



House of Commons  
CANADA

## Standing Committee on Health

---

HESA • NUMBER 049 • 2nd SESSION • 40th PARLIAMENT

---

EVIDENCE

**Monday, December 7, 2009**

—  
**Chair**

Mrs. Joy Smith



## Standing Committee on Health

Monday, December 7, 2009

• (1530)

[English]

**The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)):** Good afternoon, ladies and gentlemen, and welcome to the Standing Committee on Health. We're very pleased to have you here today.

Today each one of you will have five minutes to present. Following that, we'll go into a seven-minute Q and A, and I'll be very strict on the time because we do have another hour in which we're going into another piece of business that has to be done.

We have with us Dr. Jocelyn Downie. She's a Canada Research Chair in Health Law and Policy and a Professor in the Faculties of Law and Medicine. Welcome, Doctor.

We also have, from the Université de Montréal, Dr. Jean Rouleau, and he's from the Faculty of Medicine. Welcome, sir.

From the University of Toronto, we have Dr. Trudo Lemmens, Associate Professor, Faculties of Law and Medicine. Welcome, Dr. Lemmens.

From BIOTECCanada, we have Mr. Peter Brenders, President and Chief Executive Officer. Welcome to you as well.

We will begin with Dr. Jocelyn Downie.

**Prof. Jocelyn Downie (Canada Research Chair in Health Law and Policy, Professor of Law and Medicine, Dalhousie University):** Thank you for the opportunity to speak with you today.

I am here to speak against the appointment of Dr. Bernard Prigent. Understanding the limits on the committee's jurisdiction, I will restrict my comments to the appointee's qualifications and competence to perform the duties of a member of CIHR's governing council.

Those who endorse this appointment point to innovation and commercialization mandates for CIHR and argue that according to these criteria, Dr. Prigent is eminently qualified. However, this misses three critical points.

First, Dr. Prigent's ability to bring his expertise in innovation and commercialization to the GC table is fatally limited by the fact that he is currently a Vice-President at Pfizer. A qualified candidate must not only have certain knowledge and skills but must also be able to use his knowledge and skills. This is a significant problem for Dr. Prigent.

To avoid both real and apparent conflicts of interests, he will need to recuse himself from all discussions and votes on innovation and commercialization in the pharmaceutical sector that have the

potential to conflict or appear to conflict with the interests of Pfizer. For example, one of the jobs of the GC is to establish and terminate institutes. Pfizer's interests would definitely conflict with the public interest in a decision about whether to terminate an institute like the Institute of Health Services and Policy Research. That institute supports the kind of research that might show that a Pfizer drug is dangerous, identify the problems of ghost-writing by pharma, or argue for a change to the Canadian patent regime to make the production of cheaper generic drugs easier. To be ethical, Dr. Prigent will need to recuse himself from so many discussions as to not be able to be an active contributing member of the GC.

Second, commercialization is not CIHR's objective. Rather, it is but one means for realizing CIHR's objective, which is, in fact, "the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system".

Third, not only are innovation and commercialization only a means to CIHR's objective, but they are not the only nor the most important of CIHR's statutorily mandated means of achieving its objective. The CIHR Act requires CIHR to meet its objective by, among other things, "promoting, assisting and undertaking research that meets the highest international scientific standards of excellence and ethics". By contrast, "encouraging innovation, facilitating the commercialization of health research" is but one of 12 means available to CIHR.

Therefore, the criteria against which we must assess the qualifications of the appointee are not only innovation and commercialization; we must also ask whether Dr. Prigent is competent and qualified to pursue CIHR's objective. And is Dr. Prigent competent and qualified to pursue that objective using the prescribed means of the highest international scientific standards of excellence and ethics? It is here that this appointee's record does not withstand close scrutiny.

To be confident that the appointee is competent and qualified to meet the scientific excellence and ethics criteria for this position, we need to know that he does not endorse the actions of his employer where scientific excellence and ethics have been compromised. There being no public criticism by Dr. Prigent of Pfizer's and pharma's conduct in either of these realms, it is reasonable to assume that Dr. Prigent has adopted Pfizer's and pharma's culture and priorities.

With respect to scientific standards of excellence, one can point to the well-documented cases of selective positive reporting of the results of research studies. With respect to the improved health of Canadians, one can point to the health harms associated with Bextra and Celebrex. With respect to ethics, one can point to the fact that Pfizer recently agreed to a \$2.3 billion settlement, including a \$1.2 billion criminal fine, in relation to Bextra and other of its drugs.

Until Dr. Prigent criticizes all of this in a public forum, it is reasonable to conclude that he is neither competent nor qualified to sit on CIHR's GC.

• (1535)

Let me put it another way. Even if appointing a senior executive from Pfizer might serve some of the means of achieving the objective set out under the CIHR Act—namely, the innovation and commercialization means—unless he or she has publicly dissociated himself or herself from Pfizer's and pharma's misconduct, as Dr. Prigent has not, it actively undermines other means, most obviously those having to do with the highest international standards of scientific excellence and the highest international standards of ethics.

This appointment cannot—

**The Chair:** Dr. Downie, can I just point out that you're over time? Could you wrap it up now so we can get to the others?

Thank you.

**Prof. Jocelyn Downie:** Certainly.

This appointee cannot be considered competent to perform the duties of a member of governing council because of this corrosive effect on CIHR's capacity to further scientifically and ethically excellent research and to improve the health of Canadians.

The appropriate action for this committee is to report to the House of Commons that it has examined the appointee and determined that he does not have the qualifications and competence to perform the duties of the post.

**The Chair:** Thank you, Dr. Downie.

**Prof. Jocelyn Downie:** I have one sentence left. Might I say it?

**The Chair:** Hurry then, please. I should have cut you off.

**Prof. Jocelyn Downie:** This would be to act within your jurisdiction and would send a strong message to Canadians that you take your responsibility for CIHR seriously and that you vigorously support and will defend the primacy of the health of Canadians.

**The Chair:** Thank you, Dr. Downie.

We'll now go to Dr. Rouleau, please.

[Translation]

**Dr. Jean Rouleau (Dean, Faculty of Medicine, Université de Montréal):** I appear today as an individual, as a physician and cardiologist and not as a member of the governing council of CIHR, nor as Dean of the Faculty of Medicine of the University of Montreal or as co-chair of the National Committee on the Future of the Teaching Hospitals of Canada.

[English]

As far as I can gather, there are two issues at stake with the nomination of Bernard Prigent to the governing council of the CIHR.

The first is that of the integrity and competence of Dr. Prigent. To me, this is clearly the most important issue at stake. To my knowledge, neither of these critical qualities associated with the nomination of Dr. Prigent to GC have been seriously questioned.

[Translation]

I have known Dr. Prigent for many years during which I have had the pleasure to work and exchange with him as a scientist and a committed member of our society.

[English]

I have always been impressed by his judgment, his great competence, his generosity, and the integrity he always brought to commitments he undertook, whether they be related to his job or as an individual contributing to the advancement of our society. At his first GC meeting two and a half weeks ago, it was clear to all members of GC that Dr. Prigent had the skills we had been seeking in order to better fulfill our mandate, and that he had the personal qualities we expect in all members of GC.

[Translation]

Many other people are just as concerned as I am watching demagogues confuse that which is most important, the skills, integrity and qualities of a person with the qualifications which that person brings to the CIHR's council in order to improve our ability to meet the needs of our society.

[English]

The second is whether a member of the pharmaceutical industry should sit as a member of GC. At this time there is a consensus that in order to better serve Canadians, the research community needs to develop win-win partnerships, one of which is with industry. This is seen to be necessary in order to bridge the growing gap between discovery of potential therapies and delivery of care to patients.

In his speech at our convocation this spring, Professor Braunwald, former chair of medicine at Harvard and editor of today's major textbooks in internal medicine and cardiology, pointed out that according to him, most of the top 10 developments in cardiology in the last 100 years were the result of a partnership between industry and academia and that this relationship is necessary. And you can visit our website and see the lecture.

• (1540)

[Translation]

This is why we, the members of CIHR, believe that the appointment of Dr. Prigent fills a chronic and significant gap in CIHR's governing council. The innuendos that underlie the brouhaha associated with Dr. Prigent's appointment are a concern for us as members of CIHR's GC. I could add that this worries a vast majority of the deans of faculties of medicine in Canada.

[English]

Demonizing the pharmaceutical industry to the point of being unable to accept the help of a Canadian citizen happy to serve his country is truly troubling.

For my two lawyer friends, finally, another troubling unspoken concern is that the other 15 members of GC and the leadership of CIHR just fell off a turnip truck and would be unable to recognize an intervention that is coloured by conflict of interest. Please remember that at this time the members of GC are nearly all members of the institutions that receive funding from the CIHR. We are all aware of this potential conflict of interest—

**The Chair:** Dr. Rouleau, could I ask you to address the committee, not the witnesses?

Thank you.

**Dr. Jean Rouleau:** Yes.

We are all aware of this potential conflict of interest and hold one another to the highest ethical standards possible, as we will with Dr. Prigent.

[Translation]

Thank you for giving me the opportunity to express my views on this subject which I believe important for our society.

[English]

**The Chair:** Thank you.

Mr. Lemmens.

**Prof. Trudo Lemmens (Associate Professor, Faculties of Law and Medicine, University of Toronto):** Madam Chair, members of the Standing Committee on Health, thank you for inviting me to elaborate on why the appointment of Dr. Bernard Prigent, Vice-President of Pfizer Canada and chair of the scientific committee of Canada's Research-Based Pharmaceutical Companies, in my opinion, is difficult to reconcile with accountable and independent governance of CIHR.

I want to specifically respond in my five minutes to the reasons given by Dr. Beaudet and Dr. Prigent for his ability and competence to function as CIHR governing council member.

First, you were told that Dr. Prigent's appointment is crucial for the realization of CIHR's commercialization mandate and in line with the practice of similar agencies. Some of these agencies do have similar representation, but many others with excellent commercialization records function eminently without it. The U.S. National Institutes of Health, which recently strengthened its conflict of interest guidelines and its independence from industry, pursues commercialization without a pharmaceutical executive on its board. The same is true for the Swedish, Norwegian, Finnish, and South African health research councils, and even for the U.K.'s Wellcome Trust. Members with different professional affiliations or special advisory committees bring public-private partnerships and technology transfer expertise to the governing bodies of these organizations without preferential treatment of one industry player.

Second, Dr. Beaudet praised the appointment as part of a strategy to align CIHR's agenda with industry. If this is so, the appointment

actually risks undermining CIHR's ability to promote excellent health research that improves the health of Canadians. There is overwhelming evidence that strong influence and control by the pharmaceutical industry of drug research and development has created serious problems of over-prescription, over-consumption, and overemphasis on pharmaceutical treatment in health care and has also resulted in increased costs. As evidenced by legal proceedings and empirical research, these problems are in part caused by the fact that industry-funded research and marketing are often associated with bias, misrepresentation, and the hiding of important safety and effectiveness data. Competitive pressures and huge financial interests explain why troubling practices persist, notwithstanding multi-million-dollar fines. An appointment aimed at aligning CIHR's agenda with these interests clearly compromises its primary mandate.

Third, Dr. Prigent brings the financial interests of Pfizer and his industry with him when he sits at the governing council table. Claiming that he can leave these behind is ignoring his professional obligations towards Pfizer and its shareholders. It also flies in the face of empirical studies and much of the literature and recent reports on institutional conflicts of interest.

Fourth, the committee was also told that Dr. Prigent will not decide any specific research projects. He will, however, be involved in decisions about CIHR's overall agenda, which affects industry. The council might discuss how commercialization can best be achieved, whether through patents, open-source regimes, or non-exclusive licensing. The council might explore whether a new strategy should address the impact of patented medicines on pharmacare programs, such as the Quebec pharmacare program.

**The Chair:** I'm sorry, Dr. Lemmens, could you slow down just a little bit? The translators are having a bit of difficulty.

**Prof. Trudo Lemmens:** Okay.

Dr. Prigent might be involved in a conversation about whether a better governance system for research is needed, one with stricter conflict of interest guidelines and transparency rules. Such measures have to some extent been opposed by industry.

Conflicts will also particularly arise in the governance of the new drug safety and effectiveness network, hosted by the CIHR, which promotes much-needed independent research on the safety and effectiveness of marketed products. This research can lead directly to the withdrawal of a drug from the market, with billion-dollar consequences for pharmaceutical companies. Governing council might have to discuss the need to expand its mandate, increase its funding, or improve its connections with other CIHR initiatives.

Dr. Prigent will have to excuse himself, as has been pointed out, from discussions and decision-making in a large number of these areas, or CIHR's governing decisions will be tainted by conflicts of interest

• (1545)

[Translation]

In summary, the confirmation we received last week of Dr. Prigent's appointment is worrisome rather than reassuring. This appointment reflects a lack of appreciation of the very divergent roles and interests of industry and CIHR. It can affect the ability of this organization to carry out its mandate and threatens to undermine public trust in medical research in Canada.

I congratulate the members of this Committee for wanting to hear from researchers and medical practitioners, health policy experts and members of the public of whom more than 3,600 have signed the petition opposing this appointment.

I would like to mention that I have personally been contacted by many researchers I did not know who represent patient groups. Following this, I gave an interview in which I raised questions about this appointment. I think members of this Committee need to realize that the concern is shared not only by lawyers but also by many medical and health policy experts.

Thank you.

[English]

**The Chair:** Thank you.

Go ahead, Mr. Brenders.

**Mr. Peter Brenders (President and Chief Executive Officer, BIOTECCanada):** Hello. I am here today representing BIOTECCanada. We're a national organization dedicated to the sustainable commercial development of biotechnology in Canada. We're governed by a volunteer board of directors and we serve a membership of over 250 companies and institutions and research organizations all working to build the bio-based economy in Canada.

Our 20-member board comprises representatives from all sectors in biotechnology, as well as knowledge and service providers and an academic representative. Pfizer and CIHR are both represented on our board.

But we asked to appear here today for one important reason. We fundamentally believe in the mandate of CIHR and support the recent appointment of Dr. Prigent to the governing council of CIHR. The appointment serves as an excellent example of the collaborative nature that discovery and development play in the pursuit of improving the overall health of Canadians.

The mandate of CIHR is very clear. It specifically outlines a commitment to improve the health of Canadians and to strengthen the health care system here in Canada. But to realize this goal we have to be globally aware, globally connected, and globally capable. Research does not translate into treatments in a vacuum. In fact, very little research ever gets transferred into practice. The life cycle of development has partnerships with academia, research institutions, governments, and industry throughout the entire process in order to reach the hands of doctors and their patients.

As other witnesses have indicated to you, other national and provincial research-based organizations have pursued this collaborative approach to their governance. The simple fact is that Canada cannot afford to do anything less.

I have the privilege, in my role, of helping to promote the remarkable calibre of scientific research and discovery Canada offers to the world. We have long earned a reputation for excellent science and research capacity throughout the world. National organizations such as the NRC, Agriculture Canada, and Health Canada, combined with dozens of Canadian academic institutions, have helped foster our world-class reputation for scientific excellence. We have a lot to be proud of and we have a lot to protect.

The creation of CIHR in 2000 was lauded as a milestone for Canada, and while it certainly was, we were in fact simply catching up to what other nations had done years and years before. Remember that the NIH, which we have heard mentioned already, was officially created in 1948. And in fact, there are industry representatives on some of the NIH institutes. The Wellcome Trust was established in 1936. And in France the French National Institute for Health and Medical Research was created in 1964. The creation of CIHR served as a catalyst for inspiring research and inspiring an industry, for building a network of leadership in human health, and it placed Canada in the global agenda of championing better health for its citizens.

One of our key focuses as an organization is to work to present policy recommendations to help Canada remain a leader in the global race in research and development. Every day I see examples of how the cycle of discovery and development is changing. The key trend, or I should say the key to success, lies in collaboration and partnership.

Genome Canada struck a partnership on stem cell research for Canada with California. The Michael Smith Foundation, in British Columbia, in October announced that the first-ever decoding of the genetic evolution of a breast cancer tumour was developed by the BC Cancer Agency.

We see the work of a number of other groups, like the University of Calgary researchers in the faculty of medicine, who are part of a seven-city program looking at early detection techniques for lung cancer, Canada's leading cause of cancer death.

The reason I mention these achievements and why it's relevant to the hearing is that each and every one of these was achieved by an organization whose leadership within their board included representation from Canada's private sector. Building a modern nation to care for its citizens in the 21st century means setting an agenda respectful of the environment needed to achieve its goal.

BIOTECanada itself has joined a coalition of other national organizations, including the Association of Faculties of Medicine of Canada, Canada's Research-Based Pharmaceutical Companies, the Health Charities Coalition of Canada, Canada's medical device companies, Research Canada, and the Association of Canadian Academic Healthcare Organizations. As a group, we collectively called on the Prime Minister earlier this year to help with policy engagement, setting an unprecedented global competition for state-of-the-art research capacity-building. Our research is in a global game, trying to sustain and build our capabilities. But we know that research alone will never offer the treatments, the diagnostics, or the medical technologies needed to improve our health outcomes. We need to collaborate. We need to understand the full ecosystem of taking research from bench to bedside.

Let's remember, who did we turn to as we built the global response to H1N1? Industry was the primary partner that governments around the world sought out in order to help develop a vaccine to protect their citizens.

• (1550)

This reminds me of a statement made a couple of years ago by Alex Azar, former U.S. Deputy Secretary of Health and Human Services, that when people hear of the next health threat or urgent need, they will demand quick results.

**The Chair:** Mr. Benders, you're going over time. Can you wrap up now, please?

**Mr. Peter Benders:** Okay.

I think the vital potential in hitting these key results, and the speed out there, is going to reflect in the partnerships we have. The vital potential of CIHR will only be realized if they're enabled, as part of their mandate, to pursue leadership with global expertise. Dr. Prigent is one of those people.

**The Chair:** Thank you, Mr. Benders.

We'll now go to our first round of Q and As, with seven minutes—for both the question and the answer—per party.

We'll start with Ms. Murray.

**Ms. Joyce Murray (Vancouver Quadra, Lib.):** Thank you, Madam Chair.

Thanks for coming to pitch your perspectives on this appointment. I appreciate that.

I'm hearing a strong defence of the idea, from some members of the panel, of having the private sector directly on the governing council; it fills an identified gap.

Are there other industry sectors on the governing council? Does everybody else already have a seat on that council and now it's time for the research pharmaceutical companies?

**Dr. Jean Rouleau:** Well, Arnold Steinberg is a member. A number of members of the business community have been on the GC. We believe they have, as Dr. Prigent demonstrated very nicely at his first GC meeting, an expertise in organizations and in administration. Arnold Steinberg is involved with Infoway Canada.

So yes, other people with some experience in business are there.

**Ms. Joyce Murray:** I wasn't really hearing that all the other private sectors are indeed on the council. There's a gap here.

**Dr. Jean Rouleau:** The GC has felt—

**Ms. Joyce Murray:** I think Dr. Downie had a response.

**Prof. Jocelyn Downie:** My understanding is that historically they sought the expertise with respect to commercialization by going to the private sector but not the commercial health sector. They recognized and explicitly decided not to go to pharma because of the conflicts of interest. They thought they would get the expertise with respect to pharma by talking with them.

Consult with them, have advisory committees or whatever, but don't put them on your governance table. That's the approach that has been taken historically. So this is a shift.

**The Chair:** Dr. Lemmens.

**Prof. Trudo Lemmens:** I can point out the example of the Swedish Research Council. They have a member on their governance council from a public-private partnership organization that looks at, and basically has a specialty in, the creation of public-private partnerships.

There is a lot of expertise out there that can be canvassed and that can be obtained—in many different provinces in the country, actually. It is very possible.

It is wrong to present opposition to this appointment as an opposition against commercialization and against partnerships. I think you can have perfect partnerships and perfect promotion of commercialization without bringing the very significant conflict of interest on the governing board level. It's a question of balance and it's a question of the degree of conflict of interest.

• (1555)

**Ms. Joyce Murray:** It sounds like part of the concern is the fact that this is an active senior member of an existing high-profile company. Would you be supportive in principle if it were someone with a pharma background but they were retired, for example, or working at a think tank? And if you are comfortable with that, do you have names to propose to the committee?

**Prof. Jocelyn Downie:** I would agree that this is the way to diminish conflicts. I don't have names at the tip of my fingers, but they would not be difficult to get for you. There are lots of people with that expertise that we could get for you.

**Prof. Trudo Lemmens:** In schools of business, even, people do work and consult with pharmaceutical companies. They have connections and have experience, but they do not have the direct and very significant conflicts that are brought to the table when it's a representative of one particular industry and not the pharmaceutical industry as a whole.

**Dr. Jean Rouleau:** The interaction with the pharmaceutical industry is very complex and is done at multiple levels. It's not just commercialization but how we partner with them. I could give you many examples of how we have... I've been involved in doing research with pharmaceutical companies that have acted and changed the way we practice today. So to have somebody whose—

**Ms. Joyce Murray:** Thank you. I actually have another line of questioning, and my time is tight, so with your permission, I'd like to ask another question.

I heard a comment that over-prescription is a concern for our health system. In connection with this appointment, I would suggest that the lens of pharmaceuticals as a solution would be more applied—

**The Chair:** Be careful with your questions. You're supposed to be directing them towards this gentleman's qualifications and not inferring other things. This is what the examination is supposed to be about. Can you be aware of that?

**Ms. Joyce Murray:** Thank you.

**Prof. Jocelyn Downie:** I would like to talk about the qualifications piece and the role of the governing council.

Precisely what you pick up on are the strategic decisions the governing council makes that affect things like whether we are going to do research into over-utilization, certain kinds of uses, and advertising—all the kinds of things causing problems for our health care system that have been driven by pharma interests. Will this person at the table shape CIHR strategies in a way that is problematic, because they are shaped by a conflict of interest? It does go directly to the qualifications issue, I believe.

**Dr. Jean Rouleau:** Jocelyn, we don't micromanage those things. That type of thing wouldn't be discussed by the governing council. We're there for strategic direction, not for micromanaging. That's how it works at governing council, I can tell you. I'm a member of governing council.

**Ms. Joyce Murray:** Dr. Lemmens, do you have any comment on that question of the qualifications not being suitable for the overall strategic needs of the council?

**Prof. Trudo Lemmens:** Yes, for sure I do. I think the governing council would actually make decisions about large strategic initiatives. It could, for example, launch an initiative on research into the impact of patented medicines on pharmacare programs, as I mentioned in my presentation. Or it may actually decide that overall there has to be more emphasis on or more support for the drug safety and effectiveness network. If these large strategic decisions are not made at the governing council level, I do not know where they are made.

**The Chair:** Thank you.

We'll now go to Monsieur Malo.

[*Translation*]

**Mr. Luc Malo (Verchères—Les Patriotes, BQ):** Thank you, Madam Chair. Thank you to our witnesses for being here with us this afternoon.

Dr. Rouleau, since you sit on the governing council of CIHR, allow me to direct my first question to you.

What I believe to be the major concern CIHR's independence. The comments we hear tend to assert that the presence of an industry representative could compromise CIHR's independence. On the other hand, I understand that the members of the governing council have supported the appointment of Dr. Prigent.

Could you tell me why, in your opinion and that of the members of the governing council, the presence of Dr. Prigent is not a threat to the independence of CIHR.

● (1600)

**Dr. Jean Rouleau:** That is a good question.

Firstly, I believe it is important to remember that all GC members have a conflict of interest since we are the ones who get the money from programs that have been developed. Consequently, he is not different in this regard. Furthermore, I can tell you that we are watching each other very closely to ensure that everyone adheres to the ethics code. That is the first thing.

Secondly, I know Dr. Prigent. Several others know him too and had an opportunity to work with him on various projects and were impressed by his abilities, his integrity and his ethical values. This is why we believe he has the qualifications we have been seeking for quite some time.

It is interesting to see that these two persons here ask us what we, in CIHR's GC, were looking for. As a member of the governing council, I know that we have been looking for a long time for the kind of skills that he possesses.

So we believe this person is honest and able, just as all other GC members are. He is not really any different. Finally, I can tell you that we are watching each other to ensure the best ethical practices possible.

**Mr. Luc Malo:** What is the real and individual power of the 17 members of the GC?

**Dr. Jean Rouleau:** Individually, no GC member has any power because everything gets decided by a majority vote. Therefore, Dr. Prigent will introduce points of view we might not have considered before. In order to develop partnerships with industry, we will need a really good grasp. This is not a person who has been retired for a long time, and things change very rapidly. I can tell you that things change from year to year and one has to be real close to the reality of this group and to everything to do with biotechnology in order to be able to understand how best to work with them for the common good. The influence of an individual is minimal.

**Mr. Luc Malo:** Last week, when I asked Dr. Prigent if his appointment could lead CIHR to adopt a policy that would favour the short term over the long term, to the detriment of basic research, he was very clear that this was not his philosophy or how he viewed his mandate.

Yourself, since you carry out daily basic research or social research whose direct and immediate benefits are more or less tangible, do you see him as a threat to the type of more basic research that you carry out?

**Dr. Jean Rouleau:** That is not so. One of our major problems is trying to close the gap between discovery and implementation. There is another gap in bringing this to the bedside and bringing this to the community. In many situations, we have common interests with industry. So we can go quite a long way on that basis. It is important to keep this in mind because I read lots of things about the concern people might have because someone of the industry is at the table. However, GC does not make decisions at that level. We used to do that in the old days. But five years ago, we received an outside evaluation from an international committee that told us to stop micro-managing and to do our job as a GC. So this is what we are doing now, we no longer micro-manage.



Making decisions on specific programs is not part of our job. We have scientific directors and a scientific council. They have the abilities to make those decisions and they make them, not us.

[English]

**The Chair:** Thank you very much, Dr. Rouleau.

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

**Ms. Judy Wasylycia-Leis (Winnipeg North, NDP):** Thank you very much, Madam Chairperson, and thanks to all of you for being here.

Let me start with you, Dr. Rouleau. You are a member of the governing council of the Canadian Institutes of Health Research, correct? Could you tell us how much money you've received from Pfizer in support of your research?

• (1605)

**Dr. Jean Rouleau:** Well...

**The Chair:** Ms. Wasylycia-Leis, the reason we're here today is to examine the qualifications, and we need to stick to that line of questioning.

**Ms. Judy Wasylycia-Leis:** Madam Chair, I am doing that, because in fact the fundamental issue at stake here is the question of conflict of interest and the question of a vice-president of Pfizer being appointed to the CIHR. When in fact we have someone coming to this committee to defend that appointment who also gets a considerable amount of money from Pfizer, I think it's rather important for the committee to know this and rather important for me to pursue a line of questioning that at least establishes the credibility of the witnesses on this particular issue.

**Dr. Jean Rouleau:** Perhaps I can answer that.

**The Chair:** If you want to, Dr. Rouleau.

**Dr. Jean Rouleau:** Yes. I would say the major interaction I've had with Pfizer is that I've run a large international multi-centre trial looking at the use of quinapril in post-bypass surgery. This was a study initiated by a Dutch investigator and me. It's one of the five largest cardiovascular surgery studies ever done, and we proved that the medication was ineffective, and our hypothesis was that it was. The second—

**Ms. Judy Wasylycia-Leis:** That's important, but I was just asking how much money you've received from Pfizer in support of research. That was it.

**Dr. Jean Rouleau:** I couldn't tell you, I couldn't tell you.

**Ms. Judy Wasylycia-Leis:** Quite considerable, okay. Let me just ask a further question, then.

**Dr. Jean Rouleau:** I can continue, if you wish, on—

**Ms. Judy Wasylycia-Leis:** Actually, I have some more questions, because in fact, speaking of your research, there's a copy of an article here that you've co-authored with three members of Pfizer's staff. The connections are very important for this matter, and the questions have to do with your ability to testify here today.

I would like to ask you if you can tell us about the ethics committees with the CIHR and their concerns, raised with the standing committee on ethics and then with the governing council,

about this appointment. Can you clarify for the record what concerns were raised, how they were raised, and what was done about them?

**Dr. Jean Rouleau:** The standing committee on ethics questioned the...or mentioned its concerns regarding the nomination of Dr. Bernard Prigent, and those were presented to us by its chairman—

**Ms. Judy Wasylycia-Leis:** So it's the ethics advisers from each of the 13 institutes getting together, raising their concerns, taking them to the standing committee on ethics and then going to the governing council, correct?

**Dr. Jean Rouleau:** No, my understanding is that the standing committee on ethics expressed its concern, and after this—

**Ms. Judy Wasylycia-Leis:** Where did the standing committee get its concerns? Who raised concerns with it?

**Dr. Jean Rouleau:** I think it came, from my understanding, from them and they then asked their president to present their concerns. He did, we discussed them in detail, and as you know, the president of the committee signed the letter supporting the candidacy of Dr. Prigent—

**Ms. Judy Wasylycia-Leis:** Right. I appreciate that, but I think the concerns came from heads of the ethics committees of the institutes to the standing committee, and then the standing committee raised it with the overall governing council. Despite the concerns raised, you decided to proceed with the appointment.

Let me ask you one more, Dr. Rouleau and then Mr. Brenders.

I thought maybe you'd have a concern because you had written as recently as November 12 in an article, and I quote: "Although reporting biases have been shown to occur regardless of the funding source, they appear to be more likely in studies funded by the pharmaceutical industry than in studies funded by other sponsors".

Doesn't that in fact nullify your argument that everybody's in a conflict of interest? There's no difference between pharmaceutical holdings—

**Dr. Jean Rouleau:** What has that got to do with Bernard Prigent?

**Ms. Judy Wasylycia-Leis:** What has it got to do with an institute that oversees Canadian health research?

Don't you see, from your point of view, that the body that in fact oversees research... I mean, your governing council decides how many institutes there shall be. You decide the strategic objectives of the CIHR. Surely where you come from matters in terms of making those decisions. So I think there is an inherent conflict of interest that you've really not addressed today.

But let me ask Dr. Brenders this, because she's going to cut me off really quickly. You're a registered lobbyist, right?

• (1610)

**Mr. Peter Brenders:** I am.

**Ms. Judy Wasylycia-Leis:** That's fair enough. There's nothing wrong with registered lobbyists being here. I just wanted to put that on the record.

But it's rather interesting that you come here to defend this appointment when Dr. Beaudet, who's the president of the CIHR, sits on your board of directors and you are a friend of CIHR. I mean, there's a lot of overlapping and interlocking memberships here, which really makes me—and I hope everyone here—question the value of your testimony here today. I mean, isn't there a vested interest in your presentation?

**Mr. Peter Brenders:** I think it's a fabulous representation of the collaboration that goes on in Canada. Advocacy is a component of what we do to help build Canada's industry and research institutes. We work very well with CIHR, with NRC, NSERC, a host of universities—the University of Toronto, the University of British Columbia—and two hundred and some odd companies in every jurisdiction across the country.

**Ms. Judy Wasylycia-Leis:** Fair enough, but my question has to do with, in fact, the governing council of the CIHR. There's nothing wrong with commercialization, nothing wrong with all kinds of advisory committees involved in drug companies and food manufacturers, whatever. That happens all the time, and we need the advice and the collaboration.

We're talking about the governing council. Surely to God you see the potential for a conflict of interest here if in fact you're so aware of these interlocking memberships and the interests that are involved.

Let me ask Jocelyn Downie—

**Mr. Peter Brenders:** Well, to answer that question now, if I might—

**Ms. Judy Wasylycia-Leis:** And let me ask Jocelyn Downie if she would like to—

**The Chair:** Mr. Brenders would like to answer the question. Mr. Brenders.

**Ms. Judy Wasylycia-Leis:** As long as I have time for one more question.

**The Chair:** No, you're running out of time.

**Ms. Judy Wasylycia-Leis:** Okay, then I have another question.

**The Chair:** Excuse me, Ms. Wasylycia-Leis, he wants to answer your question.

**Ms. Judy Wasylycia-Leis:** All right, as he answers it, Madam Chair—

**The Chair:** Mr. Brenders, can you go ahead, please. I'm sorry, my apologies to you.

**Mr. Peter Brenders:** As for the implications of conflict of interest, I think Dr. Rouleau emphasized that very clearly—

**Ms. Judy Wasylycia-Leis:** On a point of order, Madam Chair, I did not ask him a second question. He wanted to answer, but I did not ask a question. So if I may put my last question—

**The Chair:** No, you're way over time anyway. I was just giving you some leverage.

So we'll now go on to Dr. Carrie.

**Ms. Judy Wasylycia-Leis:** Is that including the extra time that you took from me, Madam Chair, for questions?

**The Chair:** No, I gave you lots of extra time.

Dr. Carrie.

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

I want to thank all of the witnesses for being here today.

I thought I would start with you, Dr. Rouleau, because you have been cut off a number of times here.

It seems that the council's integrity is being questioned here. My colleague mentioned that the ethics committee looked at the appointment. From what my understanding is, they looked at it and they determined that things were okay and then signed off on it. You said you'd been there, that the governing council knows what it needs. We hear the lawyers talking about some hypotheticals here, what they think the governing council would need.

Was this appointment unanimous? Was it welcomed by members of the board? How does the board feel about this appointment? What reaction has it received from the members who are there?

**Dr. Jean Rouleau:** It's been enthusiastically received, and some of the concerns that have been expressed are concerns we discussed in some detail. People had to meet Dr. Prigent and make up their own minds in discussing some of these important issues. I can tell you that those who had hesitations changed them and are enthusiastically supporting it. So yes, it's unanimously supported by governing council, and I can tell you that the overwhelming majority of deans of faculties of medicine also support this.

**Mr. Colin Carrie:** To be clear, the ethics commission did—

**Dr. Jean Rouleau:** The ethics group wanted their concerns expressed, and they were expressed very well by a member of GC, who is chairman of that committee. He was satisfied that everything was met, and he himself signed the letter supporting the nomination of Dr. Prigent.

**Mr. Colin Carrie:** Was there anything else you wanted to say, before—

**The Chair:** Dr. Downie, go ahead.

**Mr. Colin Carrie:** Could you excuse me? I just wanted to ask Dr. Rouleau if there is anything he wanted to correct, because he was cut off a couple of times. Was there anything else?

**Dr. Jean Rouleau:** There is nothing in particular. I just think it's important to keep in mind what in fact we do at governing council. It seems as if we micromanage a lot of things, but we don't. We do direction setting, and we do watch each other very carefully to be certain everybody meets the highest standards of ethics and there is no conflict of interest or perception of conflict of interest in the decisions being made or things being said by various people.

You have to have different points of view on a council to be able to think things through properly.

● (1615)

**Mr. Colin Carrie:** I do understand that. I believe there are 17 members on this board.

**The Chair:** Dr. Carrie, I'm sorry to interrupt you, but I think Dr. Downie wanted to make some comments.

Go ahead.

**Prof. Jocelyn Downie:** I just wanted to correct the record, because the way it has been represented in terms of what happened with the ethics people is incorrect. You need to understand that in terms of external ethics expertise that is brought to CIHR, you have one person who is a member of the governing council, and that is the chair of the standing committee on ethics.

On all of the institutes—there are 13 institutes—you have an ethics designate. What happened is that those 13 designates from the institute advisory boards got together, and they were very concerned about this appointment and said they must go to the standing committee on ethics and say they were very concerned. They did not support this appointment. On the same day, they had a meeting—this is available in the public record. They went to meet with and had a joint meeting with the standing committee on ethics. That group as a whole did not support this appointment and asked their chair to take this to governing council.

The additional piece is that the two previous ethics members of governing council do not support this appointment and have stated publicly that, had they been on the governing council, they would not have agreed to that. They would not have signed that letter. The ethics expertise that is coming to CIHR is not supportive of this appointment.

**Mr. Colin Carrie:** I just heard that, at the end of the day, the people who are sitting on the council today did support it, Dr. Rouleau. Is that what you said?

**Dr. Jean Rouleau:** Yes. I guess he's the chair, Harvey. He did support it and did sign the letter in support—

**Mr. Colin Carrie:** At the end of the day, type of thing?

**Dr. Jean Rouleau:** Yes, sir.

**Mr. Colin Carrie:** Thank you for clearing that up. I have another question.

Mr. Benders, you were cut off as well, and I think with your organization, you represent a whole group. There has been some concern that if you have industry on a council like this, it can be detrimental. But we've heard from other witnesses last time that places like Australia, U.K., and Ireland all have private sector representation. I know the research and development investment went up astronomically in Ireland.

I was wondering what you say to people who say these boards are prisoner to the private sector once they have a private sector person on the board.

**Mr. Peter Benders:** I think what you see is a strengthened diversity of opinions that come to the board and make the board and its work more strategic, more relevant. It speaks to helping to bring what our directions are in terms of currency of research and where it's going and what's going to be relevant at the end of the day.

I think what we see across Canada—whether they're provincial health research foundations or as you outlined in terms of international research foundations—is having the perspective that is current and knowing what is going on in the breadth. We have to remember that in the world of research that's going on, the Global Forum for Health Research estimates that next year there will be

\$433 billion spent on health research. Compare that to CIHR's budget on that one.

There's a lot of research and strategy going on. CIHR benefits from the breadth of its governing council in understanding what's going on in that global context. And the opportunity in front of it, to have people willing to sit on that board, to take that breadth of expertise forward, bodes well for Canada. I think we need more of that.

**Mr. Colin Carrie:** All right.

From what you've seen, does one person on a board of that size make that much of a decision on it? How much influence does one person on a board have?

**Mr. Peter Benders:** I think Dr. Rouleau said it well. You have, certainly, great perspectives. People have an opportunity to think and hear different perspectives, much as you would see around a committee like this. You have different perspectives, and it's great for a discussion. But at the end of the day, you still have the strength of every committee member and the direction they are heading in and how those affect the decision-making process.

**The Chair:** Thank you, Mr. Benders.

Now we're going to go into the five-minute Q and A. The Liberals will start.

I understand, Dr. Bennett, that you're going to give your time to Ms. Wasylycia-Leis?

**Hon. Carolyn Bennett (St. Paul's, Lib.):** Yes, please.

**The Chair:** Okay.

Ms. Wasylycia-Leis.

**Ms. Judy Wasylycia-Leis:** Thank you very much, Carolyn.

Perhaps I'll begin by asking Dr. Downie about the reaction there has been from the academic, scientific, and research community in response to this appointment. Also, perhaps you could talk a bit about some of the people supporting efforts to annul this nomination and about the number of people who have signed a petition.

And then I'd like to ask Dr. Trudo Lemmens to talk about some of the ways in which other countries have actually handled this issue so as not to leave the impression that this is a normal pattern around the world.

• (1620)

**Prof. Jocelyn Downie:** Yes, certainly.

We've had over 3,700 signatures on an online petition that has been up for less than two weeks. The breadth of people who have signed it is remarkable. Many members of the lay public are signing it and routinely framing their concern as one of conflict of interest. So they get the problem.

There are also a whole lot of doctors, physicians, professors, and researchers who are signing. These people don't tend to be petition signers, so I was surprised to find that there are approximately 1,000 people out of those who gave their titles who fall under the category of doctor or professor. And I think that's very significant. They're also identifying themselves as active CIHR researchers. Many active CIHR researchers have signed a petition that is opposed to this appointment.

We also have a number of very distinguished individuals who have signed it, including for example James Till, whom you may know as a co-discoverer of stem cells. He demonstrated that stem cells exist.

Another interesting group is people who support commercialization and who explicitly state that they support commercialization of research. They partner with industry in their research. They say that, and then they say, "But pharma does not belong at the governance table." They're the ones saying, "Look, put them on advisory committees. That's all well and good and important information to get."

I sat down with a researcher who I associate with commercialization. He's one of the people I know most who do commercialization. I asked him about this when it first came out, and he looked at me and said, "Absolutely not." That's purely on the basis of conflict of interest.

That takes me to the issue of the one in seventeen point. It's really important to recognize that conflict of interest is not only about actual conflict but also about perceived conflict. One in seventeen... Just look at the petition comments. Many comments have been made. One in seventeen poisons the well with respect to perceived conflicts of interest on the CIHR governing council. And it's a real threat to the reputation of the institution.

**Ms. Judy Wasylcia-Leis:** Thank you.

Trudo Lemmens, perhaps you could talk about other countries' approaches to this issue as well as your view of the role of the governing council, given some of the comments that have been made.

**Prof. Trudo Lemmens:** Yes. I already emphasized that there are many countries, actually, with very successful commercialization mandates that do not have, in similar research-funding agencies, members of the pharmaceutical industry directly on the governing body. So there's no inherent requirement to have someone for successful commercialization.

It's basically a judgment call about the extent to which the significant financial interests that come with being a vice-president of a large pharmaceutical company will create conflict with respect to the specific mandates of the Canadian Institutes of Health Research. And it's important to emphasize here that the Canadian Institutes of Health Research report to the Minister of Health, unlike, for example, Genome Canada and some of the other federal funding agencies that report to the Ministry of Health. So if you think about the mandate of the CIHR, it is clearly to improve the health of Canadians and Canadian health care. And it is there that the significant conflict of interest exists.

It is true that many people have conflicts of interest. But it is actually inappropriate to qualify the conflict of interest that Dr. Prigent has as a conflict just like those of other people. None of the people on the governing council of the CIHR actually have in their professional lives, in their professional obligations toward their universities or towards research, obligations that can actually contradict what the CIHR is about. And that is actually the conflict of interest that Dr. Prigent has, as has been highlighted by the fact that the pharmaceutical industry actually has a primary mandate and a primary obligation towards its shareholders.

The bottom line is that it has to be profitable. And this has, in the past, led to regulatory transgressions and ethical transgressions. So it's basically a question of balance. Will the CIHR be able to provide some balance and promote independent research with a focus on improving the health of Canadians? I think that's really the issue. And so the conflict of interest that Dr. Prigent has is not of the same nature, actually, as that which anybody else on the governing council could have.

**The Chair:** Thank you, Dr. Lemmens.

Ms. Davidson.

**Mrs. Patricia Davidson (Sarnia—Lambton, CPC):** Thank you very much, Madam Chair, and thanks very much to our presenters for being here with us this afternoon.

We all around this table know that health research and science and technology are priority areas for both government and the private sector. It's not an area that one has a greater interest in than others. It's something we're all very concerned about and are all trying to improve. We've had countless reports over the years that have shown how well collaboration between the public and private sectors has worked and how important that is, that as a matter of fact, it's probably critical to success in research.

I have a couple of questions, Dr. Rouleau. What are CIHR's current priority areas? How will this appointment help those priority areas? While you're talking about that, as a member of governing council, can you elaborate a little bit more on what kinds of decisions the GC makes and how you perceive that it's not a conflict? How will this fit in with furthering CIHR's goals and priority areas?

• (1625)

**Dr. Jean Rouleau:** One of the big priorities we have right now is patient-oriented research. As I've mentioned before, we're doing pretty well in discovery, and it's pretty exciting when you listen to what's happening in the basic sciences, and that needs to continue. Where we've had problems is in bringing that to the patient, to the bedside. To be able to do that kind of study you need to have the kinds of resources that you have with industry, generally, to bring these things forward. So we work very closely with industry in that type of project. Sometimes we prove our hypothesis. Because these are investigator-initiated studies, they try to identify the projects and how to go through them, so that part of it—we'll call it the valley, or big need—needs to be worked out.

Another one is optimal practice, which, in this patient-oriented research initiative, is really how to bring what we know from the bedside into practice, into clinical medicine, and to be sure that we're getting the right drug to the right patient at the right time. There again, we need to work with different levels of government, but also we believe that industry, in well-organized and well-balised...I don't know...well-delimited projects, can be very useful. Right now we're working very hard on patient-oriented research and trying to fill the holes we have, both in the translation of knowledge bench to bedside, and then the other one, from bedside to practice.

The kinds of decisions we make at governing council are large decisions like whether we should go to patient-oriented research, or whether we're meeting our mandate to help and improve health care of Canadians. Those are the kinds of things that we need to be making the decisions on at a high level.

There is the scientific council, which does make decisions about which exact projects and what the limits would be of each project, so the kinds of decisions that we're making wouldn't generally be affected in a negative way by having somebody like Bernard, but Bernard could help us understand how best to partner with industry to meet our goals, which are to improve the health of Canadians.

It's all done at a high level. We don't meso-manage or micromanage. The scientific committee is really the one making the decisions that concern many people in the community—not just the people in this room, but many people in the community.

**The Chair:** Thank you so much, Dr. Rouleau.

I'm going to thank all of you kindly for joining our committee. We're now going into another piece of business, and I would ask if you would leave the room for our next part.

I'll give you a minute to leave. Thank you for being here.

We're going to go into a motion now. Where's Mr. Brown?

•(1630)

**Ms. Judy Wasylycia-Leis:** Could I say, Madam Chair, that it's not in camera, so people don't have to leave the room.

**The Chair:** You don't need to leave. You're very welcome to stay.

Ms. Wasylycia-Leis.

**Ms. Judy Wasylycia-Leis:** Thank you, Madam Chair.

You will recall that in the motion that led to these hearings, I had also included a report back to the House. So I would like to make two motions to present to the committee.

The first one is available in English and French. If you want to circulate it, I'll read it as it's being presented:

That the Standing Committee on Health Report to the House that:

Pursuant to Standing Order 110 and 111, your Committee has considered the Order in Council appointment of Bernard Michel Prigent to the Governing Council of the Canadian Institutes of Health Research referred to the Committee on October 21, 2009.

Your Committee has examined the qualifications and competence of the appointee and finds that due to the fact that Bernard Michel Prigent's competencies and abilities are compromised by his employment responsibilities, his ability to perform Governing Council duties with respect to the public interest objectives of the Canadian Institutes of Health Research set out in the Canadian Institutes of Health Research Act is seriously impeded. This Committee calls on the Prime

Minister to withdraw Bernard Michel Prigent's appointment to the Governing Council of the Canadian Institutes of Health Research.

I so move.

**The Chair:** We're open for discussion. Is there any discussion on this motion?

Ms. Murray.

**Ms. Joyce Murray:** I want to check with the writer of the motion whether a friendly amendment would be considered that removes the reasons and just leaves the conclusion:

This Committee has examined the qualifications and competence of the appointee and calls on the Prime Minister to withdraw Bernard Michel Prigent's appointment to the Governing Council of the Canadian Institutes of Health Research.

**The Chair:** All right.

Dr. Carrie.

**Mr. Colin Carrie:** Madam Chair, I think we've heard how this is written right here:

Your Committee has examined the qualifications and competence of the appointee and finds that due to the fact that Bernard Michel Prigent's competencies and abilities are compromised by his employment responsibilities, his ability to perform Governing Council duties with respect to the public interest...

I think we heard the exact opposite, so I'd like to state that I will definitely be voting against any motion of this sort. We heard today quite clearly that the decisions they are making are very high-level, that the council does not micromanage. They're looking for somebody from the private sector who has experience in helping them fulfill their mandate to improve the health of Canadians and move forward at high-level direction.

**The Chair:** Ms. Murray.

**Ms. Joyce Murray:** Following up on Dr. Carrie's comments, I think we heard two versions here. We heard there were very strong concerns by the head person responsible for ethics for every one of the organizations the CIHR collectively represents. So I think we did hear clearly that there were concerns by large numbers of people respected in the medical and the research communities that having someone who has a primary responsibility to shareholders of a particular company is a concern and that there are other ways of bringing that expertise to bear on the decisions the CIHR is required to take.

•(1635)

**The Chair:** Ms. Davidson.

**Mrs. Patricia Davidson:** We've heard some conflicting information over the last couple of days. The comments that are in this motion are one side, but there is another side, and this motion is not entirely factual. We heard today that some people on the ethics committee were concerned. Those concerns had been resolved. They had been met. People at the highest level signed the agreement to have this person appointed. We've heard that the GC deals with things at the highest level. They don't micromanage. They handle many things very well, and they need the expertise of Dr. Prigent.

I'll be voting against this motion. I think it's terrible.

**The Chair:** Ms. McLeod.

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

What I was going to say is very similar to the opinion of my colleague. I see no point in reiterating her comments.

**The Chair:** Dr. Carrie.

**Mr. Colin Carrie:** I was going to mention the ethics question. It was clarified that things were resolved. As to the lawyers who brought forward hypothetical situations, I think they were very hypothetical. Once Dr. Rouleau explained what they did...anybody could read all kinds of hypotheticals into the situation, but I believe he clarified what they did. A lot of the arguments centred on his affiliation with a specific pharmaceutical company. That is not within the mandate of this committee, and I don't think it was useful to bring it up here. Any of the people they wanted would have been an active member of that sector. If you picked anybody from GlaxoSmithKline, Merck, or whatever, you would have people against that because of the company they belong to. I've seen it in competitiveness. It doesn't matter; you'll get your competitors arguing back and forth, and people will pose hypotheticals that maybe this or that could happen.

To judge by the mandate of the governing council and what was explained by Dr. Rouleau, this is a good appointment. I think we should move forward with it.

I think this motion is insulting.

**The Chair:** Dr. Bennett.

**Hon. Carolyn Bennett:** We've heard a lot of concern, and we have a petition from a lot of people who know about these things. This is somewhat extraordinary. As Professor Downie said, doctors aren't people who tend to go online and sign petitions.

When I was about 12 years old, we had a debate about whether there would be dancing in the church. Some thought that if we held the dance in the church a number of people would be very upset. But if we held the dance somewhere else, everybody would be happy.

We are hearing that someone else could fill this gap who would not meet this kind of protest. There are many other people with expertise in commercialization who have not acquired it on the direct payroll of a pharmaceutical company. We hear voices saying that we need this kind of expertise on governing council, but we've also heard that there are a lot of people who could fill it without generating objections from thousands of people.

My temptation would have been to have a much simpler motion to say that we've heard the witnesses and we cannot recommend the appointment to the minister. People know that we've done the due diligence. People know that we've listened to many witnesses. In light of the counsel to "first do no harm" and the reputation of CIHR, I believe that this committee ought to listen to the dissenters and agree that someone else could fill this job without raising so many objections.

I will listen to Judy if she feels this is the wording she prefers. Or we could simplify it to say that the committee has heard witnesses and calls on the Prime Minister to withdraw the appointment. Moreover, we've heard that there are lots of other people who could do this.

Therefore, this is not a good appointment.

● (1640)

**The Chair:** I just want to make a point here that the committee in no way has any authority to withdraw appointments or anything else. These are opinions that are happening and their expressions. We've had both sides of it here today.

Ms. Wasylycia-Leis.

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

First of all, I appreciate Joyce Murray's suggestion. She made a friendly amendment, which I'm quite prepared to accept. We tried to word this according to the provisions under the standing order and knowing that we might have to explain why we didn't feel that this particular appointee was competent for the job without insulting his personal integrity. However, I'm quite prepared to accept an amendment that would do as Joyce Murray suggested.

I also wanted to make a comment, though, to say very clearly that this has nothing to do with one particular drug company. It has nothing to do with the fact that he is a vice-president of Pfizer; it has everything to do with the fact that he is a vice-president or an employee of a pharmaceutical company. That has been the entire issue from witnesses who have expressed concern. It is the basis for why 4,000 people signed a petition.

I will just read you one phrase—it will take one second—and it will just be this: "The appointment of any individual who is an active member of a pharmaceutical company therefore cannot be justified by reference to the commercialization mandate."

This is to show, in fact, that this is not about an individual, it is not about a particular drug company, it's not a vendetta, it's not a witch hunt. This is simply fulfilling our obligations to ensure that something as important as the CIHR, with a governing council, as you heard, that sets the objectives for research in this country, that defines the research institutes, that lays out the priorities, that determines overall funding strategies, has to be seen to be absolutely transparent and accountable, with no vested interests.

So that's all the purpose of this amendment and this motion is. If it's offensive for anyone to have these words in it, I will gladly withdraw that section. This is what Joyce had recommended, and it will read as follows:

Your committee has examined the qualifications and competence of the appointee and calls on the Prime Minister to withdraw Bernard Michel Prigent's appointment to the governing council of the Canadian Institutes of Health Research.

I'm prepared to accept that.

**The Chair:** Thank you, Ms. Wasylycia-Leis.

Mr. Valeriote. Did I pronounce your name correctly?

**Mr. Francis Valeriote (Guelph, Lib.):** It's Valeriote as in "chariot", Madam Chair.

**The Chair:** Thank you. I won't forget that. Valeriote as in "chariot". There you go.

**Mr. Francis Valeriote:** Everybody asks.

Are we voting first on the friendly amendment or is it deemed amended?

**The Chair:** There are two more people to speak, and then I thought—

**Mr. Francis Valeriote:** No, but is there an amendment that's—

**The Chair:** Yes, we will be voting on that amendment first.

**Ms. Judy Wasylycia-Leis:** It's the amended one, because I accepted a friendly amendment.

**The Chair:** The amended motion, yes.

**Mr. Francis Valeriote:** I only want to bring to the committee's attention that given the friendly amendment, I don't know that Ms. McLeod or Ms. Carrie would have any objection to it, because it was those words that they found offensive in the first place, and it's proposed that they be removed. I'm not sure what you're arguing.

**The Chair:** Monsieur Malo.

[Translation]

**Mr. Luc Malo:** I will answer directly to the question.

[English]

**The Chair:** Okay, after Dr. Carrie.

Dr. Carrie.

**Mr. Colin Carrie:** First, I'll let my colleague know it's not “Ms.” Carrie, but you can call me Colin.

**The Chair:** Dr. Carrie.

**Mr. Colin Carrie:** The point is that we heard from our witnesses—you weren't here at the last meeting, but I think Dr. Rouleau also mentioned it—that what they're looking for is somebody from the private sector who is as up to date as possible. My understanding of that—and with other countries, but also with some of our provinces that look at boards like this—is to have somebody who is employed with a private company. That's the type of person they're looking for because they want the most up-to-date thinking of industry.

To comment on my colleague Dr. Bennett's comments, I certainly agree with her that there probably are other Canadians who can do this job and probably accept an appointment like this, but it's hypothetical that anybody we bring forward wouldn't get the exact same... There would be people against that appointment too. There can be all kinds of reasons for that. From what I've seen of Dr. Prigent, his qualifications, which are what we're supposed to be looking at here—we're not supposed to be looking at who he works for or who he doesn't work for—are excellent, and with the decisions and how the council functions, any of this extraneous stuff shouldn't be of any concern.

• (1645)

**The Chair:** Monsieur Malo.

[Translation]

**Mr. Luc Malo:** Thank you, Madam Chair.

Indeed, following the examination of Dr. Prigent's appointment to CIHR's governing council, it is tempting to criticize at the same time the government for its approach to health research. This is why I really want to distinguish between the two aspects of the issue.

We are clearly very concerned about this commercialization of research and I have expressed this concern in my questioning of

witnesses today and last week. However, the government will move into this direction with or without Bernard Prigent. Besides, it already has imposed its strategy on the research granting councils.

So that is not the issue here. The question is whether Bernard Prigent, the individual who will sit on CIHR's governing council, has or does not have the abilities to do the job. Considering the role of the governing council and the individual powers of each of its members, and considering the fact that all of the members are also potentially in a conflict of interest because they themselves are members of subsidized organizations, I cannot see myself voting today for the motion of Ms. Wasylycia-Leis.

That being said, my concerns with the direction into which the government wants all the research sector to go remain unchanged.

[English]

**The Chair:** Thank you, Monsieur Malo.

Dr. Bennett.

**Hon. Carolyn Bennett:** To simplify, Judy, I have a couple of concerns about making this as tight as it possibly can be. As far as qualifications and competence are concerned, those aren't the issues. I think we should say that your committee has examined the appointment of Bernard Prigent and has heard sufficient concerns that it recommends the Prime Minister withdraw his appointment.

I don't want to put into disrepute Mr. Prigent's qualifications or competence. I think at the moment it's inappropriate because of the situation. I would just say that we've examined the appointment and have heard sufficient concerns that we recommend they withdraw it.

Is that okay?

**The Chair:** Is that okay with you?

**Ms. Judy Wasylycia-Leis:** Yes.

**The Chair:** Mr. Valeriote.

**Mr. Francis Valeriote:** Dr. Carrie, I apologize for having referred to you otherwise earlier. I was talking about the amendment to the motion. You're arguing the substantive part of the motion and not the amendment. But since everybody seems to be arguing the motion, I might as well jump into the fray.

I have only joined today. As an objective onlooker, if you can call me that, I think the risk of bringing into disrepute the independence and objectivity of this council—even in appearance—because of this appointment far outweighs the benefits that will be gained by having this gentlemen become part of the council. As I've heard from the witnesses, the skills he offers can be obtained through others, and indeed through him, without undermining the ability to pursue private-public partnerships.

That doesn't make any comment about the gentleman himself. I'm sure he's a wonderful person and wonderfully qualified.

• (1650)

**The Chair:** Ms. Wasylycia-Leis, I'd like you to clarify this motion now, if possible. Could you read it out so we're abundantly clear what is wanted here?

**Ms. Judy Wasylycia-Leis:** Yes.

I'm quite prepared to take away any words that will delay moving on this motion or winning the support of the committee. I think it is important, especially in reference to Dr. Carrie's comments about his perception, that matters were clarified by the witnesses around the approval of the governing council. In fact, as I understand it and have just had clarified, the concerns of ethics were not resolved; they were set aside by the governing council and senior executives. So in fact there was no agreement and no full involvement of everyone in that decision. There are deep-rooted concerns within the institution, and I think that has to be pointed out as we pursue this issue.

I think the motion Carolyn is suggesting is that after those initial words that have to be there—

**The Chair:** Would you read it out in its entirety?

**Ms. Judy Wasylycia-Leis:** Yes: "That your committee has examined the appointment..."

Carolyn, am I getting this right?

**Hon. Carolyn Bennett:** Yes: "...and has heard sufficient concerns that it calls upon the Prime Minister to withdraw the appointment to the governing council..."

**The Chair:** One more time, please.

**Hon. Carolyn Bennett:** Yes. It states: "Your committee has examined the appointment of Bernard Michel Prigent to the governing council of the Canadian Institutes of Health Research and has heard sufficient concerns that the committee calls upon the Prime Minister to withdraw this appointment".

**The Chair:** Is everyone clear on this?

Ms. Davidson.

**Mrs. Patricia Davidson:** Madam Chair, I thought this committee was directed such that we could examine the qualifications and the competence, and that was the scope of what we were to be doing.

**The Chair:** That's exactly what we were supposed to be doing, and we have examined that.

**Mrs. Patricia Davidson:** So the motion, as amended, has removed what the scope of this committee—

**The Chair:** That's right. You can bring forth any motion, but—

**Mrs. Patricia Davidson:** I realize that, but the scope of the committee is to examine the qualifications and the competencies. Is that correct?

**The Chair:** That's correct.

**Hon. Carolyn Bennett:** And express our concern.

**The Chair:** So let's go to the vote now.

**Ms. Judy Wasylycia-Leis:** Could I comment to Patricia Davidson that in fact that's why the words were there in the first place? They're just to indicate what is the role of the committee on an issue like this and what are the limitations; it is to examine the qualifications of the appointee. I believe we've done a fairly thorough job of that and it's why I made the motion to actually recommend that the Prime Minister reconsider this appointment.

I think it was interesting, in fact, that Dr. Rouleau suggested that it's not the governing council that makes the overall strategic decisions; it's the scientific council of the organization. But it is the members, the directors, of the scientific institutes who in fact object

to this appointment, so I think it's important for that to be noted before we vote.

**The Chair:** Could I read this out now and then we'll go to the vote? Listen very carefully:

Pursuant to Standing Orders 110 and 111, your Committee has considered the Order in Council appointment of Bernard Michel Prigent to the Governing Council of the Canadian Institutes of Health Research, referred to Committee on October 21, 2009, and has heard sufficient concerns that the Committee calls on the Prime Minister to withdraw Bernard Michel Prigent's appointment to the Governing Council of the Canadian Institutes of Health Research.

That is the motion. We're now going to a vote.

**Ms. Judy Wasylycia-Leis:** Could I ask for a recorded vote, please?

**The Chair:** It's a recorded vote, everybody.

**Mrs. Patricia Davidson:** Are we voting on the amendment or the motion?

**The Chair:** I just read it out. That's what we're voting on. I hope you all listened carefully. We're going to do a recorded vote.

• (1655)

**Mrs. Patricia Davidson:** Was it a friendly amendment? Is it an amended motion we're voting on and not the amendment?

**The Chair:** It's the amended motion.

Do you want me to read it out again?

**Mrs. Patricia Davidson:** No, I've heard it. I just want to be clear on what we're voting on.

**The Chair:** Okay.

(Motion negatived: nays 7; yeas 4)

**Ms. Judy Wasylycia-Leis:** Madam Chair, I have one more motion to present.

**The Chair:** Yes, Ms. Wasylycia-Leis.

**Ms. Judy Wasylycia-Leis:** Without repeating the first part, which is "Pursuant to Standing Orders", etc., I move that the committee express its concern that Bernard Michel Prigent's competencies and abilities may be compromised by his employment responsibilities, and that his ability to perform governing council duties with respect to the public interest objectives of the Canadian Institutes of Health Research, set out in the Canadian Institutes of Health Research Act, may be seriously impeded.

**The Chair:** Thank you, Ms. Wasylycia-Leis.

Is there discussion on this particular motion?

**Mrs. Cathy McLeod:** On a point of order, we don't have copies.

**The Chair:** We don't have copies. She just moved it right now.

Dr. Bennett.

**Hon. Carolyn Bennett:** I understand what the motion is supposed to do.

As we know, Judy, we're not really able to do anything other than express our concerns.



I am interested in what issues he will have to recuse himself on. I would be interested in finding out a little bit more about how he will function with this situation right now. He's going to be appointed. It's not going to be rescinded. So how do we, as a committee, make sure of the ethics of governing council? I almost wonder if we could be asking Professor Downie or some of the people who are very concerned about this to describe to us what would be an ethical framework for this man. Obviously they don't think there is one, but this would be in terms of making sure that recusals are clear and that they are at least outlined to us, as a committee, as to how this will go forward now that we've expressed our concern.

What might be of interest in the new year would be to have Dr. Beaudet come back and explain how he is going to work and what kinds of issues Dr. Prigent would not be included in.

It's not unusual that you have to recuse yourself. It's just that at CIHR it could be on an awful lot of the issues, if it were clearly articulated, on which he would not be permitted to.... This happens at cabinet all the time, and it's just that if you're eventually found to be out of the room more than you're in the room, it becomes less impressive as an appointment.

**The Chair:** I'll go on, but I want to point out that this committee has spent two days now on this particular issue. Everyone has voiced their concerns. We did have a vote on a motion.

We have the public out there who are very concerned that we work on the HHR. And now I'm starting to hear that perhaps we can call more witnesses in to do this, that, and the other thing. I just want the committee to take serious consideration of our responsibilities as a health committee to get on with the task at hand.

Ms. Wasylycia-Leis.

• (1700)

**Ms. Judy Wasylycia-Leis:** Thank you.

What I'd like to raise is that the work of this committee requires us to follow up our work. Just as you want to see the health human resources study furthered and completed and reported back, so too must we as a committee take this seriously and do our homework and do a report.

Having lost the motion, which actually calls upon the Prime Minister to reconsider, I feel it is still incumbent upon us to report back something. So I've tried to incorporate the kind of sentiment Carolyn Bennett has brought to the committee, which is the fact that if the government goes ahead with this appointment, it's going to have a heck of a problem, because in fact this guy is going to have to recuse himself more times than not. That's the straight fact of the matter.

The motion is an attempt to say that because of this conflict of interest, it's going to impede him in his duties, and therefore we express this concern to Parliament.

**The Chair:** Dr. Bennett, did you want to make a comment?

**Hon. Carolyn Bennett:** I was just going to ask the clerk whether, now that we've made this recommendation, this is reported to the House or we need a separate motion to report it to the House. How does the decision of this committee get reported to the House or to the Prime Minister?

It's okay, Christine. Just tell us.

**The Clerk of the Committee (Ms. Christine Holke David):** You as a committee need to decide what you want to report back.

**Hon. Carolyn Bennett:** Instead of this large motion, Judy, I think you could move that the chair of the committee report the previous motion back to the House.

**Mrs. Patricia Davidson:** The one that failed, you mean?

**The Chair:** No, you can't do that.

**Hon. Carolyn Bennett:** Then we can't. We're not going to win the next one either, Judy.

**The Chair:** Monsieur Dufour.

[*Translation*]

**Mr. Nicolas Dufour (Repentigny, BQ):** If I may say so, Madam Chair, and with all due respect, I believe it is much more important to talk about ethics than human resources. The situation is really circumstantial and circumscribed in time; this is why I believe we should spend more time ensuring integrity and respect for ethics in the Canadian Institutes of Health Research.

[*English*]

**The Chair:** We have another motion in front of us. We'll go to that motion and go to that vote.

No?

**Hon. Carolyn Bennett:** Just to follow up on Judy's point, this committee still has concerns about this.

Is there a way, Judy, that we could at least ask Dr. Beaudet to come back in January and explain what the recusal process will be and maybe have an ethicist as a way of continuing to express our concern?

This isn't going away. We haven't sorted this out. There are still lots of concerns out there. So if we can't report our concerns back to the House, even though we still have lots of them, this may be another way for us. The least we could do is to bring Dr. Beaudet back here to explain how he's going to sort out the recusal on this rather new approach of having somebody from pharma on the board.

**The Chair:** Mr. Malo.

[*Translation*]

**Mr. Luc Malo:** Madam Chair, my colleague is right: we should bring to this table people who will be faced with these concerns in carrying out their duties. We need to determine what the process will be, if it will happen often, under what circumstances and how people will act in such a situation and so on. It could be very interesting for us to find out, but also for all those who expressed these concerns.

[*English*]

**The Chair:** I would comment that the first meeting back after the break was going to be all committee business, and at that time we were going to arrange what we wanted to do from there on in. We have one more meeting, and we still haven't even touched our HHR report. We have a final meeting on Wednesday and we have that agenda set, but I've put aside the whole two hours for committee business. So can it be agreed that we can make those decisions at that time?

All in agreement?

**Some hon. members:** Agreed.

**The Chair:** Thank you.

Now we have this motion. Do you want to withdraw the motion, Ms. Wasylycia-Leis?

• (1705)

**Ms. Judy Wasylycia-Leis:** Considering it's going down in defeat anyway, I guess I'll withdraw the motion on the understanding that this committee will agree to come back to this issue in the new year, with Dr. Beaudet as a witness so we can sort out how he will deal with this issue.

**The Chair:** We haven't decided that. We need to decide that during committee business.

Dr. Carrie.

**Mr. Colin Carrie:** That is what I was going to state, Madam Chair. We as a committee should take the first meeting when we come back to decide these things before we jump.

I think it would be helpful to understand how the governing council actually works and what gets done, if that's the issue. Whether we have to do that in a committee meeting, I don't know. I don't think we do, but perhaps some people would like to look at that. I think Dr. Rouleau explained that it is very high-level, and despite all this talking we're doing about him having to recuse himself, this is all hypothetical, according to Dr. Rouleau.

My understanding is that all the members of that committee have conflicts of interest. They deal with them. They deal with them professionally. They hold each other accountable in that situation. What we were supposed to be doing today was looking at the candidate's credentials and his competence. Nobody said that he wasn't credible or competent to do the job. The problem appeared to be with his employment, as somebody brought forward. But I think we should wait until that meeting before we decide what we would like to do.

**The Chair:** I'll also ask the analysts to prepare something for the committee on that issue.

**Mr. Colin Carrie:** How the governing council actually functions to see if it's even appropriate that we go that way?

**The Chair:** Yes, absolutely.

Ms. McLeod.

**Mrs. Cathy McLeod:** Thank you, Madam Chair.

I appreciate your comment that come the new year we'll be looking at committee business in detail.

There are a lot of thoughts about looking at it in January, but it might turn out that we want to look at it in four or five months to see how it has been going. I would suggest that when we come back in the new year this be one of the items on the agenda. At this point I would suggest that we look at moving on to our HHR.

**The Chair:** Ms. Wasylycia-Leis, I'll give you the last word, and then we're going to close this.

**Ms. Judy Wasylycia-Leis:** I appreciate the discussion. I'm looking forward to our first meeting back when we can discuss the business of this committee, with the hope that we will come back to this issue.

As a concluding remark, I want to say I don't believe we can conclude under any circumstances that this committee has decided that Dr. Prigent is absolutely competent and able to do the job, given his conflict of interest position. I don't think it's fair for Dr. Carrie to conclude that all is well on that front. In fact, the essence of this discussion was how his abilities and competencies might be compromised by the fact that he has employment responsibilities with the largest pharmaceutical company in the world.

We have heard from dozens and dozens of people through their letters and e-mails, and we've had our fair share of them. This is not an issue that's been treated frivolously by anyone. It's been taken seriously by Canadians across this country, with thousands of people having signed a petition and many having written letters. It's a serious issue that must be addressed.

It's not fair for anyone to conclude that we as a committee think all is well with Dr. Prigent's appointment. In fact, the fundamental issue of conflict of interest as a result of his ties to a major pharmaceutical company, to any pharmaceutical company, is still the issue at hand—and what it may do in terms of shaping the research agenda of this country, or shaping the work of the pre-eminent organization, the Canadian Institutes of Health Research. That must be addressed by our committee—

• (1710)

**The Chair:** Thank you, Ms. Wasylycia-Leis.

At our first committee meeting, I would ask the committee to come prepared. I'm going to send you a review of what we said we were going to do and what was intended. We have to balance the weeks. We have to balance what we need to do.

We're now going to come to a conclusion here and go in camera, so I will excuse our guests.

Thank you.

*[Proceedings continue in camera]*







**MAIL  POSTE**

Canada Post Corporation / Société canadienne des postes

Postage paid

Port payé

**Lettermail**

**Poste-lettre**

**1782711  
Ottawa**

*If undelivered, return COVER ONLY to:*  
Publishing and Depository Services  
Public Works and Government Services Canada  
Ottawa, Ontario K1A 0S5

*En cas de non-livraison,  
retourner cette COUVERTURE SEULEMENT à :*  
Les Éditions et Services de dépôt  
Travaux publics et Services gouvernementaux Canada  
Ottawa (Ontario) K1A 0S5

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

### **SPEAKER'S PERMISSION**

Reproduction of the proceedings of the House of Commons and its Committees, in whole or in part and in any medium, is hereby permitted provided that the reproduction is accurate and is not presented as official. This permission does not extend to reproduction, distribution or use for commercial purpose of financial gain. Reproduction or use outside this permission or without authorization may be treated as copyright infringement in accordance with the *Copyright Act*. Authorization may be obtained on written application to the Office of the Speaker of the House of Commons.

Reproduction in accordance with this permission does not constitute publication under the authority of the House of Commons. The absolute privilege that applies to the proceedings of the House of Commons does not extend to these permitted reproductions. Where a reproduction includes briefs to a Committee of the House of Commons, authorization for reproduction may be required from the authors in accordance with the *Copyright Act*.

Nothing in this permission abrogates or derogates from the privileges, powers, immunities and rights of the House of Commons and its Committees. For greater certainty, this permission does not affect the prohibition against impeaching or questioning the proceedings of the House of Commons in courts or otherwise. The House of Commons retains the right and privilege to find users in contempt of Parliament if a reproduction or use is not in accordance with this permission.

Additional copies may be obtained from: Publishing and Depository Services  
Public Works and Government Services Canada  
Ottawa, Ontario K1A 0S5  
Telephone: 613-941-5995 or 1-800-635-7943  
Fax: 613-954-5779 or 1-800-565-7757  
publications@tpsgc-pwgsc.gc.ca  
http://publications.gc.ca

Also available on the Parliament of Canada Web Site at the following address: <http://www.parl.gc.ca>

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

### **PERMISSION DU PRÉSIDENT**

Il est permis de reproduire les délibérations de la Chambre et de ses comités, en tout ou en partie, sur n'importe quel support, pourvu que la reproduction soit exacte et qu'elle ne soit pas présentée comme version officielle. Il n'est toutefois pas permis de reproduire, de distribuer ou d'utiliser les délibérations à des fins commerciales visant la réalisation d'un profit financier. Toute reproduction ou utilisation non permise ou non formellement autorisée peut être considérée comme une violation du droit d'auteur aux termes de la *Loi sur le droit d'auteur*. Une autorisation formelle peut être obtenue sur présentation d'une demande écrite au Bureau du Président de la Chambre.

La reproduction conforme à la présente permission ne constitue pas une publication sous l'autorité de la Chambre. Le privilège absolu qui s'applique aux délibérations de la Chambre ne s'étend pas aux reproductions permises. Lorsqu'une reproduction comprend des mémoires présentés à un comité de la Chambre, il peut être nécessaire d'obtenir de leurs auteurs l'autorisation de les reproduire, conformément à la *Loi sur le droit d'auteur*.

La présente permission ne porte pas atteinte aux privilèges, pouvoirs, immunités et droits de la Chambre et de ses comités. Il est entendu que cette permission ne touche pas l'interdiction de contester ou de mettre en cause les délibérations de la Chambre devant les tribunaux ou autrement. La Chambre conserve le droit et le privilège de déclarer l'utilisateur coupable d'outrage au Parlement lorsque la reproduction ou l'utilisation n'est pas conforme à la présente permission.

On peut obtenir des copies supplémentaires en écrivant à : Les Éditions et Services de dépôt  
Travaux publics et Services gouvernementaux Canada  
Ottawa (Ontario) K1A 0S5  
Téléphone : 613-941-5995 ou 1-800-635-7943  
Télécopieur : 613-954-5779 ou 1-800-565-7757  
publications@tpsgc-pwgsc.gc.ca  
http://publications.gc.ca

Aussi disponible sur le site Web du Parlement du Canada à l'adresse suivante : <http://www.parl.gc.ca>