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**Thursday, January 26, 2012**



**Chair**

**Mrs. Joy Smith**



## Standing Committee on Health

Thursday, January 26, 2012

• (1400)

[English]

**The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)):** Good afternoon, ladies and gentlemen. Welcome to the health committee. I want to wish you all a very happy new year. It's very good to see all these familiar faces again.

Now, today this is a surprising meeting, but we're here today, and I just want to read into the record the reason for this meeting. This is from Standing Order 106(4):

Within five days of the receipt, by the clerk of a standing committee, of a request signed by any four members of the said committee, the Chair of the said committee shall convene such a meeting provided that forty-eight hours' notice is given of the meeting. For the purposes of this section, the reasons for convening such a meeting shall be stated in the request.

In considering the request, the committee decides whether or not it wishes to take up the requested subject matter. There's no obligation on the committee to conclude debate; if it decides to consider the matter, it may do so when it wishes, so basically the matter under consideration is whether or not this committee wishes to take up the requested subject matter at this time. That's why we're here today.

I would like to open the discussion with Ms. Davies.

**Ms. Libby Davies (Vancouver East, NDP):** Thank you very much, Chairperson.

We are glad to be here, and, as you pointed out, the four NDP members of the committee did indeed write a letter to the clerk and to you as chair to ask that this meeting be convened today.

We are clear that the purpose of the meeting is to discuss whether the subject matter should be the subject of a special meeting, but in outlining our request, I would like to move a motion:

That the Committee undertake a study, as soon as possible, to review recent health care funding outlined by the federal government and the response of the Premiers; that it hold at least two (2) meetings on this study to hear from witnesses; and that it report its findings to the House of Commons.

To briefly detail this motion, Madam Chair, I'm sure we are all aware that there was a unilateral funding decision made by the federal government a number of weeks ago. Much more recently though, in Victoria, the premiers held their conference on health care. It was a very important meeting. A number of us were there in Victoria to hear what was going on, and it was very clear from the responses of the premiers that there are a number of critical issues, which we believe need to be addressed, in terms of future funding for medicare and health care in our country.

We believe there is a huge issue of accountability here. We're talking about very large sums of federal moneys. We're talking about an issue that is of grave concern to Canadians, which is whether they are getting value for their money, for their health care dollar. We know the federal government has spent about \$160 billion since the accords were signed in 2004, and, with the recent unilateral decision, there has been quite a lot of discussion both in the media and among the premiers. There are huge concerns about the unilateral nature of that decision. It means that the federal government has stepped away and, in effect, abandoned its role in negotiations and in working with the provinces on health care funding and on finding new ways to make the system work better. We saw an attempt at that in 2004. There was some agreement, but unfortunately we haven't made much progress.

We think absolutely that the health committee of Parliament should be addressing this issue on behalf of Canadians. I realize that the House begins next week, and I'm sure some of the members will ask why we couldn't have done it next week. The fact of the matter is that the premiers' conference happened only recently in Victoria, and we are certainly aware, as the members of the committee are aware, that the meetings of the health committee are basically assigned with business up until March.

We feel this is a very urgent matter that needs to be addressed. It hasn't been addressed in our Parliament and it hasn't been addressed in this health committee, so the motion we've put forward today is really to implore the members of the committee to do our job: to be here for Canadians, to undertake an examination of the funding decision that was made by the federal government, to consider what the response to that has been and whether we believe it is a good decision, and to consider what it is we might report to Parliament.

We think this is a very urgent issue that we should be addressing. Our motion actually does not spell out the precise date, because we think that should be something the committee, hopefully, could look at. We have said "as soon as possible" because we want to have it dealt with as quickly as possible once we resume next week, and doing that will require some discussion.

I hope that the intent, as well as the substance, is very clear with regard to this very important issue.

I really want to appeal to the government members of the committee to consider how serious and important the issue of health care funding is, to consider the role of the federal government and the role of the provinces, and to consider that we're here to represent not only our constituents but also the public interest. Certainly health care is a very core value that Canadians have in wanting to see their medicare system alive and well and strengthened.

This is what we hope to do with this study.

Thank you.

• (1405)

**The Chair:** Thank you, Ms. Davies.

Speaking to that motion, go ahead, please, Dr. Carrie.

**Mr. Colin Carrie (Oshawa, CPC):** Madam Chair, the intent at this meeting is quite clear. This is simply a stunt by the NDP.

There is no reason the NDP couldn't have put this motion forward to the committee next week, but the NDP is on a retreat this week in Ottawa, so calling back this committee didn't really matter to them. They were in Ottawa. They are calling back this committee, at taxpayers' expense, to discuss something that we could all be doing in the next couple of days.

If it was such an urgent matter, why couldn't they interrupt their Christmas vacation? Instead, two days before the House is to be called back, they have chosen to bring everyone here to discuss a motion that could have been put forward later. I think all of us here had important business in our ridings, but we all had to make special arrangements, cancel meetings, and make travel arrangements to be here. This is simply irresponsible. It is obviously just a stunt to get headlines and it is totally inappropriate.

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

Go ahead, Dr. Sellah.

[*Translation*]

**Mrs. Djaouida Sellah (Saint-Bruno—Saint-Hubert, NDP):** Thank you, Madam Chair.

I too wish all members of the Standing Committee on Health a pleasant and happy 2012.

In response to my colleague, Mr. Carrie, I will say that the NDP has no intention of playing little political games. I think we should remember what led us to call this emergency meeting: it was the provincial premiers' response to the meeting held on January 17, well after the Christmas holiday. So there was no way to anticipate that.

We also knew that our program was already full going into March. We felt that it was an urgent problem affecting all Canadians, and the point of holding this meeting goes well beyond our partisan ideologies.

[*English*]

**The Chair:** Dr. Sellah, could I just clarify something? Our calendar was full for all of February, but it is full just for the early part of March. All of March is not full, just for your information. We haven't scheduled the whole calendar. It's not full.

[*Translation*]

**Mrs. Djaouida Sellah:** Yes, that's right.

[*English*]

**Ms. Libby Davies:** I would like to respond to the parliamentary secretary. I think it's very unfortunate that government members would choose to participate in this discussion and decide that this is just some kind of stunt. To us this is a very serious issue.

Yes, the unilateral decision was made a number of weeks ago, but the premiers' conference was just last week. I was there and I listened to what Christy Clark, the chair, had to say, and what came out of that conference from the 13 premiers. They said to Canadians that they were very concerned about the lack of federal participation. It was "unprecedented" and "unacceptable". Those were the words they used.

We know that the federal share of health care funding has gone from 50% in the 1970s to 20% today. Under the new formula it will be reduced by an average of 18.6%, so this is a very serious issue. This is what our committee should be dealing with.

We know, based on our agenda—and the chair has just affirmed it—that we are booked up, in effect, until sometime in March. We believe this is a very critical issue that needs to be addressed now, so I would ask the Conservative members of this committee to deal with the substance of the issue. That is what we are here to deal with: the substance of federal funding and the relationship with the provinces on health care. We are here to deal with that on its merits.

This is not a stunt. This is us as the opposition using the avenues that we have available—which, I might add, the Conservatives agreed to when this standing order change was made—to ensure this committee can indeed meet and discuss this very important issue. That is what we want to accomplish today.

• (1410)

**The Chair:** Just to reiterate, we are working on this motion. The issue here is whether or not the committee is agreeing to discuss this issue at a later time. We are working on this motion.

Go ahead, Mr. Adler.

**Mr. Mark Adler (York Centre, CPC):** Thank you, Chair. I also would like to begin by wishing everybody a very happy new year, and I hope everybody had a wonderful vacation. I can see everyone is rejuvenated and ready to go for the new year.

I would just like to say that Canadians gave our government a strong mandate on May 2 to implement a jobs and growth strategy. We have been very successful in doing all of that: we are leading the G-8 in economic performance, about 600,000 new jobs have been created, and all the jobs lost during the recession have been recovered. We have received accolades from *Forbes* magazine; from the World Economic Forum, where our Prime Minister is right now; and from the Economist Intelligence Unit, all saying that Canada is the best place to do business. We have the strongest economy and we are a great place to invest.

That said, it's interesting to—

**Mr. Francis Scarpaleggia (Lac-Saint-Louis, Lib.):** I have a point of order.

**The Chair:** What standing order motion has he...?

**Mr. Francis Scarpaleggia:** It's a point of order.

**The Chair:** Go ahead.

**Mr. Francis Scarpaleggia:** Are we at the industry committee or the health committee?

**The Chair:** We're at the health committee. You called the meeting.

Would you be so kind as to let the member finish what he has to say?

**Mr. Francis Scarpaleggia:** Relevance—

**The Chair:** He's a new member from the finance committee, and the request is about health care financing, so I think, with all due respect, that we need to be respectful of the member.

Thank you.

**Mr. Mark Adler:** Thank you, Chair.

Since all of us were brought here and have interrupted our busy schedules to be here, I think we should all be allowed to say what we came to say.

I think that clearly what we have here is a political stunt that the NDP is trying to pull off. As a member of the finance committee, I'll say that we saw a similar MO during the summer, when they tried to bring us back and in fact succeeded in doing so.

If the NDP is so concerned about money and directing it towards the right causes in this country, particularly in this instance of health care, they should know that it must have cost about \$50,000 to bring all the members back from all points around the country and to get the interpreters together for today's meeting. This could have waited until sometime next week, when we would all be back. The NDP members were already here for their party seminar, so this clearly is just an opportunity for them to grab headlines. It's an opportunity for them to get in their cheap political shots, which I think is completely uncalled for.

It's interesting to note also that issues of costing and financing of programs are handled by the finance committee. When something involving transfer payments or social transfers or any transfer of money is brought forward, it has to do with the finance committee, so I don't understand why this is even being brought forward at the health committee. It doesn't make any sense whatsoever to me.

If you check the mandate... I'm new to Parliament. I just got elected in May, but the first thing I did was read the mandate of the committees that I was sitting on to find out what's within our purview. When I was asked to be here today at the health committee, I read the mandate of the health committee, and clearly this is a matter of finance. The finance committee should be handling this, so I'm really at odds and really confused as to why the NDP is doing this. Maybe they couldn't get enough of their own finance committee members together to sign the letter, but it's quite bizarre.

Having said all of that, I know that a number of us were pulled away from important business in our ridings. I was planning this afternoon to volunteer at a food bank in downtown Toronto. My riding is in northern Toronto, but I was asked to go to an NDP riding in downtown Toronto to volunteer at a food bank. I couldn't do that this afternoon because I was asked to come here to debate a completely egregious and nonsensical motion put forward by the NDP that clearly could have waited until next week. In my opinion, this is clearly a waste of money, a waste of time, and a waste of resources.

The people of Canada sent us here to work for them on their behalf. The Canadian people want to see us working for them. Being here and wasting time on a clearly nonsensical NDP motion, a motion that could have waited, is completely egregious and completely nonsensical. I just cannot support something like this. It's an outrage.

● (1415)

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

Go ahead, Mr. Williamson.

**Mr. John Williamson (New Brunswick Southwest, CPC):** Thank you, Madam Chair.

I'm curious to understand the opposition's position. It wasn't worth calling an emergency session when the federal government made its announcement regarding the future of health care funding. Instead they had to wait until the provinces met, and only then did they act. In effect, the NDP is acting very much like the head waiter to the provinces. Your party was not prepared to act on its own, but only when the provinces once again had the line that it wasn't enough. Of course, we all know that it never is enough.

The move was called “unprecedented”, as in, “it has never happened before”, but in 1995 the federal government announced the cut of health transfers by 30% with no consultation and no discussion. When I heard the premiers saying that this was “unprecedented”, I thought back to 15 short years ago, when an announcement was made that cut health transfers by 30%.

Instead our government has announced that funding will hit an all-time high of \$40 billion by the end of this decade, yet the premiers chose to call that “unacceptable”. I just don't believe that lines up with the views of Canadians, who think that there is a problem with health care: money is being spent in the system, but it's not achieving results at the back end. The solution is not just to throw more money at the problem.

As well, the government is accused of walking away from health care. We're leaving \$40 billion on the table, yet walking away is the implication. Again, I would say that's ridiculous: it is federal legislation—the Canada Health Act—that oversees health care in this country.

I also want to take a few moments to point out a few errors in the member's facts. She says that the federal government only funds 20% of health care in this country. That is total and absolute nonsense. First of all, the federal government never funded 50% of health care. That is simply not true. In fact, in a piece Roy Romanow had in *The Globe and Mail* earlier this month, he said the high was about 40%, so I'd urge the NDP to get on the same page on that issue.

In the late 1970s the federal government moved from a cash transfer to tax points. Provinces don't talk about that huge transfer anymore. They have chosen to pocket it and forget that those tax points came from the federal government. In addition, Ottawa and Health Canada fund aboriginal health in this country; it amounts to billions of dollars every single year. On top of that, let's not forget about equalization transfers that go to the have-not provinces; again, that's billions of dollars that go directly to health funding.

If you add these all up, you're getting very close to 40%, the supposed historic level of federal funding of health care. This 20% number is a provincial, partisan number meant to drive the federal government to open the wallets of taxpayers even further, when in fact the federal government's spending on health care has never been higher.

I'm always willing to come to Ottawa to talk about this important file; it's part of the job, even if it was a bit disruptive to be here today. However, I'm a bit irritated by the weakness of the NDP argument today on this file, and I take the point of the Liberal member across the aisle: is this the health committee or the finance committee? The questions today seem to be directed more to the finance committee; for that reason, I'll be voting against the motion.

Thank you.

•(1420)

**The Chair:** Go ahead, Mr. Scarpaleggia.

**Mr. Francis Scarpaleggia:** Thank you, Chair.

To clarify, earlier you mentioned that I had been among those who called the meeting, but—

**The Chair:** To clarify that, it was the four NDP members.

I know your side of the House had a bit of a problem. I know Ms. Fry could not make it, so you're substituting for her today. She asked to go on video, but we don't do that because it costs \$500 per member to do so. We expect members to be here or to substitute, so I thank you for taking the time to substitute.

**Mr. Francis Scarpaleggia:** Thank you, Chair. I appreciate that comment.

Not being a member of the committee, I'm not familiar with the work plan for the next month or month and a half, but it seems to me—and this is a question for you, Chair—that even if this motion is

passed today, you probably wouldn't be able to begin your study until March. Is that correct?

**The Chair:** We have a full February, and the first part of March is filled, but there are other options. We can always go into subcommittees, or whatever we want to do.

What we're trying to decide today is whether it is the will of the committee to study this matter. We've had extensive dialogue about what the important topics are. The committee as a whole, prior to this surprise meeting today, made plans to study some very important things, especially in relation to the aging demographic in our country.

**Mr. Francis Scarpaleggia:** This is the way it is in all committees.

You are saying there was nothing keeping your committee from studying this motion on its first day back next week. Even though there is other committee business, it could have been discussed for 20 or 30 minutes.

**The Chair:** Absolutely, and there would be nothing precluding someone from making a motion at any meeting, at any time, to make us aware that this was a top priority. As in any committee, if you walk in and find something very important during committee time, you can raise your hand and bring that issue forward. At that time the committee will take a moment or two to find out whether it should study the issue or do it after its agenda is completed. There is no reason we couldn't have done that during regular committee time.

**Mr. Francis Scarpaleggia:** Then I'd have to agree with the members opposite. I don't like to impugn the motives of my colleagues, for whom I have a lot of respect, but I do think this was done to fill up time on a slow media day; I'm not sure.

I'd like to address Mr. Williamson's point and Mr. Adler's point that somehow this topic does not belong in this committee. In fact, Madam Chair, you yourself just mentioned a moment ago that you'll be discussing demographic issues, which of course fundamentally impact on public finances, so one could argue that issues of demographics that impact on health care, according to the logic of the members opposite, should perhaps be discussed at the finance committee as well. However, I don't agree that this is exclusively within the purview of the finance committee. It's a very important topic, and I think it is something the health committee should look at. It's not just about financing and whether the federal government is financing 20% or 40% of provincial health care budgets in this country; it's more a question of accountability and what kind of leadership we expect from the federal government on health care.

We don't operate in an American-style political system in which there are checks and balances among the three branches of government. Many of our checks and balances are between the provinces and the federal government, and it's very important, in the view of the Liberal Party, for the federal government, as a funder of health care, to have something to say about health care in this country.

I noticed that during the holidays the Prime Minister said he really doesn't know how to fix health care. The subtext was that it's not his problem, but the problem of the provinces. The further subtext is that if we just keep transferring tax points, we'll get this thing off our plate here in the House of Commons in Ottawa and we won't have to take criticism for the failures of the health care system.

We don't agree with that point of view. We think there should be a debate about accountability, about the federal role in health care, about setting benchmarks, about working with the provinces, and so on. Those are the kinds of issues that would be dealt with in a study like this. We believe it should be studied by the health committee, but we didn't need to bring everyone in today to get the ball rolling on this issue.

• (1425)

**The Chair:** Thank you.

Go ahead, Ms. Davies.

**Ms. Libby Davies:** Thank you very much, Chairperson.

I want to respond to a few of the points that have been made, the first one being whether or not it's legitimate for this committee to even be dealing with this issue. I'm sure we all know that we do deal with health care estimates, so we do deal with financial matters. I would think the federal government's funding arrangement for health care and how it impacts the system would be of enormous interest and importance to this committee.

The idea that it doesn't belong here I find quite incredible. To me, it is at the core of what we have to deal with in the future of medicare. That's the federal role. How do we uphold the Canada Health Act? How are we making sure that privatization doesn't occur? How do we keep the commitments that were made in 2004? Why hasn't there been progress on them? These are all related questions that we should be dealing with.

I certainly respect that my colleague may dispute the numbers we're using. It seems to me that's all the more reason we should actually study this issue. Let's call forward witnesses. Believe me, there are people related to the health care field who want to be heard on this issue. Whether it's the Canadian Medical Association or the Canadian Health Coalition or the nurses' union or association, there are organizations that definitely want to be heard and that will offer a historical perspective on the facts around funding arrangements.

Sure, you can disagree, but then let's do the study, and we can get into it. We'll make some sense of—

**The Chair:** We need to have new things brought up instead of the same old things in making your points. We could be here until eight o'clock tonight saying the same stuff.

The purpose of today's meeting from this motion is to decide whether or not we're going to study this topic. With that, if we could go on with the other—

**Ms. Libby Davies:** I would like to make one additional point and bring us back to the actual substance of the motion. There is a question before all of us as members, and that is whether we agree that this issue should be dealt with, through a study, as soon as

possible. We know our agenda has been set, so this does imply, Madam Chair—and this is a new point—that if this motion is approved, we would need to discuss what we might be able to move around.

We're studying various diseases. There are some issues we could delay in order to bring this issue forward more quickly. I would like the members to focus on the substance of this motion, to be accountable to Canadians as federal representatives for federal health dollars, and to make a determination that we should undertake this study so we can get some of these answers—

**The Chair:** No, you have said that several times. To make it clear again, we're going to see, with this motion, if we will undertake this study.

Dr. Carrie is next on the list.

**Mr. Colin Carrie:** Thank you very much, Madam Chair.

I think everybody who's paying attention really does understand the intent of this meeting. I want to thank my Liberal colleague for pointing out that if anybody in this committee wants to discuss things further, there are mechanisms, and that we are masters of our own agenda in the committee.

The point is that we were all brought back here today. If it was so important to the four members of the NDP on the committee, why did only two of them show up? Two of the four didn't even bother to show up for this meeting, which was supposedly so urgent. Excuse me if I sound a little curt, but I think we should just call the question. They've had their 15 minutes, and I think we need to get on with the important business of the committee. I'm looking forward to working with everybody next week.

**The Chair:** I would like to call the question, if we could do that. Are you in agreement, then?

Both Ms. Davies and Dr. Carrie have said we need to get down to whether or not we're going to do this study. With the committee's agreement, I would like to call the motion for a vote.

• (1430)

**Ms. Libby Davies:** Could we have a recorded vote?

**The Chair:** It will be a recorded vote.

Are you in agreement? Great.

**Mr. John Williamson:** Could you read the motion again?

**The Chair:** Could you repeat the motion, Ms. Davies?

**Ms. Libby Davies:** The motion reads as follows:

That the Committee undertake a study, as soon as possible, to review recent health care funding outlined by the federal government and the response of the Premiers; that it hold at least two (2) meetings on this study to hear from witnesses; and that it report its findings to the House of Commons.

**The Chair:** All in agreement, please raise your hands—oh, I'm sorry; is it a recorded vote?

**The Clerk of the Committee (Mrs. Mariane Beaudin):** Yes.

**The Chair:** (Motion negatived: nays 6; yeas 5)

**The Chair:** The meeting is adjourned.







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