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Tuesday, June 15, 2010

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Chair

Mrs. Joy Smith

Standing Committee on Health

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• (0905)

[English]

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

We will be commencing the meeting of the Standing Committee on Health pursuant to Standing Order 108(2) with the consideration of the subject matter of supplementary estimates (A) 2010–11 under Health.

I want to welcome all of our witnesses and guests.

At 10 o'clock, the minister will be appearing, but we will be hearing from the deputy minister of the Department of Health, Glenda Yeates, and also from Dr. David Butler-Jones, the Chief Public Health Officer, before we go into our first round of questions.

Ms. Yeates, the floor is yours.

Ms. Glenda Yeates (Deputy Minister, Department of Health): Thank you very much, Madam Chair.

Bonjour, tout le monde.

Thank you very much for the invitation to be here today.

[Translation]

I am very pleased to be here today. With me are Germain Tremblay, Acting Chief Financial Officer of Health Canada, and other senior department officials.

[English]

By way of introduction, this is my first appearance before you in the role of deputy minister of health, and I just felt I should mention that while I am new to this position and feel very privileged to be here, I'm not new to the health field. I've had the great privilege of serving in the health and health care policy fields for approximately 20 years, most recently as the president and the CEO of the Canadian Institute for Health Information, but previously as the deputy minister of health for the Province of Saskatchewan. It is a great pleasure for me now to continue in the health field as the deputy minister of Health Canada.

The minister appeared before you on March 16 to discuss the main estimates of the health portfolio. At that time, Health Canada requested and subsequently received a net increase of \$50.7 million in the 2010–11 main estimates.

Specifically, those investments supplemented first nations and Inuit health services and the food and consumer safety action plan—

Hon. Carolyn Bennett (St. Paul's, Lib.): Madam Chair—

The Vice-Chair (Ms. Joyce Murray): Dr. Bennett.

Hon. Carolyn Bennett: —I have a point of order. It's highly irregular anyway for the officials to come before the minister. We only have an hour with the minister and an hour with the officials. If the minister were here and speaking first, as she would, she would have been the one giving the opening remarks. We only have two hours and we're going to get three sets of speeches.

I don't understand why. The estimates speak for themselves; I don't think we need a narrative. This is a time for Parliament to get to hold government to account. We need the full hour with the officials and the full hour with the minister to ask questions.

The Vice-Chair (Ms. Joyce Murray): Ms. McLeod.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): You know, Madam Chair, I certainly think five minutes just to put things in scope is very appropriate.

Hon. Carolyn Bennett: There's one from David and there's one from the minister. How much time are we going to be spoken at and how much time do we get to speak? This is not okay.

The Vice-Chair (Ms. Joyce Murray): Thank you, Dr. Bennett. We'll continue with the remarks and ask that they be kept as brief as possible.

Thank you.

Ms. Glenda Yeates: Absolutely. I will keep this very brief.

Health Canada is seeking additional funding of \$241.4 million in 2010–11 to focus on the following priorities: \$130 million to renew federal aboriginal health programs; \$30 million to improve health access and to support innovations and reforms in the medical travel systems for the three Canadian territories; \$26 million to provide first nations living on reserve with safe drinking water and wastewater services; and \$22 million to continue work on environmental health risk assessment. These will build on key priorities that were in the main estimates in budget 2010.

In terms of the first nations and Inuit health branch, there is \$130 million. Those dollars are to renew federal aboriginal health promotion and disease prevention programs in the areas of diabetes, suicide prevention, maternal and child health, health human resources, and the aboriginal health transition fund. We're also seeking funding to support the first nations water and waste-water action plan. And additional funding of \$25.6 million would bring the total investment in this plan to \$54.8 million over the next two years.

On the health regulatory front, Health Canada is seeking additional investments in support of the Canadian Environmental Protection Act and the chemicals management plan. We're making significant progress here, but we are completing assessments and continuing our work on the 200 highest-priority substances and initiating risk management measures for those substances that pose a risk to human health.

We are also looking for funding that is needed to maintain support of the regulatory review of drugs and medical devices, and funding to support the health and safety regulatory activities under the Food and Drugs Act.

Finally, in support of the Weatherill recommendations following the listeriosis outbreak, we are requesting an additional \$3.9 million to review the ways we prevent, detect, and respond to outbreaks of food-borne illness.

• (0910)

[Translation]

The health and well-being of Canadians will always be Health Canada's main priority. Ultimately, resources requested through the supplementary estimates (A) will be used to help all Canadians maintain and improve their health.

[English]

Thank you very much for your time. I look forward to your questions.

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

Now, Dr. Butler-Jones, brief remarks, please.

Dr. David Butler-Jones (Chief Public Health Officer, Public Health Agency of Canada): Excellent. Thank you.

Thanks to the committee again for the opportunity to speak on our supplementary estimates (A). With me today is Jim Libbey, the chief financial officer for the agency.

As you know, it's not quite six years ago that the Public Health Agency was created. In this fiscal year, \$664.8 million has been allocated to the agency, and I'd like to briefly outline a few of the areas that illustrate how these funds are put to good use.

[Translation]

Firstly, the agency spends that money on disease and injury prevention and mitigation.

[English]

A prevention agenda is among our highest priorities, for which we plan to devote over \$115 million this fiscal year. As the Honourable Dr. Bennett rightly said, the goal is to have a great fence at the top of the cliff, not a great ambulance service at the bottom.

That's why the agency will continue to enhance Canada's ability to prevent and manage diseases and injuries. In 2010-11, for example, we will help to increase awareness of risks such as lung disease and increase capacity and knowledge on prevention and control of HIV/AIDS. We will continue to gather and analyze data on the rates, trends, and patterns of injuries in Canada and will initiate a national study to help close knowledge gaps in the area of neurological diseases.

[Translation]

Health promotion will also remain a top priority.

[English]

By definition, health promotion is the process of enabling people to increase control over and improve their health. In 2010-11, through our planned spending of \$178 million, we will continue to build this through programs for vulnerable populations, such as the Canada prenatal nutrition program, the community action program for children, and the aboriginal head start program.

[Translation]

In Canada, as elsewhere, the obesity epidemic—especially among children and youth—has become a major public health challenge.

[English]

While this is a very complex, multi-faceted issue, there's a lot of evidence out there to inform our work, so one of our roles in facing this challenge is to bring the players together on this issue and ensure the lessons we see in one province can be applied to others. In 2010-11, as part of this work, we will be updating the national physical activity guides and we will continue to work with all partners on initiatives that support Canadians in the attainment and maintenance of healthy weights.

[Translation]

I will now turn my focus to infectious disease prevention and control.

[English]

Last year's H1N1 outbreak solidified our place as global leaders in responding to infectious disease outbreaks. Since the day we were aware of a novel flu virus circulating, the agency was at the forefront of the federal pandemic response.

The H1N1 pandemic saw quite possibly the country's greatest mass mobilization since the last world war. It marked the country's first pandemic in 40 years and the first pandemic in an information age.

All of these factors required a multi-faceted response: helping to secure enough vaccine for every Canadian who needed and wanted to be immunized; leading national surveillance activities; and communicating regularly to Canadians to provide them with the information they needed to make well-informed decisions related to their health, among many other activities.

[Translation]

Committee members have heard me say this on many occasions: disease and illness know no borders.

[English]

H1N1 was certainly no exception to the rule and the scope. It is critical that the scope and breadth of a response reflect that reality. That's why in 2010-11 the agency will continue to collaborate with our many partners, both domestically and internationally, to ensure that we can build on the lessons learned from H1N1 and strengthen our preparedness for future pandemics.

Our work goes far beyond plagues and pestilence. The agency will also work to increase public health capacity and enhance our national and international collaborations. We will strengthen surveillance and increase capability in assessing the health of the population. We remain the government-wide lead on efforts to study and address determinants of health.

In facing all of these challenges and embracing the opportunities they present, the Public Health Agency's vision remains constant and relevant: healthy Canadians and communities in a healthier world. All of Canada will benefit from these efforts.

Madam Chair, I am very proud of our work over the last five years and of the fact that the agency maintains and strengthens its reputation as a global leader in public health.

• (0915)

[Translation]

Thank you for your time. I will be happy to answer any questions.

[English]

The Vice-Chair (Ms. Joyce Murray): Thank you very much for the introductory remarks.

The first round of questions will be seven minutes per questioner.

We'll start with Dr. Bennett.

Hon. Carolyn Bennett: Thank you very much.

In the government advertising program, \$65.4 million, including \$8 million from Health Canada, was allocated. In the explanation of recruiting Canadian Forces and Royal Canadian Mounted Police, it also says "to raise awareness of social issues". Could you tell me what advertising Health Canada has been doing?

Ms. Glenda Yeates: Thank you for the question. I will certainly begin with the \$8 million you mentioned, as noted in the supplementary estimates. It is actually for a child safety initiative.

The \$8 million there is a one-year interdepartmental initiative with the Public Health Agency of Canada, Transport Canada, the Canadian Food Inspection Agency, and Public Safety Canada. This is the notion of pulling together key messages for parents and

families about child safety to try to avoid parents having to go to many different websites—for example, one on toy safety or crib safety and perhaps another on car seats—and to try to pull together a one-stop shopping place for parents to increase parents' awareness and give them streamlined access to health information.

This is under the auspices of the Department of Health. You see the \$8 million there. It will in fact be a child safety campaign that bridges other departments as well. We intend to work together and create a holistic child safety and injury prevention focus.

Hon. Carolyn Bennett: Okay.

In the focus on maternal child health leading up to the G8, as Canadians we're embarrassed that the plight of our aboriginal people is getting worse in terms of maternal child health. Now that we've dropped to sixth place, according to the OECD, I would like to know where in the supplementaries we can find that additional money has been put to what is now clearly a national embarrassment.

Ms. Glenda Yeates: I think all Canadians would view the health of babies and mothers to be a huge priority. There is funding for supporting maternal and child health, particularly in programs on first nations reserves, both in the supplementary estimates that are before us today and in the regular programming—

Hon. Carolyn Bennett: But you're coming from CIHI, Ms. Yeates. We don't even know the numbers. We don't have disaggregated data on this. When will we get it? And then when will we be able to target sufficient funds to improve their outcomes?

Ms. Glenda Yeates: Thank you.

I'll touch on the three points that were raised: the first being the question of data; the second being the question of the international ranking; and the third being what is in the Health Canada programming to address maternal and child health.

Focusing first on the question of data, I think there is an ongoing challenge, as you mentioned, to make sure that we have good and comparable data for subpopulations. We certainly have data at the provincial level. In some cases, regional health authorities across the country will have data at the regional health authority level. It is challenging to be able to track it, for example, in small populations.

There is an ongoing dialogue with the first nations organizations—certainly there was when I was at CIHI—to try to understand what is an acceptable way, from their point of view, to collect and analyze the data. I think that dialogue is important to do in conjunction with first nations communities and that is the process that's going on.

That said, I think we're all aware, from the data we do have and from the extrapolations, that there is a challenge. So none of us, I think, need to wait for better data to feel that we shouldn't be acting at this point....

• (0920)

Hon. Carolyn Bennett: I mean, seeing that Cuba just beat us in terms of infant mortality, it seems embarrassing that we are stuck. They are at 4.8% and they actually have 2009 data. I don't see that it looks like a priority in anything we're doing in terms of actually allowing us to get the data. As we said to David last week, the information-sharing agreements just aren't good enough anymore when our Canadian representatives can't even give us the data based on our most vulnerable populations.

On that, I know there are some good things happening on maternal and child health, particularly in CIHR. Maybe, Dr. Beaudet, you would like to tell us if you have received any money to be able to profile those good things that are happening in light of the Prime Minister's commitment to maternal and child health. Also, do you have money to be able to showcase what's happening in Canada?

On maternal and child health, where in CIHR is there the evidence on global health, on maternal and child health? Where are we creating the evidence as to what full reproductive services look like? And then, who decides in terms of the ethics of your organization, in terms of recommending...? Does CIHR have any ethical impression of what it is to not follow the evidence and to follow ideology instead?

Dr. Alain Beaudet (President, Canadian Institutes of Health Research): First, I perhaps would like to address the question of aboriginal health, because I agree with you that it's a very serious issue.

One of the reasons for that seriousness is that very often we don't exactly know how to tackle these issues. As you know, one of the five priorities of CIHR in our next strategic plan is to look at vulnerable populations, and specifically at aboriginal health issues. We are planning a major strategic initiative in that area to try to address some of the issues, which go from the social determinants of health to the organization of health care services. Really, they are critical issues for which we need answers.

I would like to reassure you that we are projecting to invest in that very important area, which is also a priority area for CIHR.

Hon. Carolyn Bennett: But how do you do research if you don't have the numbers?

The Vice-Chair (Ms. Joyce Murray): Excuse me, Dr. Bennett.

Mr. Beaudet can make some quick final points. Then your time is up.

Dr. Alain Beaudet: With regard to the question regarding maternal health, it also is an area that, as you know, we at CIHR are

looking at. Our institute of maternal health and child development is focused on that issue.

As you know, we look at each proposed project on its merit, on the basis of excellence, on the basis of relevance. In the end, it's certainly not on the basis of ideological issues that the project is funded. It is funded purely on the basis of relevance and scientific excellence.

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

Mr. Dufour.

[*Translation*]

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

I want to thank the witnesses for being here today.

Ms. Wilson, you have been in the spotlight in recent weeks. I am now no longer the only one with questions about how Assisted Human Reproduction Canada manages its funds.

I am going to ask you a question that I put to you on February 12, 2009 about the cost of an international forum on reproductive tourism hosted by Canada. My question is the following: Do we know how much that meeting cost?

[*English*]

Dr. Elinor Wilson (President, Assisted Human Reproduction Canada): Thank you very much, Madam Chair, for the question.

Yes, you do recall very well; at my last appearance we were discussing the cross-border reproductive care forum. I can report to you the outcomes of that forum.

Are you interested, sir, in some of the outcomes of the forum, or is it strictly the financial aspects?

• (0925)

[*Translation*]

Mr. Nicolas Dufour: I am talking about the financial aspects of the forum. You can appreciate that we do not have a lot of time.

[*English*]

Dr. Elinor Wilson: Certainly.

In terms of the financial aspects of the forum, the total cost, the direct cost, of the two-and-a-half-day forum, which involved 60 participants from 20 different countries, was \$132,602. That included 31 non-Canadian participants.

We also did have some costs leading up to the forum for event planning and various contracts. Most of the contracts that we let for the forum were used, and have been used continuously, for other work and follow-up work to the forum in assisted human reproduction in Canada. That was approximately \$100,000.

So our total direct and indirect costs were in the neighbourhood of \$240,000, sir.

[*Translation*]

Mr. Nicolas Dufour: Thank you very much, Ms. Wilson.

In February 2009, I asked you a question about contracts with outside consultants. You told us that contracts with outside consultants were common. I understand that. You said the contracts were in keeping with Treasury Board guidelines.

Three former members of your board of directors resigned and mentioned the large number of contracts you had with outside consultants. Could you tell us how many contracts you have with outside consultants, what the total value of those contracts is and why you awarded those contracts to outside consultants, despite all the funding we give you?

[English]

Dr. Elinor Wilson: Thank you, Madam Chair, for the question.

All our contracts are disclosed on proactive disclosure. Off the top of my head, I can't enunciate how many there were from the beginning of the agency to now. We can certainly provide that; they are on proactive disclosure.

Second, if you recall, this agency is barely three years old. When this agency was established, there was one employee. Obviously in a start-up phase as we are hiring permanent staff for the agency, there will be a time when we utilize contracts and contractors much more, because we do not have the permanent staff in place. I'm pleased to report that over the last three years the use of contracts has gone down and the number of indeterminate staff in the agency has increased, and that's the trend that we want to keep going as we finish our staffing process, commensurate with the regulations being in place.

[Translation]

Mr. Nicolas Dufour: You have undertaken internal audits into the contracts awarded in recent years.

[English]

Dr. Elinor Wilson: Yes, there certainly have been.

Our financial management is overseen...we work with Health Canada. Most small agencies in government do not have the large accounting and administration department that large departments would have. This is a matter of efficiency and being able to attract the correct expertise.

In terms of our financial management and audits, financial services are provided by Health Canada to the agency. They prepare financial statements. We share their financial resources; as well, they provide processing of our invoices and related financial transactions, which means that we prepare the invoices, and they then assure, through section 33, that everything is there and is appropriate.

In terms of the audit, we are audited through the Office of the Comptroller General. They have a process in place whereby they audit small departments and small agencies, and yes, we did have a horizontal audit in the fall of 2009. It was a horizontal internal audit of high-risk expenditure controls in small departments and agencies. What that—

• (0930)

[Translation]

Mr. Nicolas Dufour: Thank you very much, Ms. Wilson. That answers my question.

I am also quite interested in the expenditures. We discussed them about a year ago. In three years, there was a total of around \$77,000 spent on travel. Some checks showed that you travelled approximately six times in 2008, including at Easter and on Victoria Day, and five times in 2009, including on Labour Day. Could you tell us the reasons for those trips?

[English]

Dr. Elinor Wilson: Thank you very much for the question.

As the committee is aware, the head office for the agency is in Vancouver. In Vancouver we have our secretariat for the board, our policy capacity, and our planning, communications, and outreach function. The objective is to eventually move the majority of the staff to the Vancouver office, but in three years. We are in the transition; therefore, I do spend time at my Vancouver office to work with the staff there and do the business of the agency, sir.

[Translation]

Mr. Nicolas Dufour: Finally, Ms. Wilson, correct me if I am wrong, but we heard it was possible that the head office....

[English]

The Vice-Chair (Ms. Joyce Murray): Mr. Dufour, you'll have to make that quick.

[Translation]

Mr. Nicolas Dufour: ...could be moved back to Ottawa. Are you able to confirm whether that will happen or not?

[English]

Dr. Elinor Wilson: Madam Chair, thank you for the question.

I have no knowledge of any discussions about the office being moved back to Ottawa. It was situated in Vancouver by order in council before the agency was opened.

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

Ms. Leslie is next.

Ms. Megan Leslie (Halifax, NDP): Thank you, Madam Chair.

Ms. Wilson, I'm actually going to pick up on Mr. Dufour's questioning about the work in Vancouver. I'm hoping that you can table your schedules showing the time you spent in Vancouver, the time that's listed in the proactive disclosure. Could you table your schedule with this committee? I expect that would be pretty soon, since it's just a matter of printing off Outlook.

As Mr. Dufour said, we know that three members of the board have resigned, and the minister, in questioning about this, insists that these members resigned for personal reasons. But I do know that these three members are very committed to the issues, so their resignations raise some suspicions for me. Coupled with that is the fact that, in addition, the communications manager has left a paid position, the ED of licensing inspection and health reporting, the ED of planning and communications...and you've also lost a policy analyst.

If you contrast this with the budgets over the past couple of years, we had \$4.9 million in 2007-08 with seven full-time employees, and then \$5.3 million in 2008-09 with 16 full-time employees. I am left with a lot of questions because things don't seem to add up for me. So to help me understand what's going on, could you please table the minutes of your board meetings and agendas with the committee? I understand from an interview on CBC that Dr. Hamm was saying those are imminently going to be on the website, but it would be great if you could table those with our committee.

I'd also like to ask if there are draft versions of the minutes.

Dr. Elinor Wilson: Thank you for the question, Madam Chair.

Draft transitory documents are kept until they're approved by the board, and then we have a finalized set of minutes that is signed by the chair of the board and me after approval.

Ms. Megan Leslie: So are there still draft versions of the board minutes...?

Dr. Elinor Wilson: No, there are not.

Ms. Megan Leslie: There are not. Okay.

Could you also please table with this committee copies of the versions of the budgets that the board has approved, that have been brought to the board for approval?

Also, can you please table detailed budgets for 2007-08, 2008-09, and the current year?

Can I ask you if there are draft versions of those budgets?

Dr. Elinor Wilson: Thank you, Madam Chair, for the question.

Again, Madam Leslie, no, because we've worked through the budget process. We brought the budget to the board and they've approved it.

Ms. Megan Leslie: So no draft versions still exist. What happens to them? Are they just deleted or shredded or...?

Dr. Elinor Wilson: Thank you, Madam Chair.

They're considered transitory documents as you're working through the preparation of a budget. Then we take the final document to the board. If there are any changes required by the board, we make those and bring it back to the board.

• (0935)

Ms. Megan Leslie: Okay, thank you.

I also understand from the interview that there is currently an audit happening for 2009-10, yet we have spending of about \$5 million. It's also my understanding that AHRC is unable to fulfill its mandate right now because of the court challenge, so I'm left with a lot of

questions about how we're spending \$5 million while not fulfilling the mandate.

When looking at this audit for 2009-10, I really believe that we need to look at an audit of all the agency's operations for all years. Would you commit here to expanding that audit?

Dr. Elinor Wilson: Thank you for the question, Madam Chair.

First of all, I would like to say that the agency and the board have taken fiscal management of the agency very seriously from the beginning. That is exactly why we have spent less than 50% of our allocated budget in all of the years we have been in existence.

We do not merely have a mandate for licensing, which is part of the piece we're unable to fulfill. We have a mandate for many other activities in the agency, and those activities have to do with ensuring that the prohibitions in force are followed up and ensuring that section 8—consent to use—regulations are followed up and being utilized appropriately by the field.

As well, there is a major mandate in outreach to bring the community of practice along so they are ready and prepared. We also have a mandate for education of the public, for international liaisons, and for making sure that we are in tune with what is happening in this area across the world.

Ms. Megan Leslie: That's wonderful. I'm just wondering if you would commit to expanding the audit back to the beginning of the Assisted Human Reproduction Agency.

Dr. Elinor Wilson: Madam Chair, through you, that would be a question best addressed to the chair of the board.

Ms. Megan Leslie: I'll ask the chair of the board.

Dr. John Hamm (Chairman of the Board, Assisted Human Reproduction Canada): Thank you very much.

Bonjour, tout le monde.

This is my first opportunity to be present at a parliamentary committee meeting in Ottawa and I'm indeed pleased to be here.

In response to the honourable member, the board, as has already been stated, has asked for an audit of 2009-10 because there were certain discussions around the appropriateness of agency spending. The president of the agency has already indicated that it has been spending only approximately half of its allocation because currently it is unable to fulfill its entire mandate.

The current board is extremely confident that the agency is in fact a good custodian of public funds, but the public needs to be reassured, and that is why the agency board did ask for an audit of 2009-10: not because that current board has concerns, but it is extremely concerned that Canadians be reassured that their tax money is being appropriately spent.

Ms. Megan Leslie: Would the board be willing to ask for that audit to go back?

Dr. John Hamm: I will take that suggestion to the board.

Ms. Megan Leslie: Thank you, Dr. Hamm. It is nice to see you here.

How much time do I have?

The Vice-Chair (Ms. Joyce Murray): You have very little.

Ms. Megan Leslie: Thank you, Madam Chair.

I have a very quick question. I understand there is a contract with McMaster University for research. I've been to a lot of research unveilings and funding announcements and I find it unusual that there is a contract with a university. Who is the lead researcher on this contract?

Dr. Elinor Wilson: The contract with McMaster University is not for research in the sense of what CIHR does in research. It was for a project to look at altruistic sperm donation in Canada, and it was a project that has been led by the PATH Research Institute, which is affiliated with McMaster University. The PATH institute has created a mathematical modelling tool—

• (0940)

The Vice-Chair (Ms. Joyce Murray): Excuse me, Dr. Wilson. The time is well over for this question.

Dr. Carrie.

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

I want to thank the witnesses for being here to answer questions for us. It has been a very busy year. I wanted to take this opportunity to see if I could get an update on a bill that we did pass, a bill that was very important to me, and on which everyone around the committee did a great job. The health and safety of kids is really important to all of us, and to all Canadians, especially with regard to smoking.

Last year, we did the Cracking Down on Tobacco Marketing Aimed at Youth Act, formally Bill C-32, which received royal assent on October 8, 2009. I was wondering if we could take this opportunity for you to give the committee an update on the implementation of this act, which we all worked so hard to put forward. Could we get an update on that?

Ms. Glenda Yeates: Thank you very much for the question.

You mentioned both bills. I'll speak particularly to the tobacco bill that you mentioned and that we had worked very hard on.

We believe this bill is a very important bill in our continued emphasis to try to reduce smoking rates in Canada, and particularly to reduce the number of young people who start to smoke; we know, of course, that this is a very critical time in terms of prevention, and preventing a lifetime of smoking is quite helpful.

As of April 6, 2010, the amendments to the Tobacco Act require little cigars and blunt wraps to be sold in packages of at least 20 units. That is designed to make these packages less affordable and accessible to children and youth. We had known that they were beginning to be packaged in smaller and smaller packages, which

made them more accessible. They were not caught by the previous act, which focused on cigarette packaging. This actually took that same principle that has applied to cigarettes since 1994 and extended it to the little cigars and the blunt wraps. That came into effect as of April 6.

As of July 5 of this year, so just a few weeks hence, retailers will no longer be able to sell cigarettes, little cigars, or blunt wraps that contain additives or flavourings. I think the committee will recall from its deliberations that there were products that were beginning to be sold that had chocolate or bubble gum flavourings. These were clearly something that young people might have found more attractive. That will be prohibited as these sections of the act come into force on July 5.

Industry has had some time to adjust to the legislation and regulations. Those have been known. We've had some time within Health Canada, in terms of our inspectorate, for gearing up our monitoring and compliance activities to make sure that we're enforcing the April 6 changes that have come into effect and that we're geared up and ready to enforce the upcoming change in early July.

Mr. Colin Carrie: Excellent. Thank you very much.

We've had some really great meetings this year. One we had recently was on nanotechnology. I think it provides a great opportunity for Canada, but there were questions brought up and there is some uncertainty with these new technologies. I think it's something that the committee has shown interest in studying a little bit more, hopefully in the fall.

I was wondering, what has Health Canada done to address the uncertainty raised by these nanomaterials in products in the Canadian market? I know that's a big part of the future, and where a lot of research dollars are, a lot of new products are going to be made available. Canadians want to know: what is this nanotechnology, and what are we doing to maintain the health and safety of Canadians over this time?

Ms. Glenda Yeates: Thank you very much for the question.

Nanotechnology has been a subject of interest to scientists and to Canadians, I think, as we seek to understand the science better, to develop the science better, and to understand how that will impact on our regulatory programs, such as the ones we run in Health Canada.

In May 2007, the former Minister of Health commissioned the Council of Canadian Academies to conduct an assessment on the state of knowledge regarding nanomaterials, so again, it's that first step of pulling together the information. Then there was a report produced by the Council of Canadian Academies, entitled "Small is Different: A Science Perspective on the Regulatory Challenges of the Nanoscale". Again, it was trying to pull that together.

I think that was a starting point for some of the activities we're doing now. That report suggested that we look to build capacities in research, standard-setting, international collaboration, and risk assessment. Those are things we're now pursuing both domestically and internationally.

Most recently, we've produced a working definition of nanomaterials. We're one of the first regulatory communities in the world to take that step so that we can define what we're dealing with. We now have a consistent set of approaches we can apply using that definition across the department.

We're also strengthening our regulatory framework. We're undertaking a more comprehensive legislative and regulatory analysis to understand in this new world—the emerging world of nanotechnologies—whether there are changes we need to be making. We're doing that review. We're looking also at the question of policy guidelines and whether those need to be adjusted as a result of this.

We also recognize this is not an issue that is unique to Canada. We're very much contributing to international efforts to build the evidence base. We're working with our regulatory partners elsewhere and looking to understand the nanoproperties, the exposure, and the potential adverse health events. We're also participating in some international work on developing standardized nomenclature. Often it seems like it's not a very interesting part of the issue, but being able to standardize definitions and terms is quite important for measuring and potentially regulating these kinds of substances.

I think there is a comprehensive plan in place, but it is an area that is still developing, so we will continue to work both domestically and internationally as the science develops.

● (0945)

Mr. Colin Carrie: It's a really interesting sector. I hope we can work towards maintaining our leadership and maybe creating even more opportunities for Canadians for commercialization and opportunities in the future.

You mentioned in your opening statement that on the regulatory front, Health Canada is seeking—

The Vice-Chair (Ms. Joyce Murray): You have less than a half a minute, Dr. Carrie.

Mr. Colin Carrie: Thank you.

You mentioned that Health Canada is seeking additional investments in support of the Canadian Environmental Protection Act and the chemicals management plan. I think you mentioned \$22 million. I was wondering how that is going to work to help protect the health and safety of Canadians.

Ms. Glenda Yeates: Thank you for the question.

This is part of our ongoing work to take the many thousands of chemicals and prioritize them for review in a retroactive way by looking at the chemicals that were already in place when we began this chemicals management plan. Working together with Environment Canada, we've prioritized 200 chemicals. This money will help us continue the assessment of those chemicals.

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

Dr. Duncan, we're on five-minute rounds.

Ms. Kirsty Duncan (Etobicoke North, Lib.): Thank you, Madam Chair.

Thank you to the witnesses.

I'd like to pick up on some of Dr. Carrie's questions. I'm concerned about smoking by our youth. If we look at the “Canadian Tobacco Use Monitoring Survey” for youth, we can see that teenage smoking rates have been increasing. A major route of access to those products is contraband tobacco. I'm wondering what the department has done to enforce the Tobacco Act as it relates to the marketing, sale, and distribution of contraband tobacco to minors.

Ms. Glenda Yeates: Thank you very much for the question.

We certainly do always look with interest at the monitoring numbers in terms of what we are seeing in terms of youth rates. We're concerned, certainly, to see some of the increases we saw in the most recent numbers.

Now, we do note that survey was taken before the most recent changes came into place, so we will obviously be monitoring and are hopeful that the most recent changes actually will deal with the question of youth smoking overall.

With regard to contraband specifically, we do have an inspectorate. We also work closely with Public Safety Canada, the RCMP, and others as they work to tackle the criminal activity behind contraband. We look at that with them. On May 28, I understand, there was an announcement as part of some of these other departments, led by Public Safety, I believe, on a new initiative with an investment of \$20 million to combat contraband tobacco and to reduce the amount of tobacco consumed.

We have some portion of that funding. The bulk of it goes to the other partners in tackling the contraband issue, but we will continue to work through our inspectorate and others to try to deal with this issue.

● (0950)

Ms. Kirsty Duncan: Thank you.

I guess I'm concerned. We have all agreed and we all passed Bill C-32. The problem has now shifted to the illegal market.

Contraband tobacco undermines many initiatives. Illegal products have no warning labels, no emissions information, and no product controls, and they are sold directly to children. I'd like to know what more specific actions the department will be taking.

Ms. Glenda Yeates: We share the concern about contraband and, clearly, the concern about children and smoking rates. The issue of this illegal activity, which is the criminal activity that leads to contraband, is not an area of our expertise. It's not an area where our enforcement arm is qualified. Our employees are not police officers; they are inspectors who go into retail establishments and enforce the Tobacco Act provisions.

So with regard to the contraband and the illegal activity, we share the concern, but the lead on that issue has been taken by the RCMP, the Canada Border Services Agency, and the Canada Revenue Agency. These are all agencies that take the lead on the law enforcement side.

We are certainly there with data, with information to support them, but they are the lead on the contraband issue.

Ms. Kirsty Duncan: This is ultimately a health issue. You have mentioned that there was the commitment to a \$20-million advertising campaign.

Can you explain to this committee how you expect to solve a \$2.4-billion problem with a \$20-million advertising campaign?

Ms. Glenda Yeates: Thank you for the question.

Just to clarify, I spoke of an \$8-million advertising campaign targeted to children and families generally, and I spoke of \$20 million that is largely allocated to the RCMP, the Canada Border Services Agency, and the Canada Revenue Agency to deal with contraband. That is not, to my knowledge, an advertising campaign. That is part of their regular activities.

I just want to clarify that the \$8 million was for an overall children's campaign dealing with injury that will include transport and other issues, and the \$20 million is for activities amongst partners, the bulk of which are these law enforcement partners.

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

It's Mr. Brown's turn.

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

In the Commons last night, we had an interesting discussion on MS. One of the things that was interesting to hear about from the minister was in regard to a conference this summer that you mentioned and that has been organized with Alain Beaudet.

I just want to know what plans we may have for that conference and about any funds associated with that from the CIHR perspective in terms of how we're leading in the neurosciences.

Dr. Alain Beaudet: Thank you for the question.

As you know, it's very important to understand where research is needed, what the gaps are in our knowledge, and particularly what relates to the relationship between cerebrovascular events and MS, including cerebrospinal venous insufficiency, but not only linked exclusively to insufficiency. What are the links between it and blood flow? What are the links between cerebrovasculature and MS? It's clearly an area of importance.

As you know, recent studies suggest there may be hope for new therapeutic approaches. Our intent is to determine the truly important research questions. What's the state-of-the-art in that area right now? Do we know what ongoing clinical trials there are? What don't we know that we must address?

This conference will be held in August. It's being jointly organized by the MS Society and CIHR. We will be calling upon top researchers in the world from Canada and abroad—experts in the neuroscience field and in the cerebrovascular field—to meet in Ottawa to give us a good idea of the state-of-the-art in terms of research, questions, and gaps in analysis and to help us orient our future investment in research in these areas.

● (0955)

Mr. Patrick Brown: The Alzheimer Society last year presented a report called "Rising Tide: The Impact of Dementia in Canada",

saying that one of the greatest costs to health care in the decades to come will be neurological disorders.

What types of financial commitments are we seeing at CIHR toward an investment in neurological disorders, whether it be MS, autism, Parkinson's, or ALS? I know that around this table there's a great degree of interest in neurological disorders.

Dr. Alain Beaudet: As you know, it's an area of strength in Canada. Canada has some of the top researchers in the world in the field of neuroscience. We have international reputation in that area, and CIHR spends a significant amount of money on that. We're talking about ongoing yearly spending of over \$120 million, a commitment for 2010-11, and an ongoing commitment of roughly \$300 million, so it's very significant investment in top research.

In addition to that, CIHR has made Alzheimer's disease and related dementias one of its top priorities. We believe we have the leadership in Canada to lead an international strategy on Alzheimer's research. We've already signed MOUs with France, the U.K., and Germany. We're currently negotiating with the United States and China to lead a truly international effort in that area so as not to duplicate efforts and to leverage international funds to go further faster in our fight against Alzheimer's.

Mr. Patrick Brown: I have a question for the Public Health Agency and Dr. Butler-Jones.

This committee studied the listeriosis outbreak. The Government of Canada spent a fair amount of money to improve food safety following the report of the independent investigator into the 2008 outbreak. In light of this funding, could you outline some of the actions taken by the Public Health Agency of Canada to improve food safety?

Dr. David Butler-Jones: We have a number of things. Obviously, with our provincial and territorial partners, Agriculture and Agri-Food Canada, and CFIA, there's the FIORP, the food outbreak response protocol and the revisions to that.

We're also using Panorama. Some of the resources we've received will assist us in using Panorama, applying it in surveillance, and again working with other jurisdictions around that.

We have worked through each of the recommendations from the Weatherill report and we're making really significant progress, actually, on all of them.

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

The committee will suspend for two minutes while Minister Aglukkaq finds her way to the table.

• _____ (Pause) _____

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•(1000)

The Vice-Chair (Ms. Joyce Murray): Thank you for your attention. The meeting will reconvene.

I'd like to welcome Minister Aglukkaq.

Thank you very much for joining our committee.

I'd like to thank the minister for preparing and circulating remarks. In view of the fact that the officials have already done opening remarks on behalf of the department and the Public Health Agency, I would like to draw to the committee members' attention the minister's remarks, and I would like to go straight into the asking of questions to the minister.

We will start with shared time between Dr. Bennett and Dr. Duncan. There will be 15 minutes for the Liberal questions.

Hon. Carolyn Bennett: Minister Aglukkaq, seeing as this is highly unusual for you to appear after the officials and not at the beginning of a hearing on estimates, could you tell me what you were doing at 9 o'clock this morning that prevented you from coming to the committee at the appropriate time?

Hon. Leona Aglukkaq (Minister of Health): I was getting ready for appearing before this committee. Last night we were at the take note debate, and then this morning I was preparing for this meeting.

Hon. Carolyn Bennett: Well, I would like to say, on behalf of the committee, that is an unacceptable contempt for the parliamentary procedure of allowing us to hold government to account. This has totally disrupted the usual way that estimates are conducted where the minister comes first, and if he or she needs to go away somewhere, the officials stay behind. The fact that your appearance is coming at your convenience, literally after Parliament has already accepted the estimates, is equally disappointing.

I would like to start with where we have been on assisted human reproduction. The estimates have \$10 million there. What do you think the people of Canada are getting for that \$10 million?

Should the agency be disbanded? Are you going to do something about getting the regulations? How can you have an agency to enforce regulations that don't exist? How can you defend \$10 million to the people of Canada when your department has not yet been able to get the regulations there that this agency is supposed to be enforcing?

Hon. Leona Aglukkaq: Thank you, Madam Chair.

I'm here this morning to answer questions. I apologize that I wasn't here before my staff, but I think you also had an opportunity to ask my officials some questions that are important to Canadians. I will continue to sit here for the next hour to answer questions that you may have.

In my view, it's just as important for committee members to ask questions of my officials as well as of me. So I'll sit here and answer the questions and go through the process.

Thank you.

•(1005)

The Vice-Chair (Ms. Joyce Murray): Excuse me. Dr. Carrie has a point of order.

Mr. Colin Carrie: I had a point of order. I just want to remind the committee that I do believe the minister has some opening statements she'd like to make and I think we're interested in that.

Thank you.

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

The decision of the chair is that the members have the remarks and that this time will be used for questions.

Mrs. Cathy McLeod: I have a point of order.

The Vice-Chair (Ms. Joyce Murray): Ms. McLeod.

Mrs. Cathy McLeod: I'm not sure that it is a decision of the chair, as opposed to a decision of the committee, to allow the minister to do opening remarks.

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

I checked with the clerk and it is the decision of the chair.

The minister may continue.

Hon. Leona Aglukkaq: Going back to the question in terms of assisted human reproduction, I think there were some questions related to that. That was also raised this morning.

In terms of the work that Assisted Human Reproduction Canada is doing, as the member is well aware, we are dealing with a situation that is before the Supreme Court. The agency is not able to fully implement the full scope of the legislation that is in place before us until the court decision has been made, particularly around the development of the regulations to further proceed.

So in the meantime, the agency continues to do work within the scope of the legislation, and it will continue to do so until the decision is rendered. Once a decision is made through the courts on the challenge that came forward from Quebec, we'll be able to proceed further related to the regulations that are required for the full implementation of the legislation.

Hon. Carolyn Bennett: From what we've heard, Madam Minister, I don't think the agency is doing anything that couldn't be done within Health Canada. Do you have any idea of disbanding the agency until you have new legislation, maybe, with regulations that would actually serve the couples having trouble forming families in this country? Somehow we don't seem to be looking after the people whom this legislation and this agency were intended to protect and support.

Hon. Leona Aglukkaq: Thank you, Madam Chair.

We're not planning to disband the board. We'll continue the work as per the legislation that was adopted by the House, and we'll continue to move forward. Once the decision is made by the courts, we'll be able to develop the regulations, as I said earlier, to fully implement the legislation that has been in place. But disbanding the board and the agency is not on the table at this point in time, and I don't foresee that in the future.

Thank you.

Hon. Carolyn Bennett: Do you think the people of Canada are getting value for \$10 million a year?

Hon. Leona Aglukkaq: Presently the board has spent less than \$10 million a year. On average, they've been spending about \$5 million to \$6 million. As I stated before, the agency has not been able to fully implement the full scope of the legislation because the matter is before the courts, as the member well knows. There was a challenge made by individuals in Quebec and that matter is before the Supreme Court.

Once a decision is made, we'll be able to move forward in the development of the regulations, but at this point in time, the agency is there to establish itself and to move forward in areas where they can until the decision of the court has been made.

Thank you.

Hon. Carolyn Bennett: Madam Minister, the purpose of supplementary estimates is to change the amounts. Right here in the book before us, it's \$10,523,316. You have the ability to reduce that, Madam Minister, if you don't think the people of Canada are getting value for their money. Can you tell me why it still sits here in the book at over \$10 million?

Hon. Leona Aglukkaq: Thank you, Madam Chair.

Madam Chair, the reason why that sits there is that we cannot predict when the court will make a ruling in regard to the court challenge. We'll continue to move forward in the implementation of the legislation, but at this point in time it's speculative to predict when the Supreme Court will rule on the court challenge that is before it.

But in the meantime, the agency is there to address, within the scope of the legislation, what they can implement, and it will continue to do so and will prepare for the ruling that we're expecting from the Supreme Court. Until such time, the scope of the work is limited. They are challenged with having to delay the regulation piece on the work that is required by the agency, but until such time as the decision is made, we'll continue to move forward in implementing the scope of the legislation.

Thank you.

Hon. Carolyn Bennett: I understand that the Supreme Court challenge is only for a very narrow aspect of the regulations that we're expecting. Can you tell me, Madam Minister, why, six years after the law was passed, we have not yet at this committee seen the regulations that have absolutely nothing to do with the Supreme Court challenge?

• (1010)

Hon. Leona Aglukkaq: Thank you, Madam Chair.

Again, out of respect for the Supreme Court of Canada, we are waiting for the decision, for it to be ruled on, by the Supreme Court before we can go to developing the regulations. But until such time as the court has rendered its opinion on the section of the Assisted Human Reproduction Act that is before the court, as the member knows, we will continue to do the necessary work required.

Until such time as we have the decision of the Supreme Court... we cannot speculate on what the ruling will be. Assisted Human

Reproduction, while it's waiting for the decision, has done the publications and licensing—

Hon. Carolyn Bennett: I don't think you understood what I said. I said that the Supreme Court—

Hon. Leona Aglukkaq: I understood very clearly what you said. There is a court matter before—

Hon. Carolyn Bennett: The Supreme Court is only going to rule on a very small part of the act.

Hon. Leona Aglukkaq: Yes. I understand that.

Hon. Carolyn Bennett: Let's go on to isotopes. It has been very clear that the provinces and territories are struggling to deal with the increased costs of the Chalk River problem: the increased cost of isotopes, health human resources, overtime....

The last time you were here, Madam Minister, you said that you were in conversation with the provinces and territories about the increased costs and their request to have those reimbursed. I don't see anything in here in the estimates. Will you commit today to helping the provinces and territories deal with this ongoing crisis in terms of their escalating costs and in terms of trying to deal with what is a federally created problem?

Hon. Leona Aglukkaq: Thank you, Madam Chair.

As the member knows, a lot of work has gone into dealing with the shortage in the Tc-99 supply. Thanks to the tremendous efforts of the health care community, Canada continues to cope with the medical isotope shortage of Tc-99.

We've heard reports from the provinces and territories and the medical community that while they have found some periods to be difficult, mitigation measures we had adopted and put in place to respond to the lower supply have been assisting. We recognize that there is a challenge as a result of the ongoing situation, but Health Canada will continue to work with the provinces and territories.

To answer the member's question, no proposal has been received from PTs regarding funding.

Thank you.

Hon. Carolyn Bennett: On maternal and child health, as you and I have discussed, as we welcome the world to discuss maternal and child health, our domestic situation is getting worse. As we said before, we've dropped from sixth place to twenty-fourth 24th and it is a national embarrassment.

Madam Minister, how many dollars are going to be targeted for a birthing strategy and to create the programs addressing maternal and child health in the areas of federal jurisdiction?

Hon. Leona Aglukkaq: I'm going to start off on the question and pass it on to Dr. Butler-Jones.

This is a note for committee members. I was recently in Geneva for the World Health Organization conference, and I can say that the work that Canada is doing was well received in the international community. Dr. Chan commended Canada's efforts and leadership in addressing the whole issue of maternal and child health. This is something that I think we should all be proud of as Canadians, for taking the leadership to address the whole two areas around—

Hon. Carolyn Bennett: Twenty-fourth...?

Hon. Leona Aglukkaq: —millennium goals.

Hon. Carolyn Bennett: Madam Minister, last Monday—

Hon. Leona Aglukkaq: I'm going to now ask—

Hon. Carolyn Bennett: No, I don't want to hear Public Health answer.

Hon. Leona Aglukkaq: —Dr. Butler-Jones to talk about—

Hon. Carolyn Bennett: Thank you.

Hon. Leona Aglukkaq: —the statistics related to the report.

Hon. Carolyn Bennett: No, Minister, I don't want to hear that. What I want to hear from you, Madam Minister, is that last week in Washington at the Women Deliver conference, Susan Cohen from the Guttmacher Institute called Canada an evidence-free zone. They had just come out of that zone, under George Bush, and now we're sorry that Canada has preferred ideology over evidence.

Where within CIHR do you get the evidence—

• (1015)

Mr. Colin Carrie: On a point of order, Madam Chair, I just wanted to check—

Hon. Carolyn Bennett: —to make maternal and child health policy—

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

On a point of order, Dr. Carrie.

Mr. Colin Carrie: Yes. I was wondering, for the rules of opening up, are we just at seven minutes for opening? Are we including Madam Bennett's opening rant in her seven minutes?

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

According to the rules of this committee for an appearance of the minister, the Liberals have 15 minutes for this round.

Mr. Colin Carrie: Fifteen for the opening round? Thank you very much.

The Vice-Chair (Ms. Joyce Murray): Please continue, Dr. Bennett or...

Hon. Carolyn Bennett: That means I'm doing well.

The Vice-Chair (Ms. Joyce Murray): Dr. Bennett.

Hon. Carolyn Bennett: She was going to answer that previous question.

Hon. Leona Aglukkaq: I'm waiting for your question.

Hon. Carolyn Bennett: The question was, where within your department do you get the evidence in order to make decisions on maternal and child health policy in terms of full reproductive services?

Hon. Leona Aglukkaq: Thank you, Madam Chair.

Madam Chair, the information that we receive to respond to areas of priority come through research through the Public Health Agency of Canada, the Canadian Institutes of Health Research, and a number of other sources.

Having said that, there are a number of initiatives that we're undertaking in Canada to improve maternal health within Canada. I'll look to the legislation that we've passed related to tobacco and the

work that we're doing to reduce young women smoking while they're pregnant; nutrition; prenatal programs; aboriginal head start; and the "Nobody's Perfect" parenting program. There are a number of initiatives that we're continuing in partnership with the provinces and territories.

As the members should know, the provinces and territories deliver health care on a front line basis, but from within Health Canada there are a number of investments that we have made related to maternal health, and we will continue to do so based on the evidence produced through the Public Health Agency of Canada and the Canadian Institutes of Health Research.

Thank you.

Hon. Carolyn Bennett: Madam Minister, given the fact that Canada has now dropped to twenty-fourth and Cuba is now doing better than Canada, is the minister going to put any effort into redoubling our initiatives on maternal and child health, for our indigenous peoples in particular, including getting the data to prove where the work is needed?

What money, I ask you, Minister, are you going to allocate to decrease the maternal and newborn-infant mortality in Canada?

Hon. Leona Aglukkaq: In regard to the first nations and Inuit health, for maternal health in the supplementaries that we're dealing with today, there's \$285 million invested to address that.

Thank you, Madam Chair.

Hon. Carolyn Bennett: Do you have a birthing strategy, Madam Minister?

Hon. Leona Aglukkaq: Again, there are a number of initiatives are undertaken by provinces and territories. The member should know that provinces and territories deliver front line health care services and in each jurisdiction, in partnership with some of the initiatives we're doing, we're trying to address the whole issue around.... Tobacco-related illnesses are preventable, as the member knows, and we have a high smoking rate among our population that affects infant mortality. That deals with infant mortality.

We have initiatives related to birth weights, breastfeeding, maternal/child health programs, prenatal programs, and aboriginal head start. A number of programs across the department deal with improving the health outcomes of babies. We'll continue to work with the provinces and the territories.

In the budget you're dealing with today, there is \$285 million that includes maternal health for aboriginal and Inuit individuals.

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

Thank you, Madam Minister.

Hon. Leona Aglukkaq: Thank you.

The Vice-Chair (Ms. Joyce Murray): It's Mr. Malo's turn.

You have 10 minutes.

[*Translation*]

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

On April 2, 2009, Corinne Prince-St-Amand, the director general of the Foreign Credentials Referral Office at Citizenship and Immigration Canada, made it clear to this committee that, in Canada, the provinces and territories are responsible for assessing and recognizing foreign credentials. Yet, in the supplementary estimates referred to us, some \$24 million is being requested to support the development and implementation of a pan-Canadian framework on foreign credential recognition.

My question is very simple. How does the minister intend to make sure that the additional \$24 million is given directly to the provinces, which are responsible for recognizing professional credentials?

• (1020)

[English]

Hon. Leona Aglukkaq: Thank you, Madam Chair.

Just to clarify an earlier response, I want to get back to the report, to what was stated before—that we are behind Cuba. One of the interesting things in that report is that Cuba reports infant birth weights differently. If we reported the same way that Cuba did, we would be at number four within that report—

[Translation]

Mr. Luc Malo: I hope you are going to give me some more time, since the minister is answering one of my colleague's questions.

[English]

Hon. Leona Aglukkaq: Sure. I'd be happy to answer your question. As it relates to the \$24 million being requested to support the development and implementation of the pan-Canadian framework for foreign credentials recognition to better integrate the needs of provinces and territories within the labour force, the pan-Canadian framework will encompass the professions in the areas with a shortfall within Canada as needed. The areas targeted are the areas of lab technicians, therapists, pharmacists, and registered nurses. Six occupations are targeted for implementation by December 31, 2012, to the provinces and territories, of which four of our health professionals.... Our challenge is to come up with credentials recognition that would support the provinces and territories in their recruitment efforts across the country.

It is very challenging to recruit professionals from out of the country when each jurisdiction is challenged with looking at foreign credentials recognition, but it is a collective effort with provinces and territories to look at a pan-Canadian framework on how better to remove those barriers we face in recruiting non-Canadians.

[Translation]

Mr. Luc Malo: But do you acknowledge that Quebec and the provinces are responsible for recognizing foreign credentials? In Quebec, the college of physicians performs that function when it comes to medicine, not a pan-Canadian organization.

[English]

Hon. Leona Aglukkaq: Thank you, Madam Chair.

I think there are two things to consider here. We're looking at recruiting individuals who are not Canadians. In that effort, the federal role is to work with various agencies within the federal government for entry into Canada to work.

Yes, provinces and territories determine what the credentials are for the professions that they are recruiting for. The issue here is related to immigration into Canada and how we can better support jurisdictions in the challenges they face in recruiting various positions within the health care sector.

There clearly is a recognition that provinces and territories will determine the credentials of the workforce within their own jurisdictions. The support we're offering is to assist in any way we can to have people come to Canada to work and in how we can better support provinces in the challenges they face.

Thank you.

[Translation]

Mr. Luc Malo: Sometimes you have to respect provincial jurisdiction, sometimes not. That is somewhat the message I am hearing, based on what the minister said yesterday evening and what she is telling us this morning.

I want to come back to the announcement made on May 29 regarding the creation of an RCMP unit in Cornwall to fight tobacco smuggling. Once again, it was a very ad hoc announcement. It involved \$7 million over three years. But, as you know, tobacco smuggling is rampant. The numbers are going up at a staggering rate. Of course, it is a legal issue, involving organized crime, but it is also a critical issue when it comes to public health.

Can the minister tell us how that announcement fits into a much broader strategy? How much will this measure reduce tobacco smuggling percentage-wise? That is the key, we need to know how to stop tobacco smuggling.

• (1025)

[English]

Hon. Leona Aglukkaq: Thank you, Madam Chair.

As Minister of Health, I am concerned about the health impacts of cigarettes, either legal or contraband, and about all smokers. As the member is well aware, we introduced the legislation related to direct marketing by the tobacco industry to our young people in Canada.

Within Health Canada, we are making investments in smoking cessation initiatives across the country that will help reduce the demand for tobacco products in Canada, both legal and contraband. Contraband cigarettes pose the additional problems of being easily accessible by our young people and being more attractive to smokers because of the lower price. As well, they may lack the health warning labels and information that we provide through legislation.

From the Health Canada standpoint, we have made significant investments to introduce stronger legislation around tobacco that would reduce the marketing to our young children by the industry. As the member is well aware, in Canada we deal with 37,000 deaths a year related to cancer as a direct result of tobacco. Through this legislation, we are putting in a lot of resources to target young people against starting smoking in the first place.

But contraband is a challenge. I agree with you there.

[Translation]

Mr. Luc Malo: What are the government's contraband reduction targets, Madam Minister? Is it just lip service? Is the government saying "perhaps some day, under the right conditions, we can reduce contraband tobacco"? What are the targets, what is the percentage, and when will it happen?

[English]

Hon. Leona Aglukkaq: Thank you, Madam Chair.

We are working very closely with Public Safety. Public Safety is the lead ministry in regard to contraband, and the RCMP and others are tackling the criminal activity in the contraband. Again, as you stated in your comment, investment was made in May by our government to combat contraband tobacco. I think you've seen some news about the crackdown on contraband. We will continue to work in partnership with Public Safety on this issue.

Again, having said that, from Health Canada's standpoint and as health minister for this country, I'll say that we are tackling tobacco through legislation, through prevention initiatives across the country, and we are tackling it that way because of the health indicators we see across the country as a result of tobacco.

Thank you.

[Translation]

Mr. Luc Malo: Thank you.

Madam Chair, once again, I am disappointed that the minister did not firmly commit today to reimbursing the additional costs that the provinces had to incur because the federal government failed in its duty to ensure a steady and constant supply of medical isotopes for diagnosis and treatment purposes. Of course, we have heard the government say it was going to invest in developing new sources of supply, but even there, Madam Chair...

[English]

The Vice-Chair (Ms. Joyce Murray): Excuse me, Mr. Malo, but you're almost out of time. You have to wrap up your question if you want some time for answers.

[Translation]

Mr. Luc Malo: We have not seen any long-term plan to ensure a steady supply. Could the minister tell us how her announcements and those of her counterpart at Natural Resources Canada fit into a long-term plan for a steady and effective supply of medical isotopes?

[English]

The Vice-Chair (Ms. Joyce Murray): One half-minute, please, Madam Minister.

Hon. Leona Aglukkaq: Thank you, Madam Chair.

In regard to the situation with isotopes, we've been working very closely with the provinces and territories putting in mitigation measures. That said, we've also made significant investments in looking at alternatives to Tc-99 across the country. In the long term, we need to look at alternatives to Tc-99 to manage this global shortage of Tc-99. The problem is not going to go away overnight. That's why it is important for us to focus on alternatives to Tc-99 in partnership with the medical community across the country.

The mitigation measures we've been implementing have been working. We've been able to mitigate the supply disruption across the country. It's also important to note that we need to look at alternatives to Tc-99 in the delivery of health across the country.

Thank you.

• (1030)

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

It's Ms. Leslie's turn....

Yes, Mr. Carrie.

Mr. Colin Carrie: On a point of order, Madam Chair, I want to get something clarified.

Never in my years as a parliamentarian have I ever had a chair rule that any minister or any organization could not make an opening statement. I wanted the clerk to clarify for committee members, if possible, one of the routine motions that we had agreed to and passed.

I'll read the first line of the routine motion. I think it makes it very clear: "That the witnesses from any organization shall be allowed ten (10) minutes to make their opening statement."

Madam Chair, I think the minister has some opening statements that she'd like to make. As I said, I think this is totally unprecedented. I've never seen it before.

We did pass that motion, if you want to confirm it.

The Vice-Chair (Ms. Joyce Murray): According to the clerk, the interpretation I gave earlier stands, Dr. Carrie.

In the interest of having the most possible time for all committee members to ask questions, including your colleagues, I will ask for a vote on this issue.

I'd like to put this to the committee—namely, whether this committee is calling for the minister to be able to make these speaking notes in person at this committee meeting or whether we continue with the questions.

I see two yeses....

Is this committee in favour of interrupting the question period for the purposes of a read-out statement by the minister?

Anyone in favour of that, please raise your hand.

Four say yes to that proposition and five say no.

Thank you.

We will proceed with the questions.

Ms. Leslie.

Ms. Megan Leslie: Thank you, Madam Chair.

Welcome, Madam Minister.

My first question concerns the federal initiative on HIV/AIDS. In 2004 the government promised to sustain funding at \$84.4 million annually over five years. That would have wrapped up last year; we're a year beyond that.

My understanding is that we're at the \$72-million to \$73-million mark. Now, in 2010, when does the minister expect this promise to be fulfilled? Are there plans to actually meet that promise of \$84.4 million?

Hon. Leona Aglukkaq: Thank you, Madam Chair.

In the 2010-11 budget the Government of Canada has budgeted over \$72 million to federal initiatives to address HIV/AIDS in Canada. The Public Health Agency of Canada is also reviewing elements of the federal initiatives to ensure that the HIV/AIDS activities are delivered, and is currently undertaking a study on those funding programs.

Ms. Megan Leslie: Is there an intention to keep the promise of \$84.4 million? I know that we're at \$72 million or \$73 million right now.

Hon. Leona Aglukkaq: The investments related to that are substantially more than the \$84 million you're making reference to, through the CHVI initiative as well.

Ms. Megan Leslie: Through the CHVI. Okay. Thank you.

I have some questions with respect to the therapeutic products directorate in the health products and food branch.

My first question is pretty straightforward. How much is this program's budget allocation?

Hon. Leona Aglukkaq: Madam Chair, that particular budget line item is not part of the supplementaries. My officials tell me that it's in the \$40 million range, approximately, and I can get that information to the member. It's not within the supplementaries we're dealing with today.

Thank you.

• (1035)

Ms. Megan Leslie: Thank you. I would really appreciate that afterwards, and with regard to it, if you are able to table this as well. I understand that in past years the percentage provided from industry fees was over 50%, and that sort of raises a lot of questions about conflict of interest when companies are paying for the approval of their products and in regard to their expectations of the speediness of the approval process.

So when you do table the budget allocation, could you also tell us what percentage of the budget is currently from industry fees?

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

Thank you.

Ms. Megan Leslie: Thanks very much.

Are you able to tell us the total amount of the legal liability against Health Canada for regulatory negligence in food and drug safety?

Hon. Leona Aglukkaq: Again, that's not within the supplementary estimates. I don't have that information before me. If we're going to discuss other things outside of the estimates, then we'll have to

come back to the member's questions at a later date, because it's not before me at this point in time.

Thank you.

Ms. Megan Leslie: If I promise that this is my last question on therapeutic products, would you be able to table that?

Hon. Leona Aglukkaq: I'll get the information to you—

Ms. Megan Leslie: Thank you.

Hon. Leona Aglukkaq: —but again, it's not part of the supplementaries that we're dealing with, Madam Chair. Just as a point of clarification, we are dealing with the supp bills here today.

Thank you.

Ms. Megan Leslie: Thanks very much.

To go back to HIV/AIDS, in 2006, the Government of Canada announced that it would be collaborating with the Gates Foundation to accelerate the development of HIV vaccines. In 2010, in February of this year, it was announced that none of the applications for a pilot scale manufacturing facility were successful and that current research needs didn't require that kind of a facility, so it wasn't needed at the time.

But the announcement didn't say what would happen with the money that had been earmarked for manufacturing the facility. I think it was about \$88 million. We've heard from a lot of civil society groups that have called on the government to strengthen our response to HIV by taking these leftover funds that were earmarked and investing them in other HIV/AIDS strategies.

I'm wondering if the government's intention is to use those previously earmarked funds for research on HIV/AIDS and prevention techniques and initiatives.

Hon. Leona Aglukkaq: Thank you, Madam Chair.

We're in the process now, in partnership with the Gates Foundation, of identifying how we will spend that funding originally earmarked for the CHVI initiative. Again, that's in partnership with the Gates Foundation, and we'll be making those announcements sometime, perhaps over the summer or in the fall.

Thank you.

Ms. Megan Leslie: So currently the intention is to keep it for HIV/AIDS work?

Hon. Leona Aglukkaq: Yes, absolutely.

Ms. Megan Leslie: Thank you.

I was hoping that the minister could tell us what Health Canada or its various agencies are doing to deal with the sale of eggs and sperm in Canada. We know that their sale is illegal, so I'm wondering what Health Canada is doing to combat it.

Hon. Leona Aglukkaq: Madam Chair, I'm going to refer that to Dr. Hamm, the chairperson of the agency.

Thank you.

Dr. John Hamm: Thank you very much, honourable member, for the question.

The sale of eggs and sperm—reproductive material—in Canada is one of the issues that is addressed in our legislation and our regulations that are to come down on this particular subject. Having said that, even in the absence of regulations, the agency has set up a mechanism whereby it takes complaints, assesses the facts, and then takes the appropriate action. If, in fact, it receives information that this has occurred, then it follows that procedure, and if it is indicated, refers the case to the RCMP.

• (1040)

Ms. Megan Leslie: Are you able to tell the committee if that has happened?

Dr. John Hamm: It has.

Ms. Megan Leslie: Thank you.

My next question, regarding CIHR, may actually be for Mr. Beaudet. I have in front of me the 2010-11 main estimates, as well as those of 2009-10. The way it's written out, the money is categorized by different topics, such as health knowledge, health and services advances, and health researchers, in one budget year, but then in another budget year, the categories shift to strategic priority research, commercialization in health research, and national and international partnerships.

I'm wondering what that shift of priorities is. What's responsible for changing how the money is structured and given out?

Dr. Alain Beaudet: It's more a shift in the organization of the presentation than a shift in priorities.

Ms. Megan Leslie: So what's happening has actually not changed?

Dr. Alain Beaudet: No.

Ms. Megan Leslie: Okay.

Can you help me understand commercialization of health research? What is that called now? Which category would that fit into?

Dr. Alain Beaudet: We don't have that information here. I'd certainly be happy to forward you the information. It's really a re-shifting of the structuring of the presentation and where it falls.... I can make sure you get it. I just don't have it with me.

Ms. Megan Leslie: Sure. Thanks very much.

I would like to go back to the health minister.

How much time do I have, Madam Chair?

The Vice-Chair (Ms. Joyce Murray): Half a minute in all—question and answer.

Ms. Megan Leslie: Okay.

Minister, we had some questions earlier in which the chair of the board for Assisted Human Reproduction Canada said he would take it under advisement to take back to the committee opening up an audit of Assisted Human Reproduction Canada. Would you be willing to do an audit back further than 2009-10 of Assisted Human Reproduction Canada?

Hon. Leona Aglukkaq: The chairperson, Dr. Hamm, has, through the board, committed to doing an audit of the organization. I support that. Based on that, I would wait to see what report comes

back before I commit to anything beyond that. But at this point in time, the agency has committed to doing the audit for the organization, and I support it.

Thank you.

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

It's Ms. McLeod's turn.

You have 10 minutes.

Mrs. Cathy McLeod: Thank you, Madam Chair.

To start, for the record, I do have to say that since this committee came into being in this session of Parliament, I have never seen any time where we have denied a witness an opportunity to make an opening statement.

A voice: [*Inaudible—Editor*]

Mrs. Cathy McLeod: We are in a different session. We have 9 to 10 and we have 10 to 11. They are separate sessions.

To deny a witness, and in particular the minister, I think is absolutely disrespectful of this committee and unprecedented. I just needed to say that for the record.

Anyway, to start—

The Vice-Chair (Ms. Joyce Murray): A point of order, Monsieur Malo.

[*Translation*]

Mr. Luc Malo: With all due respect to Ms. McLeod, I must say it is not true that we have always given ten minutes to our witnesses for their opening statement, as Mr. Carrié said. On numerous occasions, the committee chair has told witnesses to shorten their presentation and to do so in the time they have been given.

If we want to talk about respecting witnesses, it would be really important to allow witnesses appearing before this committee in the future to make their statement in a period of time that recognizes the fact that they are here in a committee setting.

[*English*]

Hon. Carolyn Bennett: The minister forfeited it. She said her officials could do opening remarks.

The Vice-Chair (Ms. Joyce Murray): Ms. McLeod, you may continue with your line of questioning.

Mrs. Cathy McLeod: Thank you.

The other thing before I get into some specific questions is that I want to indicate my appreciation for what I think was a very good take note debate. I noted the interest of the Prime Minister. I noted your significant interest last night and certainly a very strong presence from our side of the bench in terms of listening and hearing, in terms of making sure about where we might go next.

In terms of getting into direct questions, I note that in the opening remarks you talked about the Canada Consumer Product Safety Act. It was introduced as Bill C-36 last week. Of course, this committee has a special connection to that prior bill that was introduced, so could you tell us how this will be different from Bill C-6?

• (1045)

Hon. Leona Aglukkaq: Thank you, Madam Chair.

To the committee members who participated in last night's debate, I want to say thank you for the very important initiative that's now being undertaken in partnership with a number of agencies across the country as it relates to MS.

Going back to the question on Bill C-36, we have reintroduced that legislation, as we stated in the throne speech. In Bill C-36 there were four amendments made to further clarify the legislation and to address some of the questions that had been raised through stakeholders and the Senate. Basically, changing from Bill C-6 to Bill C-36 does not change the intent of the bill.

There are four areas where there were minor amendments made to further clarify a couple of points. The first is the further clarification of what we mean by personal property. That was a concern that had been raised by a number of stakeholders. The definition could be interpreted quite broadly, so we narrowed that. The legislation does not apply to individual personal property.

Another area in the legislation is that it was felt that the inspectors had too much power to initiate recalls. We made changes to that. The minister would be authorized to do recalls for any unsafe products that might be in the market.

Another area of change was related to trespassing and liability issues. Again, that was further clarified.

One more point was related to the timeframe in terms of investigating unsafe products. There was concern there would be prolonged delays that would not be useful to the retailers and manufacturers. So within that legislation, we've now included a timeline when we're doing an investigation to get back to the industry or the retailers within 30 days. Again, that's to further clarify and address the concerns that had been raised by stakeholders in December.

Thank you.

Mrs. Cathy McLeod: Thank you, Minister.

We certainly appreciate your commitment to health promotion and illness prevention. As you're aware, healthy eating is an important part of that.

Can you elaborate on your recent announcement with Minister Strahl regarding Nutrition North?

Hon. Leona Aglukkaq: Thank you, Madam Chair.

We recently made an announcement in the north as it relates to what was known as the food mail program. The nutrition north program is offered in remote locations across the country to subsidize the cost of shipping. Over the last three or four years, Indian and Northern Affairs has taken the leadership in doing a thorough review of how we can improve a program that has been in existence since the 1960s—it's a program from the 1960s—to better reflect the environment we are in now.

The announcement is very important to many individuals who live in remote locations where the choice of nutritional food is limited.

The program focuses on shipping subsidies for healthy foods to remote communities.

I come from a community where, for Thanksgiving last October, a turkey sold for \$200 in Arctic Bay. In my hometown of Gjoa Haven, you go to the store and you're buying a watermelon for \$60. I mean, it's not helping when we're dealing with the whole issue of nutritional foods, prevention, and healthy living.

The announcement was very important to modernize the program, to give availability to more consumers within the territory, and to allow a choice of retailers and individual places from which to order healthy foods. There will be more subsidy in healthy foods such as fruits and vegetables and less subsidy in areas like flour and whatnot, maybe.

But this was overdue. It affects every single person, particularly in northern communities, when it comes to affordable and nutritional food. We take for granted the choices we have down south. In the north, as you know, it's very difficult to ship products that are healthy.

The announcement Minister Strahl made was long overdue, to modernize the program and to allow consumers in remote locations the choice of purchasing healthy food, which we take for granted down south.

Thank you.

• (1050)

Mrs. Cathy McLeod: That's interesting. It's great news. This committee did our trip to the north prior to this announcement, and I think we heard very clearly that the old program wasn't working, that it was outdated. I think there was even an article in the local paper regarding the program at that particular time. It's great news to hear that we're moving forward in a more appropriate way.

If I have time for another question, I'd be interested in focusing on aboriginal people and some of their health challenges, and in particular, the aboriginal health transition fund. Can you tell me a little more about that particular program and how it might help improve aboriginal health outcomes?

Hon. Leona Aglukkaq: Thank you, Madam Chair.

As you know, there's renewal in the supplementaries for aboriginal health programs. We know that aboriginal people in Canada face a number of significant health challenges. The budget in 2010 renews funding that is important to aboriginal health programs in areas of diabetes, suicide prevention, maternal and child health, health human resources, and the aboriginal health transition fund. The programs were set to expire, and I'm proud to say that our government has provided an additional \$285 million over two years to renew these important initiatives across the country.

The renewed funding provided in 2010 will continue to address the high rates of chronic disease among aboriginal people. As an example, in an area such as diabetes it will allow us to continue to provide prevention programming for over 600 first nations and Inuit communities across the country, and also in areas on which questions were raised earlier, on maternal and child health services, healthy pregnancy initiatives, and suicide prevention programs. These are all important areas that we hear time and time again are important to aboriginal first nations people across the country. I'm very pleased that our government was able to continue supporting those important initiatives.

Thank you.

Mrs. Cathy McLeod: Are there any matters from your opening comments that you particularly would like the opportunity to highlight, if you didn't have the opportunity to actually present them to the committee?

Hon. Leona Aglukkaq: One of the areas I wanted to highlight is to thank the health committee for its work and the research it has been doing in a number of areas. I'm looking forward to reviewing the recommendations coming from this committee around health human resources, as an example. That is important work that I need to look at in terms of the advice coming from the health committee.

The other area is related to the sodium reduction initiative. This summer, the working group will be releasing its report, and I want to thank the committee for the work and research you did around sodium, as an example.

I particularly want to thank the committee members for the important work they did last night in the debate around MS. This is a very important initiative that we've undertaken with CIHR and in partnership with the MS Society.

At the same time, every jurisdiction is looking to Health Canada for the research they need to deliver their health care. I'm proud to say that CIHR is taking leadership in mobilizing the research community within Canada that would specifically target research in this particular area, in partnership with the MS Society. We've been moving very quickly on that, and I want to thank the committee members for their contributions last evening.

At the same time, I will state that every jurisdiction across Canada that delivers health care is looking for this research. Through the leadership of Dr. Beaudet, we'll be able to mobilize the research team not just within Canada but within the international community.

I wanted to share that information with you, because I think everyone recognizes the importance of the work in this area, as we discussed last night.

Thank you.

•(1055)

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

There is one more time slot.

Dr. Duncan, please proceed.

Ms. Kirsty Duncan: Thank you, Madam Chair.

Thank you, Minister, for coming.

I'm looking at your notes. I see that \$16 million has gone to CIHR. That's good news. The statement then goes on to say, "Good news for those who want to further research in the experimental treatment for MS...". I'm wondering how much of that \$16 million is specifically devoted to CCSVI, please.

Hon. Leona Aglukkaq: To start off, I'm going to just give a summary.

There has been \$120 million invested—

Ms. Kirsty Duncan: No, Madam Minister—

Hon. Leona Aglukkaq: —related to neurological research, and—

The Vice-Chair (Ms. Joyce Murray): Excuse me. The questioner has directed a question here—

Hon. Leona Aglukkaq: I heard her question—

Ms. Kirsty Duncan: We heard this last night.

Hon. Leona Aglukkaq: —but it's important to also identify the investments made on a broader scale of research related to MS.

In regard to MS—

The Vice-Chair (Ms. Joyce Murray): Madam Minister, in this committee, could you please address the question of the committee member? Thank you.

Hon. Leona Aglukkaq: I'm addressing her question. Within the budget of \$120 million—

An hon. member: We already heard that.

Mr. Colin Carrie: Madam Chair, on a point of order, the minister is attempting to answer the question in the big scheme of things, and she should be allowed to answer the question as she wants, to put it into perspective. And that is an important part—the \$120 million is an important part of it.

The Vice-Chair (Ms. Joyce Murray): Excuse me, Dr. Carrie, this is not a point of order.

And this committee is for the members to ask the questions. If they don't believe their question is being answered, it is for them to make that clear and to request that their specific question be answered.

Thank you.

Please continue, Dr. Duncan.

Ms. Kirsty Duncan: Thank you, Madam Chair.

I will ask again. This was discussed last night. I do not need the broader context.

I would like to know specifically how much of the \$16 million is being devoted to CCSVI, please—the number.

Hon. Leona Aglukkaq: Dr. Beaudet.

Dr. Alain Beaudet: I cannot give a precise answer to that question because it hasn't been approved by Treasury Board yet. What I can tell you is that a portion of that \$16 million will be invested in clinical trials and that we welcome applications to CIHR for clinical trials on MS. The deadline for registration is August 16.

Ms. Kirsty Duncan: Thank you.

When will the request for proposals go out and what will be the size of the grants that are available for clinical trials? And will there be a treatment arm?

Hon. Leona Aglukkaq: CIHR has invested \$45 million in MS research to date. As Dr. Beaudet said, the application process, as far as I understand, is open now. The deadline for the peer review is August.

Dr. Alain Beaudet: So the competition is open, the deadline for registration for a new clinical trial would be August 16, and the final proposal in the beginning of September.

Ms. Kirsty Duncan: What is the specific request that's going out to the research community?

Dr. Alain Beaudet: It's for open clinical trials, and any proposal for a clinical trial related to MS will be evaluated on the base—

A voice: MS?

Ms. Kirsty Duncan: Is it specific to CCSVI or more broadly to MS?

Dr. Alain Beaudet: It is totally broad.

Ms. Kirsty Duncan: I think there's concern among patients across the country that right now there is no treatment arm being funded in Canada. Of the \$2.4 million, only \$700,000....

I would like to also ask, who will be reviewing this? It's important, if we are going to look at CCSVI and the liberation treatment, that this include vascular researchers and not just neurologists. So who's on the review panel? I guess that's what I'm asking.

Dr. Alain Beaudet: I think we're looking at a two-phased approach here. Right now, as I said, we want to put part of the money—and it hasn't been approved yet, so I can't give you a specific number—out of the new \$16 million in additional funds that we receive into clinical trials, and we are hopeful that we will receive applications for clinical trials looking at chronic cerebrospinal venous insufficiency, and a clinical trial for that. That's the first element.

The other element is to look more broadly into what are the gaps in our knowledge, particularly in terms of relationship within cerebrospinal venous drainage, but also, more broadly, cerebral-vascular problems and MS, and what are the research gaps and how, in a second phase, we can fund specifically research in those areas in which we find true gaps.

Our role is—

•(1100)

Ms. Kirsty Duncan: Dr. Beaudet, I'm going to interrupt for a second. The government—

The Vice-Chair (Ms. Joyce Murray): Excuse me, Dr. Duncan. Your time is up.

I do want to thank all of the witnesses and the minister for appearing. I appreciate you taking the time to do this.

I would like to remind the committee that the Subcommittee on Neurological Disease is meeting at 11:30 at 131 Queen Street.

The meeting is now adjourned. Thank you.

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