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Chair

Mrs. Joy Smith

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• (1535)

[English]

The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)): Good afternoon, everybody. It's so wonderful to be back again. I want to especially thank Mr. Uppal for being so kind and doing such a great job of chairing this meeting while I was at other duties. Thank you.

I want to especially welcome Minister Aglukkaq. It's very nice to see you here today.

I know we've had an interesting week this week in Parliament, and I would ask that everybody do two things. The first thing is to be very polite and respectful, which I know you can be, Monsieur Malo. This is very possible? Yes. He's always got such a good sense of humour, so I can pick on him. The second thing is I would like you to please stick to the estimates, because that's what we're here for.

What we're going to do, first of all, is ask the minister to make her presentation.

It is indeed a pleasure, Minister, to have you here. Thank you.

Hon. Leona Aglukkaq (Minister of Health): Thank you, and good afternoon, everyone.

And welcome back, Madam Chair.

I appreciate the opportunity to meet with the committee to discuss the 2011 main estimates.

Joining me today are Glenda Yeates, deputy minister for Health Canada; Dr. David Butler-Jones, chief public health officer for the Public Health Agency of Canada; Dr. Beaudet, president of the Canadian Institutes of Health Research; Daniele Dionne, vice-president of the Hazardous Materials Information Review Commission—boy, that's a long title—Mary Lindberg, chairperson of the Patented Medicine Prices Review Board; and joining us via teleconference is Dr. Elinor Wilson, president of Assisted Human Reproduction Canada.

We welcome the opportunity to talk about the broad goals of the health portfolio and the specific steps we are taking to keep Canadians healthy and safe. As the committee knows, the system depends upon the collaboration among many partners, including the provinces and the territories who deliver health care.

In the main estimates for the year ahead, our government will provide \$3.34 billion to help maintain and improve health. Of course, the main estimates do not include the important health initiatives of Budget 2011 that are paving the road forward for better health for all Canadians. Those initiatives include an allocation of

\$100 million to help establish the Canada Brain Research Fund to support Canadian neuroscience. Research will lead to better methods of diagnosis and treatment of brain disorders.

Budget 2011 also provides for an investment of \$4 million over three years to support the construction of a cyclotron for the production of medical isotopes.

There is also \$15 million per year in additional funding to the Canadian Institutes of Health Research and \$200 million in renewed funding over two years for the chemicals management plan.

We look forward to continuing our work to improve access to quality health services through the provinces and the territories for the delivery of health care. We have also introduced and passed the Canada Consumer Product Safety Act, which will improve the safety of consumer products, and we are working to implement that now.

Our Conservative government takes the health and safety of Canadians very seriously. We strive to keep Canadians healthy and safe and to make sure that our health systems are sustainable. We support Canadians through education, through legislation and targeted programs—mostly in partnership with the provinces and the territories who deliver health care—national organizations, and first nations and Inuit communities.

We also protect Canadians by ensuring the safety and quality of the food we buy, the toys our children play with, or the medicines we take.

We not only want Canadians to kick the deadly habit of smoking, but are working hard to prevent young Canadians from starting to smoke in the first place.

We want to protect our families and communities against a loss of human potential that comes with illegal drugs.

Our government is updating our safety regulations and legislation in order to protect children against allergens and potentially harmful chemicals. Canada is a world leader in protecting its citizens from industrial chemicals. We are transforming the way we provide Canadians with the information they need to make healthy choices.

Madam Chair, in our efforts to keep Canadians healthy, we are looking for a better balance between prevention and treatment. Prevention begins with credible, useful, and relevant information. Health Canada communication tools are employed strategically to help Canadians make informed health, nutritional, and safety choices for themselves and their families.

We have also taken important steps towards prevention in some of the most important health issues that Canadians face today. We continue to work closely with the provinces and the territories.

Last year, my provincial and territorial colleagues and I endorsed a declaration that sets a foundation for working with stakeholders within and outside health systems to improve public health. We will focus our efforts where they are most needed; for example, the funding that will help establish the Canada Brain Research Fund, increasing Canadian research capacity. This will benefit the health and quality of life of Canadians who suffer from neurological disorders.

• (1540)

With regard to first nations and Inuit communities, our objective is to reduce the gaps in health outcomes among first nations and Inuit and the Canadian population in general.

My department has introduced initiatives recently that will have a lasting impact in those communities. This work was supported by \$730 million over five years as part of Budget 2010 for key programs such as the aboriginal diabetes initiative, maternal child health, and others.

I have been working for a number of years now on ways to provide healthier food choices to northern communities in a more efficient way. The result is our government's nutrition north program. This program will bring healthy fresh and frozen foods to isolated northern communities. We want to ensure that we are helping communities better their knowledge of healthy eating and allow them to develop skills for selecting and preparing healthy store-bought and traditional country foods.

Year in and year out my department provides a wide variety of health services to more than 600 isolated first nations communities, and this includes support from more than 900 nurses who live and work in these communities, programs that promote healthy living, disease prevention, as well as drug, dental, and other health benefits to more than 830,000 people.

An area where our government's actions will have enormous benefits down the road is in childhood obesity. As the committee is aware, we need to find ways to prevent childhood obesity. The number of overweight children is growing, and today one in four children is carrying excess weight.

Three weeks ago I made an announcement to begin a national dialogue on ways to help children maintain healthy weights. We will conduct face-to-face meetings with individuals and organizations as well as through interactive websites. Our website is called Our Health Our Future, and it invites Canadians to share their ideas on ways to improve our overall healthy weight. We will incorporate these thoughts into a national summit on obesity that will be hosted later this year.

The Public Health Agency of Canada and other partners are also addressing child and youth obesity by looking at maximizing availability of nutritious foods. As a mother of a young boy, I know all too well how marketing to children of foods and beverages high in sugar, fat, and sodium needs to be reduced. I believe we should encourage kids to be more active year-round, both indoors and outdoors. Chronic diseases have such a devastating impact on

Canadians and their families. Cancer, for example, claims the lives of 75,000 Canadians every year. We can prevent one-third of all cases of breast cancer, colorectal cancer, and esophageal cancer through a healthy diet, regular exercise, and maintaining a healthy weight. We can prevent another one-third of cancers by avoiding smoking and exposure to second-hand tobacco smoke.

With this in mind, I was pleased to accompany our Prime Minister a few weeks ago to announce our investment of \$250 million over five years, which will go towards a Canadian strategy for cancer control implemented by the partnership. This is an important step in keeping Canadians healthy. This partnership has brought a coalition to the fight against cancer and has helped provide more effective cancer prevention and control. It has also taken the lead in a study that will track over 300,000 Canadians over their lifetime so that we can learn about how genetics, the environment, and an individual's lifestyle contribute to cancer. We need to continue with both cancer prevention and treatment. Last year the Canadian Institutes of Health Research provided \$159 million in funding for cancer research.

Madam Chair, there are other chronic diseases that we have also prioritized. Our government has invested \$8 million annually to the Canadian diabetes strategy and \$55 million annually in the aboriginal diabetes initiative. This initiative provides more than 600 first nations and Inuit communities with access to diabetes prevention and health promotion activities.

We have also invested more than \$500 million since 2005 in research into heart disease through the Canadian Institutes of Health Research. This funding supports a wide range of research projects aimed at the prevention, diagnosis, and treatment of heart disease. CIHR also works with partners across Canada, including the Heart and Stroke Foundation, to identify research priorities and support research funding and training programs.

• (1545)

I have spent a substantial amount of time on neurological health this year. Research is crucial for the understanding and advancement in the treatment of neurological diseases. That is why we have embarked on a four-year, \$15 million national population health study on neurological conditions, which will provide a better picture of the state of neurological diseases in Canada.

An integral part of keeping Canadians healthy is keeping them safe. The issue of safety was raised in a dramatic way in recent weeks because of events in Japan. That country has suffered incalculable losses and immeasurable pain and suffering. Our hearts go out to the people of Japan. The damage done to the nuclear reactor during the earthquake and the tsunami have caused concerns about the potential for radiation travelling across the Pacific. While we are monitoring radiation levels through 100 stations across the country, we are confident there will be no health risks to Canadians. Nonetheless, we will continue working with other federal departments and with international partners to monitor the radiation coming from Japan.

We have been working hard to ensure the safety and security of Canadians by strengthening and updating our legislative and regulatory tools, and Canadians also need proper information to make smart decisions. Madam Chair, I was very proud when our Canada Consumer Product Safety Act was passed last December. This was much needed legislation and the first update to our consumer protection legislation in more than 40 years. Now we have the authority to order the mandatory recalls of dangerous products and force businesses to take dangerous products off the shelves. The result, I hope, will be increased confidence among consumers with respect to the goods they purchase for their families in the marketplace.

Madam Chair, part of our role in keeping Canadians safe is to provide the kind of information that helps Canadians make smart choices, such as the decision not to smoke. New health warnings will cover three-quarters of the front and back of cigarette and small cigar packages. This important work will build on our government's success in passing the Cracking Down on Tobacco Marketing Aimed at Youth Act, which became law in 2009. This act protects young people from tobacco marketing practices and encourages them not to start smoking in the first place.

Choices such as the decision not to indulge in illegal drugs.... Our successful drugsnot4me campaign is an integral part of the national anti-drug strategy.

Choices made, Madam Chair, to buy products that promote health and safety.... In partnership with Food and Consumer Products of Canada, we have launched a campaign to help consumers make sense of nutrition information labels on prepackaged food. This campaign helps consumers to better understand and use the nutrition fact table, in particular the percentage daily value.

Keeping our children safe is also important. The children's health and safety campaign integrates marketing, public opinion research, and traditional and news media to provide Canadians with information they need to deal with preventable health and safety risks to children. The campaign focuses on issues that were identified as important to parents, including food safety, crib safety, car safety, bullying, and obesity.

Speaking of food safety, Canada's health ministers have signed a foodborne illness outbreak response protocol that manages how governments work together in the event of a national or international foodborne outbreak. In our government's efforts to provide more precise information, a communication protocol has been developed with the Canadian Food Inspection Agency. Work is done with a national network of federal-provincial labs to use DNA fingerprinting to trace bacterial infections.

•(1550)

As committee members know, responsibility for the delivery of health care remains with the provinces and the territories. They're in the best place to know and respond to the health needs of their residents in their jurisdictions. Our government will continue to work with them and with other partners in the health care system to ensure there is a sustainable health care system in place for all Canadians. I am pleased that we can count on the many partners to respond to the health needs of Canadians.

An example of this is the Canada Health Infoway. Infoway is an independent organization funded by our government to work with the provinces and territories to develop electronic health systems that will translate into faster and safer management of patient information and will improve the efficiency, safety, and accessibility of the Canadian health care system.

As members of this committee are aware, we continue to work hard to provide access to medical professionals throughout the country, and I'm very proud of our recent announcements of funding that will support the training of more than 100 medical residents to work in Canada's rural and remote communities.

Budget 2011 also has provisions to forgive student loans of up to \$40,000 for doctors who choose to practice in rural and remote areas and up to \$20,000 for nurses who do the same. We know our efforts to improve access to medical professionals are having a positive effect on patient wait times. Earlier this week the Canadian Institute for Health Information released a progress report showing that at least eight out of ten Canadian patients are receiving priority procedures within medically acceptable wait times.

We want to maintain Canada's place among countries that have the healthiest population in the world. I believe we have set the priorities and have the initiatives in place that will enable us to meet that objective.

Earlier in the new year, I was pleased to receive the Senate review of H1N1. This detailed and objective report provided several suggestions that will be used to improve our pandemic response plan. As a result, once Parliament resumed, I sent a letter to the Senate committee co-chairs requesting that they undertake the statutory review of the 2004 health accord and report accordingly. I understand there are members of this committee who also expressed interest in conducting a similar review in this committee, and my parliamentary secretary has tabled a motion for your consideration that will facilitate this if voted on favourably.

I look forward to the members' comments, and I welcome the committee's questions.

Thank you, Madam Chair.

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

I want to draw attention to the fact that Elinor Wilson will be here via teleconference.

Elinor, can you hear us right now?

Dr. Elinor Wilson (President, Assisted Human Reproduction Canada): Yes I can, Madam Chair. Thank you.

The Chair: Wonderful. I would ask that people not forget she's here. Sometimes when we can't see someone.... Ms. Wilson has a lot to contribute.

We're going to go through our first round of questioning. As you know, it's 15 minutes for Qs and As for the first round. I want to also make you aware that we will suspend the committee 15 minutes early, at 5:15, and at that time we will go in camera for business to deal with two motions that are on our plates, and we have to deal with the votes on the estimates.

We'll begin round number one.

• (1555)

Ms. Megan Leslie (Halifax, NDP): Madam Chair, on a point of clarification, how much time do we have?

The Chair: Fifteen minutes, I said. I'm sorry, we start with fifteen minutes, and we have the Bloc for ten minutes. Everybody else gets ten minutes. I realize you're going to be sharing your time with Ms. Ashton as well, and that's fine; I've made a note of that.

We'll begin for 15 minutes with Mr. Dosanjh for the Liberals.

Hon. Ujjal Dosanjh (Vancouver South, Lib.): Thank you very much Madam Chair.

Thank you, Madam Minister, for being here.

I have five or six questions. I'm sure I won't finish the 15 minutes, and my colleagues can share the time with me.

Minister, at the end of your remarks you raised the issue of the statutory review. The question I have is, if you're so inclined now that this committee should do the review, what was the intent and motivation behind sending it to the Senate in the first place?

Hon. Leona Aglukkaq: Thank you, Madam Chair.

As I stated in the report, I thought the Senate committee did an excellent job of reviewing the pandemic plan rollout. I thought their recommendations coming forward were objective and constructive, and I asked them to do the same thing for the 2014 accord. The review they completed under the pandemic plan incorporated those recommendations. I thought they took the opportunity to consult with many Canadians to improve the pandemic plan we have for Canada, which is why I requested that they look at the 2014 accord and report back accordingly.

Hon. Ujjal Dosanjh: And did you think this committee wasn't capable of doing as good a job or better?

Hon. Leona Aglukkaq: There's a motion before you today—

Hon. Ujjal Dosanjh: I understand that. Please answer the question.

Hon. Leona Aglukkaq: And if you would like to support that motion—

Hon. Ujjal Dosanjh: Please answer the question.

Hon. Leona Aglukkaq: There's a motion before you today.

Hon. Ujjal Dosanjh: That's not your motion.

Hon. Leona Aglukkaq: It's a motion that—

Hon. Ujjal Dosanjh: Yes, I understand that, but please answer the question. Did you think this committee wasn't capable of doing that job at that time? Have you changed your mind now?

Hon. Leona Aglukkaq: I thought the Senate committee did a fantastic job in reviewing the pandemic plan, and I welcome its constructive feedback in improving the pandemic health response for Canada.

You have a motion before you today, and you can support the motion if you want to conduct the 2014 health accord review.

Hon. Ujjal Dosanjh: Now, in the budget it specifically mentions that the government is providing a 6% increase to the health

transfers. Can you confirm that is the increase that's embedded in the 2004 accord, that the 6% you are providing is nothing more than what was agreed to between the Prime Minister and the premiers in 2004?

Hon. Leona Aglukkaq: Six percent is as per the health accord, but in addition to that we've made significant investments...the \$250 million in cancer research, the research funding—

Hon. Ujjal Dosanjh: I understand that.

Hon. Leona Aglukkaq: In addition to all of that, there's other investments, wait times—

The Chair: Let her finish.

Hon. Leona Aglukkaq: To the question on the health accord, yes, but in addition to that, there have been a number of investments in the 2010 budget and in the 2011 budget as well.

Hon. Ujjal Dosanjh: Thank you very much.

I'm trying to save time. I'm asking very brief questions.

Now, I see that there is no money in the budget anywhere that is dedicated to the commencement of a national pharmacare plan or a national pharmaceutical strategy. You know, Minister, that in the 2004 accord there is a specific provision, which is titled "national pharmaceutical strategy". It talks about cost options for catastrophic coverage, a common national drug formulary, access to breakthrough drugs, and many other things. Have there been any discussions since you took over as Minister of Health on that portion of the accord with any of the governments in Canada?

Hon. Leona Aglukkaq: I think the member knows well that pharmaceuticals are a shared responsibility with the provinces and territories. We continue to work with the provinces and territories, and there has been some discussion with provincial health ministers around just this very subject, looking at ways we can move forward on that. But we're not at the position where there is consensus on what that would look like. The provinces continue to work within their own priorities, and we've stated before that the federal government would be a part of that. The discussions continue today.

• (1600)

Hon. Ujjal Dosanjh: Have you ever discussed with the ministers of health the establishment of a common national drug formulary, as was envisioned in the accord, and when was that?

Hon. Leona Aglukkaq: I can say as a former territorial health minister that it has been discussed around FPTs. The issue, both sides—

Hon. Ujjal Dosanjh: No, I'm asking you—

Hon. Leona Aglukkaq: Let me finish.

As you know, pharmaceuticals is a shared responsibility with the provinces and territories. The challenge has always been getting consensus on a national strategy. We're looking at different options, such as bulk purchasing, as an example. So those conversations continue with the provinces and the territories.

Hon. Ujjal Dosanjh: And those conversations were based on the national pharmaceutical strategy, with the intention of providing the kind of coverage it talks about, or were they just isolated discussions?

Hon. Leona Aglukkaq: The conversations have been around what that would look like, around what you just described, but again —

Hon. Ujjal Dosanjh: At what meeting of the ministers did that discussion take place?

The Chair: Mr. Dosanjh, can we just let the minister finish, please?

Hon. Leona Aglukkaq: It's been going on since I've been health minister, since 2006, 2005.

Hon. Ujjal Dosanjh: What meeting of the ministers—

Hon. Leona Aglukkaq: September.

Hon. Ujjal Dosanjh: —did specifically discuss the national pharmaceutical strategy?

Hon. Leona Aglukkaq: I have conversations with territorial and provincial ministers on this and a number of issues all the time. What I can say again is that provinces and territories continue to discuss what that would look like, and I use the example of bulk purchasing. The challenge has always been, as provinces and territories deliver health care, to have consensus on what that national strategy would look like. As you know, the federal responsibility is to approve drugs for markets, and it's up to the jurisdictions to approve within their own formularies what they will publicly cover.

Hon. Ujjal Dosanjh: Ma'am, I do know the process.

Hon. Leona Aglukkaq: That has always been a challenge in that process, and they're continuing to work through some of those.

Hon. Ujjal Dosanjh: Thank you.

The question I have is that I see no money in this budget—or the earlier budget, for that matter—dedicated towards assisting the provinces to expand home care. There was supposed to be a report at the end of 2006 provided by the ministerial task force to the Government of Canada, and then there were to be further steps taken. Would you confirm for me if there have been any discussions about expansion of home care and if there is any money in this budget for that?

Hon. Leona Aglukkaq: Thank you, Madam Chair.

In terms of home care, as you know, we're working with the provinces and the territories in that area. They deliver health care. They have responsibility for primary health care, including home care, and for decisions on how they would like to design that.

We also recognize that there are cost-effective means of delivering some of those home care initiatives. Some jurisdictions have moved forward quicker than other jurisdictions just around that. Our government continues to provide, as per the health accord, the increases to their budgets.

Each jurisdiction then allocates to areas of their own priorities. That continues to be rolled out in each jurisdiction, addressing their priorities within the allocated funding from the federal government.

Hon. Ujjal Dosanjh: I'm not interesting in wasting your time or mine, ma'am. I'm asking you a question that you haven't answered. You've given me a long-winded answer. But thank you.

Let me go on, since I didn't get the answer to that question, and move over to the next area of questions.

Has there been any dialogue amongst ministers with respect to what will happen to the 2004 accord in 2014?

● (1605)

Hon. Leona Aglukkaq: First, the review has started with the Senate committee. I'm looking forward to the recommendations coming out of that review from the Senate committee on the 2014 health accord. They have a long list of people who will be presenting on that. That information will be critical in terms of the conversations we will have nationally.

As well, this committee will be making a decision later today on whether they want to conduct their own review or not.

It's important; it's a requirement within the health accord to do a mandatory review of the accord. So the review that's been initiated is key—

Hon. Ujjal Dosanjh: Ma'am, you're not answering the question.

Hon. Leona Aglukkaq: It is key—

Hon. Ujjal Dosanjh: No. Please don't waste my 15 minutes.

Hon. Leona Aglukkaq: —to moving forward with the provinces and the territories.

Hon. Ujjal Dosanjh: Madam Chair, I don't want my 15 minutes wasted.

The Chair: Mr. Dosanjh, I want you to allow her—

Hon. Ujjal Dosanjh: No, I'm sorry, she's not answering the question.

Hon. Leona Aglukkaq: I am answering your question.

Hon. Ujjal Dosanjh: No, you're not.

Hon. Leona Aglukkaq: You just don't like the answer.

The Chair: Order.

Hon. Leona Aglukkaq: That is the answer.

Hon. Ujjal Dosanjh: No, you haven't answered the question, ma'am.

The Chair: Order!

I will suspend this committee unless you address the chair.

Hon. Ujjal Dosanjh: I will address the chair, ma'am.

Get her to answer the question—

The Chair: Excuse me—

Hon. Ujjal Dosanjh: —or she should stop talking so that I can ask the next question.

The Chair: No. Excuse me, Mr. Dosanjh, I think the minister is trying to....

I'm stopping the clock, and you need to listen to what I say.

I'm telling you that you need to listen to what the minister says so she can answer your questions. She's speaking extremely quickly trying to answer them.

I'll give you some leverage on the time.

Hon. Ujjal Dosanjh: Ma'am, she's not answering my questions. I'm asking a very specific question: has there been any ministerial meeting to discuss what will happen to the 2004 accord beyond 2014? That's a simple question. I don't need an address on the intricacies of federal-provincial relations.

Hon. Leona Aglukkaq: Thank you, Madam Chair.

The conversation is that provinces and territories all know that there are legal requirements to conduct a review of the accord, which is now before the Senate committee. They're conducting the review.

Hon. Ujjal Dosanjh: Thank you, Madam Minister.

Hon. Leona Aglukkaq: That information is critical to moving forward.

Hon. Ujjal Dosanjh: I want to move on to the next question—

Hon. Leona Aglukkaq: That's the answer.

Hon. Ujjal Dosanjh: It's not answering my question. Thank you.

Hon. Leona Aglukkaq: That's the answer.

Hon. Ujjal Dosanjh: No, that's not the answer, but thank you. I'm not going to argue with you, since you're free to say or not say anything you like.

Next, I see no additional funding or specific reference to funding for the enforcement of the Canada Health Act. I know that the Canada Health Act is enforced by Health Canada. It has come to my attention that the Morgentaler case in New Brunswick is still under way.

In my view, and the question I have.... This is a two-part question. Do you believe that what's happening in New Brunswick with respect to the access to abortion for women violates, first, the Charter of Rights and Freedoms, and second, the Canada Health Act?

It's a very specific question.

The Chair: Minister.

Hon. Leona Aglukkaq: There's a specific answer. In the Canada Health Act there are issues related to issues of that nature. Every complaint or issue is investigated in partnership with the provinces and territories that deliver health care. Provinces have the responsibility to implement the Canada Health Act. We believe in the Canada Health Act. We work with each jurisdiction to address issues of that nature on a regular basis.

This is a partnership between the provinces and the territories, and when issues are raised of that nature we contact each jurisdiction and work together to address them.

Thank you.

The Chair: Thank you, Madam Minister.

I understand there are two more minutes left.

Ms. Duncan, I understand you have a question.

Ms. Kirsty Duncan (Etobicoke North, Lib.): Yes. Thank you, Madam Chair, and thank you, Minister.

The pandemic budget renewal was not in the budget. Can you tell me what has happened? Please give a short answer.

Hon. Leona Aglukkaq: We awarded that contract last week.

Ms. Kirsty Duncan: How much was it for?

Hon. Leona Aglukkaq: The pandemic contract amount, I believe, was \$500 million over 10 years.

Dr. David Butler-Jones (Chief Public Health Officer, Public Health Agency of Canada): We can get you that detail. There will be a press release in the morning.

Ms. Kirsty Duncan: Okay.

Minister, why don't you enforce the Tobacco Act for all tobacco products?

• (1610)

Hon. Leona Aglukkaq: Thank you, Madam Chair.

We are committed to working and implementing the new legislation that has been approved by the House. The enforcement piece is being rolled out with new resources and whatnot.

Ms. Kirsty Duncan: It's not for all tobacco products. Why aren't we taking action on all tobacco products?

Hon. Leona Aglukkaq: In terms of the products that are covered in the legislation, we are enforcing that.

Ms. Glenda Yeates (Deputy Minister, Department of Health): Madam Chair, as the minister noted, we have a tobacco enforcement compliance and enforcement regime. We are enforcing the legislation—

Ms. Kirsty Duncan: Will you be taking action on contraband going forward?

Ms. Glenda Yeates: Our compliance and enforcement officers work in conjunction with those from the RCMP, the Canada Border Services Agency, and others to make sure we are working as a group.

The issue of illegal activity is something we hand over to the RCMP. Criminal activity is not something that our compliance and enforcement officers are able to deal with, but we work in conjunction with our other partners, who have that law enforcement capability.

The Chair: Thank you, Mr. Dosanjh and Dr. Duncan.

We'll now go to Monsieur Malo.

[Translation]

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

Welcome everyone to the committee's last meeting. Madam Minister, thank you for being here. Welcome. I would also like to thank all of your officials who are here with you today.

I want to begin by reading an excerpt from page 165 of the main estimates for 2011-12. It describes the votes for this year. I will read you the two paragraphs that outline the main estimates under the heading of Assisted Human Reproduction Agency of Canada:

The Assisted Human Reproduction Agency of Canada is estimating expenditures of \$10.6 million in 2011-12. Of this amount, \$9.9 million requires approval by Parliament. The remaining \$628.6 thousand represents statutory forecasts that do not require additional approval and are provided for information purposes.

The last paragraph is where it gets interesting:

In total, the department is estimating an increase of \$31.2 thousand, or 0.3% from previous Main Estimates.

Madam Minister, could you please explain why the main estimates for the Assisted Human Reproduction Agency of Canada have increased for the upcoming year, when the Supreme Court of Canada ruled in favour of Quebec on December 23, 2010 with respect to its challenge of the Assisted Human Reproduction Act? The judgment states that the federal government does not have the right to regulate human infertility research or medical practices.

Madam Minister, why did the person who calculated these votes for the Assisted Human Reproduction Agency of Canada not take into account the Supreme Court of Canada ruling? Why have the estimates gone up?

[English]

The Chair: Go ahead, Madam Minister.

Hon. Leona Aglukkaq: Thank you, Madam Chair.

As a member, I may be aware, through discussions with the assisted human reproduction members, that we have not spent the full \$10 million since the inception of the agency. In fact, every year they've been spending less than \$6 million annually.

Now that we have the Supreme Court ruling with regard to assisted human reproduction, we will be looking at restructuring that organization, and I welcome your input. In terms of the final dollar figures, this was before that. We're well aware of the Supreme Court ruling.

That was the allocated budget. But it has been less than \$6 million annually since it started. Now we need to revisit that, in light of the Supreme Court decision.

Thank you.

[Translation]

Mr. Luc Malo: Madam Minister, are you telling us that it will nevertheless cost \$6 million to perform two functions, in other words, providing the public with general information on assisted human reproduction and obtaining advice on the matter? How much will that cost next year? Will you do \$6 million worth of advertising?

• (1615)

[English]

The Chair: Madam Minister.

Hon. Leona Aglukkaq: Thank you, Madam Chair.

What I stated was that on average it was about \$6 million to \$5 million they were spending while waiting for the court ruling. We have received the Supreme Court ruling. We are examining it. We

are talking to stakeholders in terms of the role of the Assisted Human Reproduction Agency.

In terms of your question about what they will spend next year, I can't answer until we work through this process of evaluating the recent decision of the Supreme Court and have stakeholder consultations.

[Translation]

Mr. Luc Malo: How long will that take?

[English]

Hon. Leona Aglukkaq: We haven't set a time yet for that.

[Translation]

Mr. Luc Malo: What will the agency do in the next few months?

Madam Minister, as you are aware, there were questions about the relevance of some of the agency's expenditures in previous fiscal years.

Did you ask the agency to hold off on any further spending until you had made a decision regarding its future?

[English]

The Chair: Madam Minister.

Hon. Leona Aglukkaq: Thank you, Madam Chair.

As I stated before, we are reviewing the Supreme Court ruling and what that means to the current legislation that's in place. To do that, we're also consulting with a number of the stakeholders we have been working with.

I think the members are well aware that during the time certain provisions were being considered by the Supreme Court, the agency continued to deliver on other responsibilities in the legislation that were not before the courts.

As I stated before, we are talking to our stakeholders to see what this ruling means, and we'll be looking to see how we will restructure that. In terms of your question on timelines, I don't know when we'll get through that, but we will continue.

[Translation]

Mr. Luc Malo: Very well. I understand what you said perfectly, Madam Minister.

But I would like to know specifically how you instructed the agency to behave in terms of its spending in the next year. Did you ask the agency to hold off on all spending until you had made your decision, which will be based on the feedback you are going to receive?

[English]

The Chair: Go ahead, Ms. Yeates.

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

The Supreme Court decision gave us some quite helpful clarity about the federal role versus the provincial role in this area. Essentially, the Supreme Court upheld some of the provisions of the act and struck down others. All of the activities the Assisted Human Reproduction Agency was doing were ones that in fact it will continue to do.

Some of the prohibitions of the act, such as the prohibition against cloning, for example, and others, were upheld. They are working with the patient and provider communities. Those are things they will continue to do in terms of providing up-to-date information. The board itself has passed a budget that is significantly below that level while it awaits the consultations and the final decisions of the government in terms of what role and what size of budget the agency will have going forward.

There is work the board is doing. They continue to do the work that is important and that they have been doing. That was what the Supreme Court made clear they could continue to do. Some of the proposed areas the Supreme Court said were within provincial jurisdiction. Those are areas, clearly, the agency will not be pursuing.

[Translation]

Mr. Luc Malo: Are you telling me then, Ms. Yeates, that roughly \$7 million a year is spent on the following activities: delivering information to the public and advising the minister? That is what the Supreme Court said in its ruling.

[English]

Ms. Glenda Yeates: I was giving some examples, Madam Chair, of the examples that we have, but there are a number of others. The CEO, Elinor Wilson, is on the line and can perhaps speak to more of the details.

• (1620)

The Chair: Ms. Wilson, would you like to interject here?

Dr. Elinor Wilson: Thank you, Madam Chair. Perhaps I could clarify.

The agency continues to serve as a national centre of expertise on assisted human reproduction. There are many activities the agency has been doing beyond the two that have been mentioned. We have an active program working with the professional and the patient community on preventing multiple births due to infertility treatments. We have an active program with the oncofertility community, trying to ensure that for young people who have cancer early in life, their fertility can be preserved so that they too can experience a family. We are also working with the field and with patient groups on the lifestyle factors that affect infertility. We are awaiting the results of the Statistics Canada survey that was supported by the agency to see whether or not infertility is actually staying the same, increasing, or decreasing in this country. We continue to work with the professional community, for example, to look at now alternate mechanisms for standardization of approaches in this very important field.

Thank you, Madam Chair.

The Chair: Thank you, Ms. Wilson, and thank you, Mr. Malo. I appreciate your questions.

We'll now go to the NDP. I understand that Ms. Leslie and Ms. Ashton are going to be sharing their time. Who wants to begin?

Ms. Leslie.

Ms. Megan Leslie: Thanks for the indulgence of the committee.

Welcome back, Madam Chair. It's nice to see you.

And welcome back, Madam Minister and other panellists. It's nice to see all of you again.

We have been talking about antibiotics and livestock at committee, and, Madam Minister, when you weren't here, the other panellists were answering some questions about this, which leads me to this question. In 2005, Canada was directed by the UN to create a national infectious disease strategy, and it was supposed to be created by now, by about 2008, and implemented by 2012. The Auditor General's report on public health in 2008 cited numerous problems we have with the surveillance of infectious disease. In thinking about the 2012 deadline, I don't think we're going to make it because we haven't heard anything about this strategy.

My question is, what is the status of the strategy and which department is actually responsible for it? Is it Health or the Public Health Agency?

The Chair: Madam Minister.

Hon. Leona Aglukkaq: Thank you. That's a great question.

I'll just use one example: the Sheila Weatherill report. There were a number of recommendations that came out of that to deal with foodborne illness types of issues, and the whole system that's set up under our pandemic response plan is part of that. How we would respond and the partners within that framework in the pandemic plan would be no different from any other type of infection. It's built within that system. We have a national pandemic plan that's used, for example, for H1N1 or the issues that were raised through the Weatherill report. That whole process, the machinery of how we would respond, is the same. The lead on that, from this table, would be the Public Health Agency of Canada.

Ms. Megan Leslie: Just to clarify, you're saying that the pandemic strategy is part of the infectious disease strategy?

Dr. David Butler-Jones: The pandemic plan itself, while it's focused around pandemics of influenza, takes an all-hazard approach in terms of any range of infectious diseases, building the systems, whether it's surveillance or others, to be able to respond to whatever we might face, or other public health emergencies as well.

In terms of the surveillance and the AG's report, when she reviewed, as an agency we'd just got started, so we're building that. We continue to build the surveillance systems, working with the provinces and territories. As we saw with H1N1 and with other events, we actually get good data and good information from the provinces. That's continuing to improve. On the non-infectious side, for example, there's the development of the MS system, which we talked about yesterday. We do have an ongoing relationship with the provinces and we work with them through multiple committees, etc., that actually address the intent and the issues you're speaking to.

Ms. Megan Leslie: Other than the ongoing conversation, do you have a deadline for when the strategy will be complete?

Dr. David Butler-Jones: We already have the pandemic plan. We are revising that. We also have the North American plan and—

Ms. Megan Leslie: But this is infectious disease—

Hon. Leona Aglukkaq: It's the same process.

Dr. David Butler-Jones: Basically it's the same—

Ms. Megan Leslie: I don't think it is.

Dr. David Butler-Jones: We cover a whole range of infectious diseases. There isn't one plan that can cover everything. We have a tuberculosis strategy, the pandemic plan, and others, all of which are interrelated. We could have 380 different strategies—for each individual infection. We don't. We have ones around antibiotic resistance, etc.

Ms. Megan Leslie: Okay. That's good, but—

Dr. David Butler-Jones: They all fit together and it is a comprehensive view of the issue.

• (1625)

Ms. Megan Leslie: —Mr. Butler-Jones, the last time you were here, a couple of weeks ago, you testified that the CIPARS reports having to do with the utilization of antibiotics in Canada were available publicly. In checking the website, we see that they haven't been available publicly since 2007.

This makes me quite worried that the government is actually treating these as a political document instead of a useful tool of simple surveillance reports. I'm wondering who actually vets them. Who actually makes the decision and approves them before they're released? Which department? Or is it the Prime Minister's Office?

Dr. David Butler-Jones: They come through the Public Health Agency.

Ms. Megan Leslie: So you have the last say? You don't have to vet them?

Dr. David Butler-Jones: Well, again, as we've done with all governments, we share them with other departments, with the ministers' offices, etc., for their information. At the end of the day, I have to be accountable for what we put up on the web.

Ms. Megan Leslie: Okay.

Thank you.

The Chair: Now we'll go to Ms. Ashton.

Ms. Niki Ashton (Churchill, NDP): Thank you, Madam Chair.

My question is with relation to healing programming for aboriginal communities. Last year, the request to extend the funding for critical programming to the Aboriginal Healing Foundation was denied. We were told repeatedly that Health Canada was going to take on the role of providing necessary healing programming for residential school survivors in communities that are struggling with the trauma of residential schools. Those programs were taken away from the region that I represent in northern Manitoba, and also, I know, from regions across Canada.

Here is my question. Despite those commitments, I don't see any reference in the estimates, and certainly not in the budget, to an understanding of what exactly Health Canada has done, or of course is planning to do, most importantly, to ensure that this programming is available, not in terms of NNADAP work, not in terms of addictions work, but with a focus on healing, and a focus on community healing in the decentralized model that was so successful under the Aboriginal Healing Foundation.

The Chair: Madam Minister.

Hon. Leona Aglukkaq: Thank you, Madam Chair.

Madam Chair, as I've stated before, the portion to provide healing support to survivors of residential schools with regard to Health Canada remains: Budget 2010 announced \$65.9 million to continue to provide the supports to the victims of residential schools. I've stated that in the House. Those continue to be rolled out to individuals.

Individuals who went to residential schools have a choice of whether they want to participate in group counselling in their language or in a one-on-one with a professional. It's up to the individual. Those supports continue to be rolled out across Canada. This, in my mind, is a much needed area, and it was never cut.

Thank you.

Ms. Niki Ashton: If I could, I will just ask a quick follow-up. I appreciate that these services might be available, but they are not available north of 53 in Manitoba, so my question is, where exactly are these programs available? And certainly at the community level, not in flying people out to be counselled in Winnipeg.... Also, exactly what is that vision for the next year to provide that necessary community-based counselling?

Hon. Leona Aglukkaq: As I've stated before, there are two different programs that we're talking about. The aboriginal healing part, to provide assistance to victims of residential schools, remains. That never was gone, to provide the assistance.... Other programs done through the Aboriginal Healing Foundation, which is separate from this, provided a number of community-based initiatives on land skills, language, sewing, and whatnot. A lot of programs were covered under that initiative.

The initiative that I'm talking about is providing direct support to victims of residential schools, the healing piece of it, and \$65.9 million remains in the budget, Budget 2010. That's still available to those individuals, the victims of residential schools.

The Chair: Thank you.

Do you have other questions? You have about a minute and a half left.

Ms. Megan Leslie: I do. Thanks, Madam Chair.

I'm looking for a yes or no answer from the minister. I know that the minister and the federal, territorial, and provincial health ministers met in the fall; I think earlier you may have said it was in September. Pharmacare wasn't on the agenda, was it?

Hon. Leona Aglukkaq: Thank you, Madam Chair.

The conversation related to pharmacare has been going on since 2005.

• (1630)

Ms. Megan Leslie: But it wasn't on the agenda.

Hon. Leona Aglukkaq: It's a conversation that's been going on since 2005.

Ms. Megan Leslie: The health accord wasn't on the agenda either, was it?

Hon. Leona Aglukkaq: The ministers know, the PTs know, that there's a mandatory requirement for a review. PTs are well aware that I have asked the Senate committee to do the review.

Ms. Megan Leslie: The 2014 renegotiation wasn't on the agenda either, was it?

Hon. Leona Aglukkaq: The 2014 mandatory review is a requirement before any discussions can take place, as per the legislation. That's now before the Senate committee, and we will be voting today whether you want to participate in that or not.

Ms. Megan Leslie: Thank you.

The Chair: Thank you.

Now we'll go to our second round. We'll go to our members on the Conservative side. There you go. You can't say I'm not being fair.

Mr. Colin Carrie (Oshawa, CPC): Chair, for a moment I thought you forgot about us over here.

The Chair: I could never forget about you, especially with your new glasses. I didn't recognize you since I got back.

Mr. Colin Carrie: Thank you. It's wonderful to have you back.

The Chair: Thank you.

We're going to have Dr. Carrie and Ms. Davidson share their time.

We'll begin with Dr. Carrie.

Mr. Colin Carrie: Thank you, Madam Chair.

I want to thank you, Minister, and congratulate you, coming off the budget. I think we have a good story for health care in Canada. I have already gotten feedback on the family caregiver tax credit of \$2,000 to help Canadians who will be having to stay at home to look after a family member who may be ill.

We had the opportunity to travel up north as a committee, and we got to see the challenges that these remote communities have in recruiting and retaining physicians. Sometimes when there are rumours that there could be an election out there, the jurisdictions between the provinces and territories sometimes get blurred. One of the things that was in the budget was quite exciting for me. I know your commitment to getting more health care professionals up north has been rock solid. How will the Government of Canada's investment in family medicine residencies support the provincial and territorial efforts to recruit and retain physicians in underserved communities? Would you be able to follow through with that?

The Chair: Madam Minister.

Hon. Leona Aglukkaq: Our government is carrying out initiatives that have been in the works for a long time with the provinces and the territories. The 100 new residency spots will greatly support delivering health care. Particularly in rural and remote communities, it is always a challenge to get personnel into those sectors. This residency spot focuses on areas where there are huge gaps, so that is welcome news. Each jurisdiction has rolled out its plan.

In Budget 2011 we are providing assistance to medical students, doctors, and nurses to forgive up to \$40,000 on their student loans. There are a number of other areas in which we are making huge investments to train more aboriginal people and provide more services to rural and remote communities, and each of those initiatives makes a huge difference. In fact, I just spoke on the "taming of the queue" today, and the conversation was that each of these steps makes a huge difference in getting more young people to

enter the health field. Not everyone can afford to go to medical school, and we're trying to get more doctors. This is one of the initiatives that is welcome news to those individuals.

This is in partnership with the provinces and territories. This is an area in which there was a gap. We responded and are rolling that out. I'm quite excited about the outcomes and feedback we've received so far.

Mr. Colin Carrie: Then I'm really excited too. I think this is the first time anything like this has been done. It was inspiring to see what the committee saw up there and to see a response. I just want to thank you. It's a great response.

I also wanted to talk about cancer, because cancer affects far too many Canadians, each and every one of us, our families, our friends. The Canadian Partnership Against Cancer has been a highly effective tool in the fight against cancer. Could you give the committee an update on the status of the program?

• (1635)

Hon. Leona Aglukkaq: Thank you for that question.

The Canadian Partnership Against Cancer is an exciting organization. They're doing a lot of great work in Canada. Originally it was announced for five years, and within that time they've been able to pull together over 300 organizations in Canada that deal with prevention or with treating cancer. They have really built a first-class network of individuals and organizations just on that subject of dealing with and managing cancer.

They recently produced a report about some of the work they're doing, and I can say that Canada will be leading in fighting cancer. Recently I accompanied the Prime Minister when he announced a reinvestment of \$250 million to support the Canadian Partnership in their important work.

The work they're doing is also going to involve following over 300,000 Canadians for their lifetimes to better understand how people get cancer, their lifestyles, the environment they live in, how that contributes to cancer. Collectively, the research that is being done through the partnership agency will help in shaping the direction of health care. How do we prevent it? How do we treat it?

So the work we're doing is one of its kind in Canada, and it will really help us to put our resources into cancer prevention. So it is quite exciting, as is the work around chronic diseases as well. They've done phenomenal work in a very short period of time.

I think our commitment to support them through the investment we announced, the Prime Minister announced, will lead to even more results in the next little while.

Thank you.

The Chair: Thank you, Minister, for that very important announcement.

We'll put it over to Ms. Davidson now.

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

And thank you, Minister and all the officials, for being here once again. It's great to see you back.

Minister, we've heard an awful lot in the media, and wherever we seem to go, about this aging baby boomer generation, which I guess I must be a part of these days, and about how Canada is going to be facing this huge burden in terms of the sheer numbers as we go forward. We've heard a lot about the devastation of Alzheimer's disease. With the numbers that are coming forward in the baby boomer generation, either of those having the disease themselves or who are going to be burdened with caring for family members, how are we preparing for this?

Hon. Leona Aglukkaq: Thank you. As the population ages and individuals live longer, we recognize an epidemic of Alzheimer's disease and dementia will challenge our health care system in Canada, and globally as well.

Canada is recognized internationally for its strength in areas of brain research, including Alzheimer's disease, and I stated before to the committee that through the leadership of Dr. Beaudet, we've been able to sign on with seven other countries in collective research in this area.

Our Budget 2010 goes even further towards advancing our understanding of brain disorder with the investment of \$100 million in matching funds for the Canada Brain Research Fund. I have discussed this with the president of the CIHR, Dr. Beaudet, who is with us today, and our hope of meeting this challenge rests, in part, on a coordinated international research effort to hunt for the clues around the early events in Alzheimer's and dementia. I understand that slowing down the progression of the disease by just two years for each affected person would reduce the cumulative cost of Alzheimer's, and the Canadian Institutes of Health Research is moving ahead on a plan to do just that.

As well, with the international collaborative research strategy for Alzheimer's disease, with the partnering funding, Canada is also playing a leading role in global work to address the costs of the disease and the research and treatment of it.

Unless there is more you want to add to that, Dr. Beaudet...Canada is leading in this area of research, in my view.

Thank you.

• (1640)

Mrs. Patricia Davidson: Are there other areas we're leading in or we're investing in, as far as health research goes, to make sure that our health care system is of the highest quality?

Hon. Leona Aglukkaq: What was the first part of your question?

Mrs. Patricia Davidson: It was whether there were other areas in which we're investing in research to ensure that our health care system is of the highest quality.

Hon. Leona Aglukkaq: Thank you for that question.

We've made significant investments in the areas of research through CIHR. I can say for 2010-11, for the first time the budget of the Canadian Institutes of Health Research exceeds \$1 billion. We've made ongoing investments of \$15 million for health research in such areas as patient-oriented research, the brain, and MS.

In Budget 2010 we've also committed \$10 million to the area of isotopes. We've been dealing with challenges in that area, so we've made investments to do that. As well, there will be \$15 million in

2010 for new post-doctoral fellowship programs for health researchers.

Is there anything—

The Chair: I think our time is just about up now, so thank you so much, Minister.

I'd like to go now to our second round of five minutes apiece, and I understand that Dr. Duncan and Dr. Dhalla are going to be sharing the five minutes.

Good luck.

Ms. Kirsty Duncan: Thank you, Madam Chair.

If I understood you correctly, there is going to be an investment in the pandemic budget. I think what you said earlier was that we don't know the details, but there's going to be a press release.

I know the minister is very interested in neurological research, so I want to bring to your attention new research. I would ask that the expert panel on MS do a comprehensive literature review on CCSVI, that it visit labs and operating theatres, that it go to the international conferences. I've been to four of them, and there has not been a government representative at any of them.

There is a new study, of which Canada is a part. It is a multi-centre study. It's the first one of its kind. There are 700 cases, and upwards of 86% of MS patients show evidence of CCSVI. In New York, Minister, 150 MS cases were looked at. They were assessed for quality of life, and the psychiatrist who did that study did not know that the patients had received liberation therapy. I'd be happy to provide all unpublished studies. I'd be happy to share them with you.

I'm really pleased to hear that we will have a registry for MS. I've been asking for this since the spring, and we're just thrilled that MS patients will be followed after having liberation therapy. I think the data is very important. I'd like to know the details. When is it going to start? Who's going to do it? What will the cost be?

I'm wondering why this wasn't possible in the spring but is somehow now possible.

The Chair: Madam Minister.

Hon. Leona Aglukkaq: There are lots of questions there, so I'll try to answer them very quickly.

Ms. Kirsty Duncan: Just answer the one on the registry, please.

Hon. Leona Aglukkaq: The pandemic plan press release will be out tomorrow. You'll see that.

In terms of the registry, there was a great announcement yesterday in partnership with the MS Society, MS patients, and researchers. We're rolling that out this year. It's through CIHI, which, along with provinces and territories, is a partner in that.

As I said before, provinces and territories deliver health care. It's important for any national plan that there be a partner. So they are all outside with the work that went from last year to this.... We're working together. CIHI will be moving forward. The monitoring system is for all MS patients in Canada, not just the people who went for this particular procedure.

And Dr. Beaudet can—

• (1645)

Ms. Kirsty Duncan: I'm sorry, my colleague wants to get in. Could I ask that you table the details of that registry with the committee and how it will work?

I'm going to turn it over to my colleague, who's anxious to get in.

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): Minister, thank you for coming.

As the Minister of Health, do you visit hospitals across Canada? Do you go into any hospitals to visit them to see what some of the challenges are that patients are facing?

Hon. Leona Aglukkaq: Absolutely.

Ms. Ruby Dhalla: We were a little bit upset, because in my constituency of Brampton—Springdale, we have one of Canada's newest and largest hospital facilities, called the Brampton Civic Hospital. I don't know if you're aware as minister, but there has been a significant number of challenges at that particular hospital. We've had patients who have come in who have had the wrong leg amputated. I think it's been not only local news but also national news. We've had great frustration in the community, in all of Brampton, at the fact that they're having to wait hours and hours to be able to see the emergency room specialists. We have wait times that are at 17.5 hours for complex conditions, which is much, much higher than the provincial average. We have seniors who are having to wait for many months to get access to specialists. So there's a real state of crisis.

As their voice in Ottawa, I sent you a letter last year requesting that you come out and visit the hospital to see first-hand some of the challenges that were there. I can tell you that we were all very shocked in Brampton at the response. I don't know if you saw the letter personally, but it was signed by you, stating that you would not be able to attend. There wasn't even any attempt made by you, as minister, to say, "You know what? We'll take a look at the schedule and I'll see when I can squeeze it in."

I understand that you would be busy, but there was absolutely no offer from you or anyone in your department to come in, to take a look at the hospital, to talk about some of the challenges. Even though you may say to me in your answer—

The Chair: You're out of time, Ms. Dhalla, I'm sorry.

Minister, do you want to please go ahead? Thank you.

Hon. Leona Aglukkaq: Again, for any provincial-related questions to a hospital, I would suggest you speak to the provincial health minister. Deb Matthews is responsible for Ontario.

Having said that, there are over 600 hospitals in Canada. I have visited a significant number of hospitals over the last two and a half years, but again, this is a partnership with provinces and territories. Minister Deb Matthews is responsible for provincial health ministries—

Ms. Ruby Dhalla: I know that.

Hon. Leona Aglukkaq: The federal government provides health transfers to jurisdictions—

Ms. Ruby Dhalla: We can't keep pawning everything off to the province.

The Chair: I'm sorry, Ms. Dhalla, your time is up.

Hon. Leona Aglukkaq: Jurisdictions then provide the funding to their respective jurisdictions. If you have issues related to patient safety and whatnot, I would suggest that you bring those forward to the provincial health ministry as well.

I'll convey your concerns, as a member of Parliament for Ontario, to your health minister.

Ms. Ruby Dhalla: We have done that provincially, but you need to take the leadership at the federal level.

The Chair: Mrs. O'Neill-Gordon.

Mrs. Tilly O'Neill-Gordon (Miramichi, CPC): Thank you, Madam Chair. Welcome back. It's nice to have you back with us.

And welcome to our minister and her guests this afternoon, the witnesses, with us. We're happy to have you.

I have to say that, as we all know, our government continues to put billions of dollars into helping to promote our population and promote a healthier population. It's a very important objective for all our age groups, regardless of whether it's children or adults, seniors, but it's also a very important objective for everyone. We know how hard we are all working towards trying to keep our population a little healthier.

The government had invested \$730 million over five years through Budget 2010 to renew key aboriginal health programs. Having three reserves in my riding, I'm just wondering if you can explain for the committee how the investments are promoting health and preventing disease in the aboriginal population.

Hon. Leona Aglukkaq: Thank you for that question.

As I stated in my earlier remarks, on the health disparities between Canadians and aboriginal people, there's a huge gap. The funding of \$730 million over the five years in 2010 was invested in areas to support the prevention of diabetes and health promotion activities in over 600 first nations and Inuit communities. About \$275 million was invested in that.

We've also invested funding of \$170 million to maternal and child health; \$50 million for aboriginal head start programs on reserves and in urban and northern communities; \$75 million to support 200 community-based youth suicide prevention projects; \$80 million to pursue the advancement of aboriginal people in health professions. In an announcement yesterday, announced initiatives under the student loan forgiveness will also support those individuals. And \$80 million was also invested in the integration of federally funded health services in first nations and Inuit communities with partnerships with provinces and territories. How better to integrate those services, to provide better services and quality services to aboriginal people?

Basically, we recognize that we continue to have challenges in a number of areas, but with the significant investments we have made to improve the lives and the health outcomes of aboriginal people through these, we are seeing results, positive results, and we'll continue to work with the provinces and territories where the Inuit population are, as well as the first nations communities that we have direct responsibility for.

Thank you.

• (1650)

Mrs. Tilly O'Neill-Gordon: I want to reiterate what Dr. Carrie said. I have had several calls congratulating us on the program for funding to help those who are looking after parents. That program will be well received in my constituency. It's too bad it has to be put on hold for a while, but I know it will be worthwhile when it does come.

Thank you very much.

Hon. Leona Aglukkaq: Thank you.

The Chair: That's very nice.

You do have about a minute and a half more if you want to continue.

Mr. Patrick Brown (Barrie, CPC): Madam Chair, perhaps I could jump in.

The Chair: Mr. Brown, sure, if you'd like to.

Mr. Patrick Brown: I think I'm next on the list, but I will start early.

One thing in the budget that I think is fantastic is the \$100 million allocated for the Canada Brain Research Fund. It would be matched by partnerships across Canada. I'd be interested to hear about those partnerships and how that's going to expand on what has already been allocated in the budget. There is a tremendous degree of support for initiatives like that. I think it's a wonderful thing to see Canada leading on that front.

Hon. Leona Aglukkaq: The \$100 million to establish the Canada Brain Research Fund is a great investment.

The federal funding for this initiative, as you mentioned, will be matched. It is in the early stages of identifying who the partners will be in the rollout of that. Some of the work we're doing internally already is not just within Canada but with international networks as well. I'll use Alzheimer's research as an example. There are international partners within that.

In terms of how the dollars will be rolled out with interest groups and whatnot, that remains to be worked out.

Mr. Patrick Brown: Dr. Beaudet, do you know if there is any interest in the—

The Chair: I'm sorry, Mr. Brown, your time is up, but you can restart in about five minutes.

Monsieur Malo.

[*Translation*]

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

In the main estimates for 2011-12, the contributions in support of the Federal Tobacco Control Strategy have not changed from last year, in other words, they are still \$15.7 million.

Madam Minister, you will no doubt recall that the last time you were here, you told us you were going to refocus the strategy to target contraband tobacco activities more directly. You went on to explain that you had changed your mind and had refocused the strategy on new warning labels, moving away from what you had announced last fall and revamping the entire contraband tobacco strategy.

I said to you then that you could do both, and that a true tobacco control strategy should consist of two key activities: encouraging people to quit smoking and keeping contraband tobacco off the black market.

In response to a question from a Liberal colleague, Ms. Yeates seemed to say that the entire contraband strategy would be solely in the hands of the RCMP. Yet you said during a press conference that Health Canada also had a hand in combatting contraband tobacco activities.

I would just like to know whether that \$15.7 million will allow for a comprehensive strategy that truly integrates both of the components necessary to ensure that the public stops smoking once and for all.

• (1655)

[*English*]

Hon. Leona Aglukkaq: Thank you.

Let me first clarify the first point on the contraband issue. When we were dealing with the whole issue of packaging and labelling, what I stated was that I was concerned that more Canadians were smoking contraband and not packaged tobacco. If we're going to be renewing the labels on any packaging, we also have to be very mindful of the fact that there are many Canadians who are smoking cigarettes that are sold in plastic bags. If we're going to be fighting tobacco by improving labelling, then certainly this has to be a factor we need to consider if we're going to curb the trend.

In addition to that, we need to look at the social media network campaign we launched. It was quite successful within the national anti-drug strategy for young people. We now have over 22,000 young people on a national anti-drug strategy social media network to deal with that.

Those were factors I wanted considered, along with the labelling. If we're going to do things just by changing the photograph on a package.... There's more to addressing and fighting tobacco than that, which is why I said that I want to deal with all of these collectively.

Last year, Public Safety Canada, the RCMP, and Canada Border Services also announced new initiatives to deal with the issue of contraband. That has been announced, and it's been moving forward. From our standpoint, it was important that I raise the issue that contraband is an emerging issue in the population health piece. The announcement to deal with contraband is a process on its own, but under the umbrella of tobacco legislation and whatnot, communication, information going out, and labelling were part of it.

In terms of the funding for the tobacco control strategy, we're renewing that. We work with partners that have been established to roll this out. They do very important work. This is an ongoing process.

Thank you.

The Chair: You only have about 30 seconds left. Mr. Malo, I don't think there's any time to continue.

We'll have to go to Mr. Brown. I'm sorry.

[Translation]

Mr. Luc Malo: Please go to my colleagues across the way then, if that is what you want, Madam Chair.

[English]

Mr. Patrick Brown: Thank you.

Just to follow up on the question I started with on the national brain strategy, I was wondering if there's been any initial interest from some of the major neurological groups in being a potential partner in this, whether it's MS, autism, ALS, or Parkinson's.

Dr. Alain Beaudet (President, Canadian Institutes of Health Research): Brain Canada is a national not-for-profit organization that's dedicated to supporting research on the brain. We're talking about both neurological diseases and mental health issues. This organization already exists. It raises funds and has been a perfect partner of CHIR in funding brain disorders.

Now, in the new budget, the government proposes to match up to \$10 million a year, for 10 years, for a total sum of \$100 million on the government's part, which would mean \$200 million total of additional funding for brain research. The priorities obviously will have to be established. As the minister said, clearly Alzheimer's disease, I suspect, will be one of the priorities. I think it's probably early days in determining exactly where the money will be invested. I certainly know that Brain Canada is interested not only in neurological disorders but very much in mental health and the biological causes of mental disorders as well.

• (1700)

Mr. Patrick Brown: That's perfect.

You know, when I saw that, I think it was on page 143 or 145 of the budget, the first thing I did was e-mail a few constituents in the riding of the city of Barrie.

I think of Derek Walton, who jumps from a plane every year to raise money for ALS. I know that his goal is to raise awareness of the need for research on the brain. And to see something like this I think is just wonderful. I think of Jeanette Elliott, in my riding, who has volunteered every day for the last five years for MS as an unpaid volunteer, just because she believes so much.

There are so many countless individuals like that across Canada. I think this was a tremendous initiative, and I'm very glad to see it in this budget. I only hope we'll see it passed eventually in the House of Commons so that these needed funds can get out for these important neurological disorders and help with the research.

The other question I wanted to ask was with regard to the funds associated with medical students and nurse practitioners. I know that Ontario has really put a focus on nurse practitioners. And there are lots of areas where we have tremendous doctor shortages. If I recall, it was in the form of tuition paybacks.

Could you expand a little bit on how we're going to define rural and remote areas? I realize that there are so many areas in the country that have physician shortages that we're all going to want to feel rural right now. I live in an urban area, but we certainly have physician shortages in Barrie as well. We're an hour away from Toronto. I'm not sure that it would qualify as a rural area.

Hon. Leona Aglukkaq: An hour away from any place...I call that luxury. I'm two days away from my hometown, and it's all flying.

The work in terms of how we define that will continue. Obviously, remote locations that can only be accessed by air is one interpretation of that.

I'll get Glenda to elaborate a bit more on that.

The Chair: Ms. Yeates.

Ms. Glenda Yeates: Thank you, Madam Chair.

Now that we've had the announcement in the budget, we'll begin work with colleagues in the student aid programs and health departments across the country. In some cases, there will be provincial programs that will want to understand how these are defined, how "rural" is defined in various jurisdictions, and come up with definitions that make sense from all points of view.

Having been a provincial deputy of health, I think there's a real sense that having the numbers of professional health providers is critical, but actually attracting and retaining them in areas where you need them for the population is also critical. So I think we'll want to work with partners on that definition, both, as I say, with HRSDC and the student aid partners across the country, but also with the health departments across the country.

The Chair: I'm going to have to be very tight on time, Mr. Brown. I'm sorry about that, but we have to suspend at 5:15 p.m.

Now Mr. Dosanjh, I know you're not going to be mischievous. You've got a full five minutes.

Hon. Ujjal Dosanjh: When I was young, I was more mischievous than now.

I have just one question, and then my colleagues can take over.

Madam Minister, your officials said that you have a press release tomorrow on pandemics, which means you know what you're going to say. Since you know what you're going to say, would you be kind enough to share that information with us? You don't want anyone construing at this late hour, just before tomorrow, that you are in contempt of this committee. You know what you're going to say tomorrow. Would you be kind enough to say it today?

The Chair: He wasn't mischievous, Minister, so just go right ahead.

Hon. Leona Aglukkaq: I answered that earlier. We're renewing the pandemic plan tomorrow, and the vaccine contract for the pandemic plan has been in the works. I said earlier that it is being renewed for 10 years and approximately...

It's about \$500 million over 10 years, which will be renewed as part of the whole process of making sure our pandemic plan is most current, up to date, and the resources are there to roll out.

Hon. Ujjal Dosanjh: Thank you.

• (1705)

Hon. Leona Aglukkaq: Do you want him to elaborate?

Hon. Ujjal Dosanjh: If there are other details that are important....

The Chair: Dr. Butler-Jones.

Dr. David Butler-Jones: Certainly I would say to the honourable member that the addition is not only that it is a 10-year contract, but there will be both a primary supplier in Canada that produces the vaccine and fills it here, as well as two secondary suppliers, one of which produces elsewhere and fills in Canada and the other that produces and fills outside. So it provides not only a faster and larger supply, but it will also provide for contingencies should there be a challenge for supply.

The Chair: Dr. Duncan.

Ms. Kirsty Duncan: I'm just going to pick up on MS. I really appreciate that the registry is going to be done.

I do want to bring to the attention of the minister that over 12,500 procedures have been undertaken worldwide in 50 countries. We've known since July that about a third seem to significantly improve, a third improve, and maybe a third not. I can give you many specific examples.

From Bulgaria, there were close to 500 patients, among whom 62% show a functional improvement. From Britain, there was an improvement in fatigue in 125 patients of 60%; mobility, 48%; brain fuzziness, almost 60%.

I would just ask that we take a look at what's being done internationally, and that someone from Canada, besides two of us, go

to these international conferences and hear about the unpublished data.

I know my colleague wants in.

Ms. Ruby Dhalla: Thank you to Dr. Duncan.

I just really once again wanted to reiterate, Minister, the importance of keeping attention on some of the great shortages of doctors and nurses—

The Chair: Could I just talk for one minute? I'll stop your time.

You need an answer to that, do you not?

Ms. Kirsty Duncan: No. If there was a question...

I would just have asked, Minister.... Everything I've done on the MS file, I've done openly, accountably, and transparently. I've opened it up to every party, and when I asked for a briefing I was not granted that. I wish that could have happened, but I will turn it over to my colleague.

The Chair: Go ahead.

Hon. Leona Aglukkaq: I can't let that pass without an explanation.

We have been very open and very transparent in the work we're doing to deal with MS. We have opened up briefings, including to the MS Society of Canada, as well as the United States, to participate in any of that. We also sent out an invitation to all parties to be briefed on this very important initiative—

Ms. Kirsty Duncan: After I had two breakfasts on CCSVI.

Hon. Leona Aglukkaq: —and there are a number of initiatives under way. As the member well knows, there are researchers involved across Canada, and Dr. Beaudet has been leading in getting the researchers together to do this work. I will have him elaborate on that.

Thank you.

Ms. Kirsty Duncan: Actually, Minister, all I wanted to say was, like my colleague who was disappointed that you didn't come to her hospital, I was disappointed that you would not grant a briefing. Now, in fairness to my colleague, I will turn this over.

Hon. Leona Aglukkaq: I will have to interrupt. You were invited to a briefing on MS that we organized. That's your choice. You can play politics with this or not. I stated before, in terms of hospitals, that there are more than 600 hospitals in Canada. I can't be at every single hospital at a given time.

Ms. Kirsty Duncan: Minister, I will take real umbrage with—

The Chair: Thank you.

I'll now go to Mr. Uppal.

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

It's very good to have you back. Minister, thank you for coming to this committee meeting with all your officials.

I wanted to first just commend you for the work you've done as health minister. On this budget, I've received some very positive response from a health perspective. We had a telephone town hall meeting in my riding with more than 5,000 people. I was getting a great response on the caregiver tax credit and also the support for medical students across the country.

I wanted to ask you about an issue that's actually very important and seems to be an emerging issue in Canada. What action is the government taking to reduce childhood obesity rates in Canada?

Hon. Leona Aglukkaq: Thank you.

That's a great question and a great initiative, in my mind. One of the things the provinces and territories have been working on for a long time—I would say in the last six years—is to deal with a lot of the preventable illnesses we see in Canada. You see the health indicators of Canadians and you look at what they are. Many of those are preventable, and one of the largest ones is childhood obesity.

On the partnership with the provinces and territories, in September 2010 there was an agreement to sign a declaration. For the first time in Canada, all provinces and territories agreed to endorse a declaration that would promote healthy living, prevention in the area of obesity, and curbing obesity.

The FPTs are working together to increase awareness, in terms of nutritious food. We're seeing more children with adult diseases as a result of obesity. We're providing recommendations through Canada's food guide, as an example, and through schools and working in partnership with a number of stakeholders.

As well, I should say that we also launched, a few weeks ago, a national conversation/dialogue on how to fight childhood obesity. That will be through face-to-face conversations and/or through submissions. That will all be collected, and the recommendations coming out of that will be presented to the federal-provincial-territorial ministers' meeting in November, to identify strategic priorities our governments will take to address childhood obesity.

Over the last five or six years, one of the things I've always said is that equally important to treating people when they get ill is keeping them from getting sick in the first place. Our whole health care system is so tilted to one side that we need to start curving it to keeping people out of the hospitals and out of clinics and keeping them healthy.

Where do we start? We start with childhood obesity. We start dealing with the issues around marketing of unhealthy foods to our children and the marketing of tobacco to our children. There are a number of initiatives we can take, collectively, to start curbing some of the trends we're seeing in this country.

I'm quite excited about the childhood obesity initiatives. All provinces and territories are onside. A number of other partners from the industry's side are coming on stream to start supporting initiatives to combat childhood obesity. It's quite exciting, and it's the first dialogue of its kind in this country.

Thank you.

● (1710)

Mr. Tim Uppal: Thank you.

Do I have some time left?

The Chair: Not very much, Mr. Uppal—one minute.

Mr. Tim Uppal: Then I'm fine.

The Chair: Okay. Thank you so much, Mr. Uppal.

I want to thank the minister so much for coming and spending all the time here at the committee today to answer the committee's concerns and questions.

I'm hoping we can continue our work in Parliament, and I'm hoping we can continue because we have some very important business to do right now.

I will suspend for two minutes so we can start right on time at 5:15.

Thank you so much. I want to thank the rest of the guests for joining us.

Ms. Wilson, it's a pleasure to hear your voice. Thank you.

Dr. Elinor Wilson: Thank you, Madam Chair.

The Chair: We'll suspend for two minutes.

● _____ (Pause) _____

● **The Chair:** I would ask that the committee resume, and I would ask that anyone who needs to have little meetings, just please do them outside the room.

We're going to be in public; we just won't be televised. I would like to get started, if that's possible. Thank you for your consideration.

Having said that, we will go through the votes, first of all.

HEALTH

Department

Vote 1—Operating expenditures.....\$1,876,073,000

Vote 5—Capital expenditures.....\$37,718,000

Vote 10—Grants and contributions.....\$1,382,680,000

Assisted Human Reproduction Agency of Canada

Vote 15—Program expenditures.....\$9,929,000

Canadian Institutes of Health Research

Vote 20—Operating expenditures.....\$48,995,000

Vote 25—Grants.....\$926,926,000

Hazardous Materials Information Review Commission

Vote 30—Program expenditures.....\$4,980,000

Patented Medicine Prices Review Board

Vote 35—Program expenditures.....\$11,163,000

Public Health Agency of Canada

Vote 40—Operating expenditures.....\$406,216,000

Vote 45—Capital expenditures.....\$36,774,000

Vote 50—Grants and contributions.....\$203,200,000

(Votes 1, 5, 10, 15, 20, 25, 30, 35, 40, 45, and 50 agreed to)

The Chair: Shall I report the main estimates to the House tomorrow?

Some hon. members: Agreed.

The Chair: Thank you. I will do that tomorrow.

We'll now go to motions. We have two motions, one by Dr. Carrie and one by Mr. Dosanjh.

Dr. Carrie, can you read yours?

•(1715)

Mr. Colin Carrie: I'll be happy to Madam Chair. It reads:

That pursuant to Standing Order 108(2), the Committee undertake the study to review the progress in implementing the health accord; and

That these meetings follow the guidelines and timelines similar to the statutory review conducted by this Committee in 2008.

The Chair: Thank you.

Any discussion?

Monsieur Dosanjh.

Hon. Ujjal Dosanjh: Thank you.

If we go past tomorrow, we may be able to consider it. So in my view, rather than wasting time talking to each other about why this, why not the other one, and why not before, I would suggest that we postpone it to the next meeting of this committee.

And I would just simply ask that my motion be also moved to the next committee, whenever it meets. Then I won't have to say anything negative about the motion or the way it was brought forward. I don't want to do that.

The Chair: Dr. Carrie.

Mr. Colin Carrie: As long as it's on the record, I think we'll be okay doing that.

The Chair: Okay. All in favour of just leaving the motion until we get back? Of course, if we don't continue next week.... And all in favour of...Mr. Dosanjh's as well? Both motions?

Some hon. members: Agreed.

The Chair: The meeting is adjourned.

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