prevention of lung disease, and so on. That's one project. Then there are the neurological diseases.

Those were two chronic-disease focuses that came together at the same time, but they are separate processes.

Mr. Patrick Brown: Thank you.

The Chair: Thank you, Dr. Butler-Jones.

We'll now go to Dr. Martin.

Hon. Keith Martin: Thank you very much, Chair.

Thank you all for being here today.

I have a couple of questions and a couple of comments.

First, this past summer, the minister made a commitment at the CMA meeting in August to fund 15 new residency positions and implement a repatriation program for Canadian physicians and students abroad. I'd like to know when that initiative will be implemented.

Second, if you look at the estimates, you'll see that the drug treatment funding program has been cut 94.9%; the drug strategy community initiative, 63.7%; and the federal tobacco strategy, another staggering 52.9%. I find that to be absolutely, completely remarkable, given how prevalent this is.

Mr. Rosenberg, you mentioned quite correctly the changes that have been implemented, such as sizing on packaging and such with tobacco. But the major problem we're having, as you know, is the trafficking in illegal tobacco products that are coming in across border, primarily driven by organized crime gangs from the United States. I would just impress upon Health Canada, if they have a plan to work with other counterparts in the government, to stop this, because this is a much larger public health threat with respect to a tobacco strategy.

I have two more comments.

First, the most profound impact we could have on reducing an array of chronic diseases and improving population heath is to implement, with the provinces, a national head start program, an early learning program for kids. That would have the most profound impact, particularly, as you know, with the increasing prevalence of childhood obesity and what that is going to do down the road in terms of the prevalence of chronic diseases.

Finally, there is a way, as you know, of actually getting medical isotopes without using nuclear reactors. It is a non-nuclear-reactor-generated mechanism for getting the isotopes we need. I would just impress upon Health Canada that this might be a route it would want to look at in terms of getting sustainable access to medical isotopes in Canada.

The last two were the comments, and the first couple were the questions.

Thank you.

The Chair: Dr. Rosenberg.

Mr. Morris Rosenberg: Thank you very much.

I'll try to get through as much of that as I can.

In terms of the health human resources issues, there has been some progress with respect to pilot projects in support of the recruitment and retention of nurses. Those are already under way. There is an investment of $4.2 million over three years to support the Canadian Federation of Nurses Unions on a project entitled “Research to Action: Applied Workplace Solutions for Nurses”. The goal of that initiative is to implement retention and recruitment strategies in nursing workplaces across the country.

Hon. Keith Martin: I deliberately mentioned just the first two, Mr. Rosenberg, because I know, absolutely, that's been done.

Mr. Morris Rosenberg: Those are commitments that were made during the election campaign by the party. We are in the middle of the mandate. They are working through health human resources issues.

I also understand that this committee will be issuing a report on health human resources, and that will help the government decide, as it moves forward, on what other initiatives it will be putting forward.

Hon. Keith Martin: It was actually the commitment the minister made in August. There were three parts. They've done a good job on the nursing file, but the other two I mentioned—the 50 residency positions and the repatriation program—are the two that are missing in action right now.

If there's a plan on that, we'd be grateful to know that. But if you don't have it now—

Mr. Morris Rosenberg: I can't answer you on the 50 residency positions right now.

On repatriation, I do know that there was some information that came out from CIHI last week that actually showed that we are making progress in terms of the numbers of physicians in Canada, year over year, and the number of people in medical school. As well, the number of Canadians who are actually going to the U.S. is lower than it was.

Hon. Keith Martin: Are you going to work with the provinces to fund the 3,000 targeted undergrad medical school positions that have been requested?

● (1700)

Mr. Morris Rosenberg: We are working with the provinces on health human resources issues, both with respect to increases in medical school enrollment—there has been some good progress on that—and through the training and integration of international medical graduates. We're working with the provinces through our committee on health human resources on all these fronts.

The Chair: Thank you very much.

We'll go to Dr. Carrie.

Mr. Colin Carrie: Thank you, Madam Chair.

In her remarks, the minister mentioned our communications. There was a question, but you were cut off. You didn't get a chance to really go through what we have been doing with respect to communications on H1N1. I bring it up because as we were going through the process, there was some criticism of Health Canada.

My eight-year-old came home, and she was coughing into her sleeve. She was washing her hands. It appears to me that the message has been getting out very well.

I wonder if you could elaborate a little bit more on the communications rollout and how it compares. Has there ever been such a comprehensive communications rollout before by Health Canada?

Dr. David Butler-Jones: There has not been one, from a public health perspective, that I can remember, on either side of the House. It is something the minister has referred to several times: the importance of communications and the challenge of communications when there are so many voices out there, particularly when people are looking for divergent views. It is the nature of science that you will have divergent views. Even if it's 99 to one, it is important that they be explored.

Interestingly enough, given the nature of the pandemic and the nature of the coverage and the general interest in it here in Canada, we're actually watching those debates play out in the media. Even if it is 99 to one for the public, it gives the sense that maybe it's just different views as opposed to a minority view versus the majority view.

In terms of the communications themselves, we've been involved in everything from Google ads to radio to television to print media. We've been working with schools and with the provinces and territories on materials that can be used in schools. So you're right, people coming home from school and coughing into their sleeves....

I haven't been out of North America myself, but as you heard before, people are saying that they can tell who the Canadians are, because they're coughing into their sleeves. The level of awareness is actually quite high in Canada as a result of a range of communications, everything from the press conferences, which are well picked up, to advertising. We've spent well over $39 million already. That, for something like public health, is really quite unprecedented, and there is more to come.

Mr. Colin Carrie: I was going to ask how we compare to other countries. Obviously I've been impressed with your testimony in the past as to how Canada is taking the lead. We're not only communicating with the provinces, but internationally we've been taking a real lead in this entire pandemic. I wonder if you could comment on how we're doing compared to other countries.

Dr. David Butler-Jones: Each country has had to respond to the pandemic in the way that really befits them. As we survey the international media, the level of interest in Canada by Canadian media and the level of political interest, too, actually, has been much higher, it appears, than anywhere else in the world. There are all kinds of reasons for that.

The point is that Canadians are paying attention. The media are interested, and the messages are getting out, both the ones that we and public health authorities across the country want out there and also others that express different views. We have had to be even more engaged than many others have been in communicating those messages. We have been actually quite consistent. If you look at the comments I made in May and the ones I am making now, they really haven't changed a whole lot. The principles still apply.

It's important to get those basic principles about basic prevention and the importance of immunization out there, because we still have a way to go. This virus still has a way to go before it's done. The only way, ultimately, to protect against that is to be immunized, not just for us but obviously for others as well.

Mr. Colin Carrie: I want to ask you about the H1N1 plan rollout for the first nations. How is it going? Is it going as expected? Would you be able to comment for the committee and let us know how things are working for our first nations? There was some original concern. It would be very interesting for Canadians to know how we have handled that.

● (1705)

Mr. Morris Rosenberg: Thank you for the question.

There has been a lot of work done on first nations. Importantly, we wanted to make sure that we actually recognized that specific responsibility that Health Canada has to provide health services to first nations. So we did an important organizational thing, which was to bring in an incident commander, Dr. Gully, who's been here I think many times to report on progress. He met with first nations leadership across the country to ensure that some of the lessons learned out of the spring session were in fact being implemented: that protective equipment and other key medical equipment was put in place; that there was an adequate supply of antivirals; that vaccination campaigns were ready to go.

Having looked at this just the other day, my sense is that first nations are actually participating in numbers far in excess of the general population in vaccination campaigns. The numbers that I saw were around 50%, just below 50%, but they didn't actually have figures from last week. That's opposed to where we are now, which would probably be in the 25% to more than 30% range across the country for the general population. My sense also is that in terms of the incidence of H1N1 that we've seen this fall, the incidence in first nations seems to mirror much more closely the incidence in the general population as opposed to what we saw in the spring.

We've also invested heavily in working with the AFN on getting the message out to first nations. The minister referred to the virtual summit that took place a couple of weeks ago that involved the national chief, Dr. Butler-Jones, Dr. Gully, and you. I think a lot of work has taken place and the results I think have improved.

The Chair: Thank you so much for your comments.

We'll now go to Ms. Wasylycia-Leis.

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

The first question I have is with respect to the reallocation of money from within the department to the tune of $5,394,000 for first nations communities for pandemic planning. Where did the money come from?

Mr. Alfred Tsang: The reallocation of the $5.4 million from vote 1 to vote 10 provides contribution funding to first nations communities for pandemic planning. So it's an internal reallocation of resources but we need to line it up properly under vote 10.

Ms. Judy Wasylycia-Leis: But where did it come from?

Mr. Alfred Tsang: It came from our vote 1, our first nations.

Ms. Judy Wasylycia-Leis: It came from money already allocated for first nations. So in effect what the first nations communities were worried about all along has come true, that money would be taken from valuable programs to help in terms of the systemic issues they have to deal with and put towards pandemic planning, which is really the responsibility of the federal government. Correct?

Can you tell me, then, what programs there are to reinvest in first nations communities, to help them deal with the difficult underlying conditions they're working with? Is there any attempt—any new money, any new programs—to assist in terms of the conditions that make them ripe for the spread of the pandemic, and where we continue to just repeat the same old problem?

To anybody: is this all we're going to get in terms of an answer on this?

Mr. Morris Rosenberg: I'll try to answer.

These are supplementary estimates (C). We're not looking at the budget now. I would note for the record that last year's budget, budget 2009, did provide $440 million over two years for first nations and Inuit health programs and first nations health facilities and infrastructure. So there was money in that budget.

We're not here to speak about next year's budget.

Ms. Judy Wasylycia-Leis: No, I'm speaking about that money—money from there and wherever else you took it—put into pandemic planning. Presumably it was needed to begin with. It was there for a purpose. Suddenly $5.4 million is diverted for pandemic planning.

That's cutting off our nose to spite our face, isn't it?

● (1710)

Mr. Alfred Tsang: Madam Chair, perhaps I could direct the committee's attention to the first line on page 173. For the H1N1 flu virus outbreak, a large majority of the $18.7 million that you see there is for our first nations and Inuit health branch. Those are incremental resources for exactly that purpose.

Ms. Judy Wasylycia-Leis: But you're still taking $5.4 million from other programs for pandemic planning. I think you said that, and I'd like to know from which programs it has been taken.

Maybe you can come back with a detailed breakdown of where the $5.4 million came from and which programs are doing without in order to help support some of the new initiatives around pandemic planning.

I do need to ask again about GSK.

Dr. Butler-Jones, you said earlier, and you've said before, that 10 years ago a sole-source contract was signed because there was no other uptake for the request. However, it is true that at the time there were very specific requirements attached to that particular application, and that in fact it was designated for a specific area within the province of Quebec. It was not an open competition, so to speak.

Secondly, there should have been a review of this contract when ID Biomedical sold its property to GSK in December of 2005. That was two years after SARS and a year after you started your job, Dr. Butler-Jones. Wasn't there a review of the contract to be sure that the lessons we learned from SARS and important information gathered from the communities in terms of the flu pandemic or the flu virus...?

It's well known that you have a policy of making sure that more than one contractor is on hand. Why was it not reviewed then, and why weren't there changes made so we weren't faced with the mess we were facing this year?

Dr. David Butler-Jones: Every vaccine manufacturer in the world has had challenges producing vaccine. That having been said, Canada has had the most secure and best supply for its population of any country in the world. It is as good as anybody—

Ms. Judy Wasylycia-Leis: That was not my question.

Dr. David Butler-Jones: That is the bottom line, though, if you look at any other country in the world in terms of access to vaccines for its population. Since that's the bottom line, I think that is important to make note of.

Ms. Judy Wasylycia-Leis: But the bottom line, Doctor—

The Chair: Ms. Wasylycia-Leis, your time is up.

Dr. David Butler-Jones: In terms of GSK, the current manufacturer is the only vaccine manufacturer that produces vaccine in Canada for influenza. It's still the only one.

We did do a review when the company bought out ID Biomedical. We also revisited with the provinces and territories as to their desire to have a domestic manufacturer. They confirmed that they wanted and needed a domestic manufacturer.

Canada is only one of nine countries in the world that has domestic capacity for the production of influenza vaccine, for seasonal or for a pandemic, which is the key issue here.

The Chair: Thank you—

Ms. Judy Wasylycia-Leis: [*Inaudible—Editor*]...then why not produce?

Dr. David Butler-Jones: There's not the same security issue for seasonal vaccine as there is in a pandemic.

Ms. Judy Wasylycia-Leis: So the statement made publicly about actually revisiting the single-source contract is not true?

The Chair: I'm sorry, but you've gone over time, Ms. Wasylycia-Leis, by a minute.

Ms. Judy Wasylycia-Leis: Madam Chair, this is important.

The Chair: You know what? We all have important questions. I myself would like to—

Ms. Judy Wasylycia-Leis: It's a point of order, Madam Chair.

The government publicly said it would be reviewing the single-source contracts and that was said before this meeting. Now I'm asking why we can't get a straight answer on that and whether we're moving towards or away from the single-source contract.

The Chair: I'm sorry, this is not a point of order, it is debate. Thank you.

Thank you, Dr. Butler-Jones.

As it is the Conservatives' slot now, I've asked permission to ask a question.

If you look at page 176 of the estimates, the Public Health Agency of Canada is granting $3 million to the Canadian Cancer Society Research Institute for the Canadian Breast Cancer Research Alliance.

Could you please elaborate on how this grant will support the Canadian strategy for cancer control?

Dr. David Butler-Jones: It's a named grant. Again, research and work in this area is collaborative. The different organizations involved in cancer research, cancer control, etc., in the country all have a part to play. We have elements of our work that contribute to that overall work.

I'm sorry, Madam Chair, I may be missing the nuance of your question.

● (1715)

The Chair: This particular money is targeted for the breast cancer alliance, which is very good. But is there anything else you can tell me about a cancer strategy that we put forward? Can you tell me how this will support the control of this disease? Do we know specifically what this money is going into?

I just saw that on page 176. This $3 million is a lot of dollars, valuable dollars, and it's targeted for the Canadian Breast Cancer Research Alliance, which is very good, but I'm just wondering how that money is being used. Is it being used for research? What is it being used for?

Dr. David Butler-Jones: It is used for coordinating, so we have the most effective research possible—the sharing of findings, the collaborations around research, etc. It's an important partnership that predecessors to the agency were involved with. It's just one element of many and it really is a close collaboration. We work very closely with CPAC and with others as well in terms of the different roles we play to actually enhance not just research but the application of research, prevention programs, etc. They come together, and that information, that research, really contributes to the overall plan to ultimately deal with not just breast cancer but other cancers as well.

The Chair: I heard the other day that there was a prediction that cancer would be the leading cause of death within the next five years. I didn't know whether that was substantiated in terms of research or whether it was something people were speculating on. I do know that, for instance, more and more farmers are coming forward because they're having cancer and they're speculating that it is because of exposure to herbicides and things like that.

I know this is stretching the estimates a little bit, but do you have any information on this side of it?

Dr. David Butler-Jones: I can speak in terms of trends of cancer. Cancer and heart disease are the two biggest killers. As we age, as we survive other diseases, we're more likely to get cancer. Individual rates for any given age for many cancers are decreasing, not increasing. So your risk of getting stomach cancer at the age of 50 now is less than it was in the 1950s. With the reductions in smoking, the risk of getting lung cancer also is declining for those groups. On the other hand, as we've seen increased rates of smoking in young women, we've seen lung cancer overtake breast cancer as the largest killer of women, at least amongst the cancers.

As we move forward, given cancer is a variety of diseases, it is a mixed picture of increases and decreases. In general, though, the risks of most cancers have declined, in part because of the reduction of major...including natural cancer-causing agents like aflatoxins in foods—we've seen some improvements in stomach cancers and others as we move forward.

We're obviously all keen to prevent as many preventable diseases as possible. Cancer as a whole, heart and lung diseases, and stroke are our biggest killers. Again, there's lots of room for improvement in prevention.

The Chair: Thank you.

We have just about three more minutes and then we have to go into votes.

Is there anyone from the Liberal side who would like to ask a quick question?

Ms. Murray.

Ms. Joyce Murray: Thank you, Madam Chair.

I just would like to go back to the natural product licensing. What will it take, given that this hasn't been working? I see some funding in here, but according to the numbers I'm distilling out of the order paper questions from the ministry, it's more or less $400 per item that still needs to be dealt with. That seems low from my understanding of how these things are tied up, some of them for five years in the backlog.

What level of funding would it take to actually meet Health Canada's goal of addressing this incredible backlog by March 31, 2010, which is the stated goal? That's essentially four months from now.

● (1720)

The Chair: Dr. Rosenberg, please.

Mr. Morris Rosenberg: It's “Mr.” Rosenberg.

The Chair: Well, you're “Dr.” to me.

An hon. member: You wouldn't want to confuse lawyers with doctors.

Mr. Morris Rosenberg: No.

I don't know that I can answer the question in the way that you put it with respect to a specific amount of money. I would reiterate that what we are doing is putting in place a series of management improvements. In the answer I gave to the last question, the rather rapid answer, I went through some of them. I would be pleased to provide to the committee a more detailed description of what we're doing under each of those areas and the efforts we are undertaking to deal with continuing to improve on the efficiency of the review process with respect to natural health products.

Ms. Joyce Murray: Does the department remain committed to this goal of completing the backlog and all of the registration process by the end of March 2010?

Mr. Morris Rosenberg: The department is making its best efforts to do that. We are constantly reviewing it. It is certainly our intention to get as close to that as possible.

Ms. Joyce Murray: Then I will accept the offer of documentation of exactly what is being proposed to change this process, which has not been working. It's a frustrating choice for consumers as to the kinds of products they feel they need for their health.

Thank you.

The Chair: Dr. Butler-Jones, are there any comments you want to make?

Dr. David Butler-Jones: I do want to add one thing in terms of a point of clarification.

Jim has just pointed out that the reason the breast cancer research initiative is actually in here is simply because of a name change of the organization receiving the grant. It is ongoing; it is not a new grant. It is something that we have been providing previously.

The Chair: Thank you so much. We have just a few more minutes.

Dr. Carrie, you're next on the list, and then we'll have one question from the Bloc.

Mr. Colin Carrie: I just want to ask for further clarification.

Dr. Butler-Jones, regarding the decision to single-source from GSK, doesn't that make sense, though? In a pandemic, when you're unsure of the virulence and the pathogenicity of what you're facing, given that it by definition goes around the world, doesn't it make sense for a country to make sure that they have that domestic supply for their population? Don't you think this decision has served us well?

I know there's a little controversy here around the table, but for me, the more I look at this, and to give credit where credit is due with the previous government, I think it was a very good decision.

Could you elaborate a little further on that?

Dr. David Butler-Jones: It was a very wise decision. That decision was reaffirmed by the provinces and territories before this pandemic actually occurred. In terms of having a domestic supply for vaccine, the vast majority of countries in the world have no vaccine yet.

The question that the honourable member asked about was whether we would look at other sources. We will be looking at all things related to this, as to whether we should have maybe a small contract with another source, just as a backup. There are many things we want to look at.

The point is that it has served us well. We have had the best supply of just about anybody in the world as a result of this contract. I think those who organized it should take some credit for it, actually.

Mr. Colin Carrie: That was it, Madam Chair. Thank you.

The Chair: Thank you, Dr. Carrie.

Very quickly, because we're running out of time, Monsieur Malo.

[*Translation*]

Mr. Luc Malo: Thank you.

Doctor Butler-Jones, could you tell us the vaccination rate of Canadians to date?

[*English*]

Dr. David Butler-Jones: It depends where you are.

● (1725)

[*Translation*]

That depends on the province or territory. In the territories, between 50% and 60% of people there received the vaccine. In the provinces, the percentage of people who are now inoculated is between 30% and 40%.

Mr. Luc Malo: That is a long way away from the 80% target. The parliamentary secretary to the minister said that some $4.5 million were allocated to teach his daughter how to cough into her sleeve, which is all very well and good.

Would you not agree that the money should also be used to encourage 80% of Canadians to get vaccinated, as you had hoped for? Or is it simply because there is not enough money?

Dr. David Butler-Jones: The provinces use the vaccine that is produced. The campaign is ongoing, and we are saying that all Canadians who need and want to be vaccinated will get their shot before the end of the year, before Christmas. We are now on track for people who want to receive the vaccine.

[*English*]

The Chair: Ms. Wasylycia-Leis, you have one minute. I'll cut you off if you go over it.

Ms. Judy Wasylycia-Leis: Real quick: a 30-second question.

It seems to me that big pharma is actually having a real bonanza as a result of Health Canada policies, whether it's the sole-source contract with GSK or....

By the way, the Prime Minister was the one who said publicly that there shall be, from here on in, more than one contract for any influenza vaccine.

The Chair: Time's up.

Ms. Judy Wasylycia-Leis: But it's also true that Pfizer seems to have a table now at the research table.

My question is for Morris Rosenberg. Did you give any advice to anyone around the advisability of Dr. Prigent being named to the governing council of the CIHR, the Canadian Institutes of Health Research?

Mr. Morris Rosenberg: As you know, CIHR is a separate agency within the portfolio. They have their own relationship with the minister, and I in fact did not give advice on that appointment.

The Chair: We're going to go into votes very quickly.

We're voting on the supplementary estimates.

HEALTH

Department

Vote 1b—Operating expenditures..........$4,058,174

Vote 5b—Capital expenditures..........$7,079,134

Vote 10b—The grants listed in the Estimates and contributions—To authorize the transfer of $5,393,800 from Health Vote 1, Appropriation Act No. 2, 2009-10 for the purposes of this Vote..........$1

Canadian Institutes of Health Research

Vote 25b—The grants listed in the Estimates—To authorize the transfer of $100,000 from Health Vote 10, $500,000 from Health Vote 15, $2,027,213 from Health Vote 40, and $222,916 from Health Vote 50, Appropriation Act No. 2, 2009-10 for the purposes of this Vote and to provide a further amount of..........$5,573,000

Public Health Agency of Canada

Vote 40b—Operating expenditures..........$455,247,423

Vote 45b—Capital expenditures..........$4,081,620

Vote 50b—The grants listed in the Estimates and contributions—To authorize the transfer of $90,000 from Health Vote 10, and $1,000,000 from Health Vote 40, Appropriation Act No. 2, 2009-10 for the purposes of this Vote..........$1

(Votes 1b, 5b, 10b, 25b, 40b, 45b, and 50b agreed to)

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

Some hon. members: Agreed.

The Chair: Thank you.

You are dismissed.

The meeting is adjourned.

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