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Chair

Ms. Bonnie Brown

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•(1110)

[English]

The Chair (Ms. Bonnie Brown (Oakville, Lib.)): Good morning, ladies and gentleman. It's my pleasure to call this meeting of the Standing Committee on Health to order.

As far as our procedures today are concerned, we are going to begin with the motions, for which you have received a 48-hour notice and I'm sure are prepared to debate. We will then move on to Bill C-12. The minister is in a cabinet meeting right now and is trying to get here as fast as she can, but it actually could be 12 o'clock before she's available. If we do these motions quickly, we may take a break and reconvene at 12 o'clock when she's here.

Moving on to the motions, the first motion is moved by Mr. Fletcher:

That the committee send for all minutes of cabinet while Paul Martin was Minister of Finance that relate to the claim that Paul Martin suggested that the Canada Health Act be abolished or altered in any fashion.

Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC): Madam Chair, I'd just like to make an addition to the motion.

The Chair: Mr. Fletcher would like to amend his own motion.

Mr. Fletcher, go ahead.

Mr. Steven Fletcher: I'd like to add that we'd like a copy of all memos, e-mails, faxes—both incoming and outgoing—interdepartmental correspondences, consultation papers, and all correspondence leading up to the 1995 budget, starting with the thirty-day period immediately preceding the formal approval of the budget speech.

The Chair: Mr. Fletcher, that's quite a substantive change to your original motion, and a change for which the members have not had the advantage of 48 hours of study. I think it would require the unanimous consent of the committee to add that to the motion.

Mr. Steven Fletcher: I don't think so. I think it is within the spirit of the motion of getting all the pertinent information in order for the committee to do its work.

Hon. Robert Thibault (West Nova, Lib.): On a point of order, Madam Chair, I would be inclined to agree with you that when you provide a notice of motion and give the motion to the committee, it's so that we can have discussions between members and be knowledgeable about what is happening and what is going to be ahead of us. In terms of just getting the title on the paper with a notice of motion and then giving us a six-paragraph amendment from the same proposal, I don't think that's within the spirit of the original motion or the spirit of the procedure certainly.

Mr. Steven Fletcher: It's certainly in the spirit of the motion, and it's not six paragraphs. It's just adding some more areas in which we are looking for information. It's a very friendly amendment.

Hon. Robert Thibault: Madam Chair, again, I agree with you, but if there is such a motion, I'd like to see the text in both official languages.

The Chair: I have the handwritten text in front of me at this point, and there are six additional types of communication. In other words, the main motion says cabinet papers, and this adds memos, e-mails, faxes, interdepartmental correspondence, consultation papers, and all correspondence. That's six other types of communication. If I may say so, the clerk, who does her job so well, tried to look in the rule book about even the cabinet papers. I must say she has not had time to examine these other six types of communication. Even the advice to the committee from the clerk's department will only be half here if we accept this amendment.

Do I have unanimous consent to add this amendment? Those in favour of adding this amendment? Those opposed?

Hon. Bill Blaikie (Elmwood—Transcona, NDP): On a point of order, Madam Chair, if you require unanimous consent, all you have to do is ask if there's unanimous consent. We don't have to vote.

The Chair: Is there unanimous consent?

Some hon. members: No.

The Chair: I'm not getting unanimous consent, Mr. Fletcher. I know this is one of your early motions in your parliamentary career, but one does have to give one's colleagues a chance to read all the amendments. You might change one or two words in your motion, as long as that doesn't substantively change the motion. This indeed is a substantive addition, in my view, and we do not have unanimous consent. We will proceed to debate the motion that was circulated for 48 hours.

Mr. Fletcher, if you'd like to speak to your motion, go ahead.

Mr. Steven Fletcher: I would like to put the new part forward as a notice of motion before the committee.

The Chair: You're giving us another notice of motion, but this motion is on the floor right now.

Mr. Steven Fletcher: Well, it's important that we get all the necessary information to see where the government is considering going on the issue of health care. It's in the interests of the committee, and I think it's self-evident. I think we should ask for it and move forward.

The Chair: Ms. Dhalla.

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): In regard to the motion, I think it has probably come from some of the stuff that has come to light in the media in the last few days, Madam Chair. I don't think having minutes of a cabinet document is really going to be relevant to the work we have to do in our health committee.

We all know the Canada Health Act has not been changed, and we continue to have a Canada Health Act as a solid foundation for all of the proposals that our Minister of Health and Prime Minister put forward. I really don't think this committee is going to benefit from seeing those minutes of cabinet documents, because nothing was changed. If something was, then we could go back to look at it. The health committee has a variety of other areas and initiatives that I know a couple of other MPs and I would like to look at. I would like to focus on that, versus having to analyze cabinet documents that really are going to have no relevance moving forward.

• (1115)

The Chair: Thank you, Ms. Dhalla.

The clerk has found the rules on this in Marleau and Montpetit. It says "Responses to Orders for the Production of Papers". There are general principles and then there are exemptions.

The following criteria are to be applied in determining if government papers or documents should be exempt from production.

There are sixteen listed exemptions, one of which is "Cabinet documents and those documents which include a Privy Council confidence". So according to the rule book, cabinet documents are not included in papers that we can call for. I just put that before you.

Mr. Ménard.

[*Translation*]

Mr. Réal Ménard (Hochelaga, BQ): Madam Chair, I fully understand the intention of the mover of the motion and I had said that we were in favour. However, I have a concern and I want to urge the committee to be very cautious.

This committee's strength is that we have always worked together very seriously. Of course we did not always agree, but I would be very disappointed if, because of one motion or another, the committee were to lose its credibility. I would be more comfortable with inviting Paul Martin, the Prime Minister, to meet with us. I think that meeting with parliamentarians to explain how he sees the Canada Health Act could be one of the Prime Minister's prerogatives.

I am fully aware that there are two aspects to the motion, a request for information, but also a political aspect. I am uncomfortable with the political aspect. Moreover, my party has indicated to me that we should vote in favour of the motion. However, we must be extremely cautious. First of all, there's parliamentary privilege. We are all parliamentarians. Parliamentary privilege means two things: guaranteeing the protection of witnesses who come before the committee, and respecting the oath that we have taken.

For example, when I saw Sheila Copps in the news disclosing what was said in Cabinet, I was not very proud to be a politician. If the Prime Minister did not serve Sheila Copps well, that is one thing. However when you take an oath, you must respect the fact that Cabinet documents are confidential for 30 years. That is a rule of

limitation. Normally, a Cabinet member who makes public information disclosed behind closed doors is in breach of his oath, as is a member who attends an in-camera meeting and who discloses what he learned about a report. If we make this information public, we are breaching our oath. Of course, that is not a criminal offence, but there is a code of honour.

I understand the idea behind obtaining information on the Prime Minister's position on the Canada Health Act. I know that my party agrees with the idea and wants the committee to have as much information as possible. However, I must warn you: we must respect parliamentary privilege and the oath that we take as elected officials. Whether we are parliamentary secretaries, members, ministers, or the Prime Minister, in our society, taking an oath must mean something. We must bear these considerations in mind.

In closing, I want to reiterate that I would be more comfortable if we withdrew the motion and invited the Prime Minister to come and talk to us about the Canada Health Act. Madam Chair, I hope that before we finish our work you are going to update us on the visit of the health minister, and not the official from the Canadian agency. When will the health minister be coming?

Having said that, my party has asked me to vote for the motion. I will do so, but I urge us to be very cautious and to respect parliamentary privilege.

[*English*]

The Chair: Thank you, Mr. Ménard.

Mr. Thibault.

[*Translation*]

Hon. Robert Thibault: I'm sorry that the member does not have enough parliamentary independence to be able to vote as he sees fit. For my part, I will vote against the motion because I do not think it is a serious enough one. If we approve this, we will not be living up to our responsibilities as a committee, that is the responsibility to be informed about conditions, legislation, programs and Canadian expectations. This committee must figure out how it can improve its review of and thinking on government programs, and what needs to be added and what is not working. One of this committee's responsibilities is to consider legislation and issues that members of Parliament have expressed an interest in. Members receive suggestions from their constituents. We can undertake studies, consult revisionists and find out what has been discussed in cabinet. However, that is not what is important. We need to find out what has been done. In the Speech from the Throne and in his platform the Prime Minister expressed his support for the Canada Health Act and its pillars. That support even included a transfer of \$41 billion to the provinces. Furthermore, he has denied saying that he would withdraw the act and the bill. The Deputy Minister at the time said so in the Standing Committee on Public Accounts.

The other issue, the question of privilege, is which documents we can request for the purposes of consulting. These are confidential cabinet documents. It is not normal practice to request them. We also dealing with a previous government. I believe the request should therefore be made by the committee to Prime Minister Chrétien, to the effect that he makes his Privy Council documents public. This is what was done by the Public Accounts Committee, when we risked loosing the confidence of Canadians over the issue of sponsorship. All necessary and relevant documents were therefore disclosed, but not other discussions.

For all these reasons, I feel compelled to vote against this motion.

• (1120)

[English]

The Chair: Thank you.

Mr. Merrifield.

Mr. Rob Merrifield (Yellowhead, CPC): I understand that it's outside the ability of the committee to ask for the cabinet documents, as the clerk has said. We need to respect that.

Going to the actual motive behind the motion, though, I would say that when a former Deputy Prime Minister of the country is saying one thing about, at that time, a finance minister and the intent of what has guided this country with regard to health care and the Canada Health Act, that becomes a fairly serious accusation or difference of opinion that cannot just be taken lightly, especially in light of the way we act, as the health committee, in dealing with health care in this country. I think it's very important that we perhaps try to get to the bottom of the accusation or the difference of opinion. Maybe it was a difference of opinion. Maybe it was more. I don't know.

If we can't get access to the cabinet documents, perhaps the way to do it would be to ask Ms. Copps to come and explain her position before the committee and where she was at as the Deputy Prime Minister of this country in relation to this subject. I think it is very serious when you have that kind of difference at the very top levels of government in the country.

The Chair: Thank you.

Mr. Fletcher would like to get back in, and then we'll go to Mr. Macklin.

Mr. Steven Fletcher: I'd like to make a few points. First, if some of the documents we have requested may not be available to us, as the clerk has suggested, we can still ask and they can say no. That's just the reality of life.

I'm also a little bit concerned. There has been 48 hours' notice. Actually, it has been more than 48 hours, because the motion went in on Friday. There have been quite a few days to look at this, and to have any sort of ad hoc viewing of the procedures and manuals at the time of the meetings suggests that we should pass the motion. If people want to have a more thorough look at the rules, they're more than welcome, but the time to do that is not at the meeting, especially when it has been six days since the motion was given.

On the issue of Ruby's comments, I agree. I want to look at all these other things, but I'm willing to put in the time necessary to make sure we have the background material on this and can get a

context for the accusations of the Deputy Prime Minister. But I don't think that takes away from any of the work we will do in the future. In fact, I think it would enhance the work we do in the future.

As for my friend Réal, if he would like to bring Paul Martin to the table to explain, I certainly would support that. I think that's a very productive suggestion.

So I think the motion is complete. There's no reason not to support it unless there's something to hide.

• (1125)

The Chair: Mr. Blaikie.

Hon. Bill Blaikie: Madam Chair, if cabinet papers are exempt from requests for production of papers, then this debate seems to me to be somewhat moot.

When I was asked about this, I was somewhat skeptical as to whether or not we would get such papers. I didn't do my homework, I guess; I never noticed that they're particularly exempt. When one reflects on it, though, it makes sense. They are Privy Council documents, and in the same way caucus confidences are respected and in camera meetings are respected, I guess we'll all know in thirty years' time, although that won't be very helpful to us in the current context.

I would say this—and here I would disagree with Ms. Dhalla: I think it is critical for us to know whether we have a Prime Minister who is committed to the Canada Health Act or not, because the Canada Health Act is the foundation upon which the medicare system is built. There's a lot of controversy around the Canada Health Act, around enforcement, around what constitutes a violation. Does the new clinic in Montreal constitute a violation? Some say yes, some say no. Some say it doesn't violate the letter of the act, but some say it violates the spirit. Some say neither.

We have a recent Supreme Court ruling on the government's report to Parliament on the Canada Health Act. Of course, the court ruled it wasn't their jurisdiction, but that it was Parliament's jurisdiction. There's controversy over the quality of the government's reporting on the Canada Health Act.

So there's no end of controversy about whether or not the government is actually committed to a full-bodied enforcement of the Canada Health Act. Surely whether or not the Prime Minister had thoughts at one time of getting rid of it is relevant to that debate now that he is the Prime Minister and not just the finance minister. I wish we could somehow find out the truth about the allegation made by Ms. Copps. If the committee agrees, maybe the way to do that is to have her before the committee.

It may be that the motion itself is in some ways not worth passing if we're asking for something that can't be given to us. But we may want to pass it anyway, I don't know. Let's see what happens.

The Chair: Ms. Dhalla, and then Mr. Ménard.

Ms. Ruby Dhalla: I would agree with Mr. Blaikie that I don't think the motion is worth passing. I wanted to just speak out...

Sorry, was it his turn? Go ahead.

The Chair: Go ahead, Mr. Macklin.

Hon. Paul Harold Macklin (Northumberland—Quinte West, Lib.): Thank you very much, Madam Chair.

I think some interesting points have been raised about this issue. One of the more interesting points, and where we find ourselves today, is in looking at the culture of this committee. I pick up on Mr. Ménard's comment that if the culture of this committee is going to be developed based on sheer politics and not on the interests of trying to deal with the issues of health, then I think we're going to see that this committee is going to struggle as it goes forward.

I know establishing culture is something that takes a lot of will from all sides of the House, and this is the time where I think we may need to take a deep breath and reflect on what this motion is really about and whether or not it is going to advance the cause, as we see it, of the future of health care in this country. I think that's very important.

As we go forward, I think each and every one of us has an obligation to participate in a meaningful way. I think each and every one of us ought to be concerned about ill will that we create going through some of these processes. Open and fair debate is absolutely appropriate; however, at the end of the day, I think the question is whether we are really being productive in the way in which we're going about it.

If one believes we should be looking at present stances of members of Parliament, including the Prime Minister and the Minister of Health, then it's fair to have them come forward or at least to make a request to have them come forward to state their position clearly on the record. But going back through history is just that: an examination of history. Many of us have said things in the past on which maybe we've had reason to change our views. I think what really is important to each and every one of us is what the views are today, what the perspectives are, and how we go forward from here.

I'm not particularly interested in going on some political excursion into the past. To me, that doesn't necessarily reflect what I believe we were sent here for, and that is to go forward with a health agenda, to go forward to advance the causes of the Canada Health Act, and in particular to deal with issues such as the one we have before us today with the particular bill in question.

I accept that Mr. Blaikie is likely right in the fact that, based on the clerk's evidence here today and based on the rules, where we are proceeding with this motion is likely nowhere. The motion itself doesn't speak to the issue of the day as far as I'm concerned. Rather, what we're talking about here is the culture and where this committee is going to go in the future.

Correspondingly, I would like to say I will be voting against the motion simply because it flies in the face of the rules of this House and the normal process. Secondly, I think we ought to have a second thought about where we're going with this committee and look at the future of health care in this country.

• (1130)

The Chair: Mr. Ménard, and then Ms. Dhalla.

[*Translation*]

Mr. Réal Ménard: I would like to move a motion with the consent of all my colleagues. Would the mover accept to withdraw his motion and that instead, we give you, the chair of the committee, the mandate to invite the Prime Minister to meet with us?

Obviously we are fully aware of the Prime Minister's schedule and we know that this is not a usual practice, however if the purpose of our colleague, Mr. Fletcher, is to hear the Prime Minister on his attachment to the values expressed in the act, then the request to meet with him is a legitimate one.

You could see if the mover would like to withdraw his motion in a friendly and voluntary fashion. However we would give you the mandate to ensure that the Prime Minister will appear before us as soon as possible in order to discuss the values in the Canada Health Act and the respect for the provinces that is tied to that.

I would ask you then to ask the mover if he would like to make a friendly withdrawal of his motion, out of respect for parliamentary privilege.

[*English*]

The Chair: Ms. Dhalla.

Mr. Steven Fletcher: I would like—

The Chair: You have to wait until I call your name, Mr. Fletcher.

Mr. Steven Fletcher: Madam Chair, I just think I can save us a lot of time. I would support Mr. Ménard's suggestion. I'm willing to withdraw the motion if the chair is willing to ask the Prime Minister to come.

The Chair: You can't withdraw a motion based on "if the chair does something". You have to either withdraw the motion or not. What is it you wish to do? Do you want to withdraw this motion?

Mr. Réal Ménard: No, he can.

[*Translation*]

He could say that he is withdrawing his motion on condition that you be given the mandate to invite the Prime Minister. I think both those elements should be part of the suggestion. You would not be responsible for the Prime Minister accepting or refusing, but would you accept the mandate, on behalf of all your parliamentary colleagues, to invite the Prime Minister to appear before the committee?

[*English*]

The Chair: I can only deal with the motion before me at the moment. The initiative to invite the Prime Minister to come here to talk about this would be a totally separate initiative and would require another motion, Mr. Ménard. That motion is quite different from the motion before us, so I believe it would require another 48 hours' notice—

[*Translation*]

Mr. Réal Ménard: Unless there is unanimous consent.

[*English*]

The Chair: — unless there was unanimity.

[*Translation*]

Mr. Réal Ménard: If you could just check if there is the unanimous consent that I can see in the eyes and souls of our colleagues, I think that we would be able to withdraw the motion and to give you a mandate. I think that the parliamentary secretary could also see this as a way of dealing with the situation.

[*English*]

The Chair: I'm not going to deal with two subject matters at a time. I have subject matter before me that is about cabinet papers, and I'm going to ask the mover again if he is willing to withdraw it. We can then move on to the other topic.

• (1135)

Mr. James Lunney (Nanaimo—Alberni, CPC): On a point of order, Madam Chair, I believe we have the right to ask for unanimous consent. That's very easy to obtain or not obtain. If the members are in agreement that—

The Chair: We will do that after we deal with the motion before us. We can't do things conditionally. There is a suggestion of an initiative from Mr. Fletcher before us. We have debated it for 15 or 20 minutes.

Mr. Fletcher—

Mr. James Lunney: It's a point of order, Madam Chair. Can the clerk verify whether or not we can ask for unanimous consent in the middle of a discussion?

The Chair: The clerk is saying we have to deal with the motion before us first before we can go on.

Mr. Thibault.

Hon. Robert Thibault: On a point of order, Madam Chair, I can't speak for my colleagues, but if it's going to be helpful, then as an individual and as a member of this committee I would be predisposed to enter into the discussions being suggested in terms of getting the Prime Minister to clarify his intentions vis-à-vis the Canada Health Act, either by attendance, correspondence, or some other meaningful way, if Mr. Fletcher chooses to withdraw his motion.

The Chair: You're perfectly safe to put that out there; however, it does not deal with the motion before us. I have to be precise about dealing with the motion before us first.

So, Mr. Fletcher, are you withdrawing this motion?

[*Translation*]

Mr. Réal Ménard: Point of order, Madam Chair.

[*English*]

The Chair: I think Mr. Blaikie had his hand up first.

Hon. Bill Blaikie: Madam Chair, in fairness, the proposal Mr. Fletcher made was that he would withdraw his motion in return for a certain commitment on the part of the committee or the chair. To simply keep asking him if he is going to withdraw his motion without the quid pro quo is procedurally unfair and substantively unfair.

If the committee is prepared to address this, either you as the chair could make a commitment that you would speak to the Prime Minister, or the committee, by going around...I believe it's

procedurally appropriate for you to ask the committee if it is agreed that we would seek some clarification from the Prime Minister. If the committee agrees, then Mr. Fletcher withdraws his motion and everything is civil. But to keep hammering at him to withdraw his motion when we haven't dealt with the very thing that could make him withdraw his motion doesn't seem to me to be very productive.

The Chair: I will bow to the will of the dean of the House, because I think he is right from a practical perspective. From a procedural perspective, though, I don't want to be boxed in at all the future meetings with the idea that someone is going to do something only if something else is going to happen.

I really can only deal with words on a paper in front of me, Mr. Blaikie. This time—

Mr. Steven Fletcher: Madam Chair—

The Chair: You do not have the floor, Mr. Fletcher.

This time, Mr. Blaikie, I will bow to your will simply to try to resolve this.

Is there unanimous consent to authorize the chair to invite the Prime Minister to come to clarify these matters?

Hon. Robert Thibault: On a point of order, I would suggest that maybe the wording could be “to invite the Prime Minister to clarify his intentions in a meaningful way, including an appearance at the committee.”

The Chair: Now we're into different conditions.

Mr. Fletcher, you may now respond to that idea.

Mr. Steven Fletcher: In the spirit of cooperation, I'm willing to withdraw the motion. However, I would like to have the Prime Minister come to the committee in person, as my colleague Mr. Ménard suggests. It's in person, not through meaningful correspondence and not via a letter, so that we can ask meaningful questions.

I'm willing to withdraw the motion, but I'm also going to give notice to the committee that I'm going to reintroduce a very similar motion if the quid pro quo of good faith isn't reciprocated.

The Chair: Mr. Fletcher, if I understand you correctly, you are willing to withdraw your motion if the chair invites the Prime Minister to come to the committee, but not just to send a letter. Is that right?

Mr. Steven Fletcher: Yes.

The Chair: Is there unanimous consent for the idea that the chair is authorized to invite the Prime Minister to come?

Some hon. members: No.

• (1140)

The Chair: There is not unanimous consent.

Mr. Fletcher, you still have the possibility of proposing another motion to that effect even without unanimous consent. You could circulate it and we could debate it at the next meeting.

Mr. Steven Fletcher: Well, I'd like to hear Mr. Ménard's comment, and then I'll...

The Chair: Mr. Ménard.

[*Translation*]

Mr. Réal Ménard: I would ask the parliamentary secretary to think carefully about his refusal to give his consent.

If we do not have an alternative solution available now, as opposition parties, then we will adopt the motion. It's all very well to respect parliamentary privilege, but I can understand Mr. Fletcher wanting to find an alternative solution. There is a consensus emerging whereby the chair, who is the only one who can speak on behalf of all committee members, would invite the Prime Minister. I think that is reasonable. If that is opposed, then we will adopt the motion.

I'm asking the parliamentary secretary to give his consent so that we can work in a spirit of cooperation. What I am concerned about is breaching parliamentary privilege if Cabinet documents are made public before the time provided for has expired. I cannot understand why you would be opposed to giving the chair the mandate to invite the Prime Minister, in exchange for our colleague withdrawing his motion. Everyone has to be reasonable, on all sides, in this committee.

[*English*]

The Chair: Mr. Thibault, your response.

Hon. Robert Thibault: I want everybody to understand that it's not the points or the discussion that I have a problem with. I think we have to look at what Parliament is, what the committees are, what their roles are, how they evolve, and what we are doing here.

We have one former member of Parliament who writes memoirs and makes allegations. These allegations are refuted by the person they are pointed at and refuted by a key witness, and then we spend the morning in committee discussing whether or not these people should be called and whether we should have production of documents.

I'm going to bring you back to last year. A year ago we would not have mentioned anything about calling in cabinet documents. Because of the problem with the sponsorship question and the importance it has to cabinet, the Prime Minister willingly broke precedent and produced documents at the wish of the committee. Not only did he produce the documents he had control over, but he asked the preceding government to do the same. The government agreed and all documents were produced. We're talking about millions of pages. Because of that precedent, we are comfortable today to ask for that again on a minor point.

I then bring you forward to today. What do we do again? We get a motion that is completely unacceptable. It doesn't meet with the regulations and the rules of the House of Commons and of the committees. What do we do with that motion? Rather than defeating it, we look at negotiating it and bringing the Prime Minister before a committee. That again is quite irregular.

If I support this, I'm telling every committee in this House, both now and in the future, that if they want to get the Prime Minister or they want something to be done, what they do is put an irresponsible motion before the committee, spend hours debating it, and negotiate it into what they really want, which is something outrageous to start with.

If we want to deal with this, then I agree with the chair. Let's deal with the motion first and then come back and look at whether or not we want the Prime Minister to clarify things.

If I look at my idea, has the Prime Minister clarified his position on the Canada Health Act? He has refuted what that former member, a Deputy Prime Minister, has said. In the Speech from the Throne, in his platform, and in the agreement with the provinces, he recommitted to the Canada Health Act and its pillars. I think that's very valid.

As for the concerns Mr. Blaikie points out, like the administration of the Canada Health Act, how we are going to enforce it, or whether or not there is leakage in it, those are the questions we should be dealing with. That is why we have the minister coming forward. I think we agreed that after the supplementary estimates are put before the House on November 4, the minister would appear. He would also talk to us about the \$41-billion agreement. Those are the important points that this committee should be dealing with, not what discussion may or may not have happened ten years ago behind closed doors that had no effect on public policy whatsoever.

Furthermore, we have no evidence that this discussion happened. All we have are allegations made by one individual selling a book, and we have them refuted by the deputy minister and the Minister of Finance of the day.

• (1145)

The Chair: Mr. Ménard.

[*Translation*]

Mr. Réal Ménard: Can we adjourn for five minutes?

[*English*]

The Chair: You want to have a little meeting? The meeting is suspended for five minutes.

• (1145)

_____ (Pause) _____

• (1150)

Mr. Steven Fletcher: Madam Chair, on the advice of my colleagues, I am willing to withdraw the motion, but I am also going to introduce another motion to ask the Prime Minister to come before this committee to clarify some of the accusations the former Deputy Prime Minister has made.

The Chair: We'll look forward to that in future, but for now this motion is withdrawn.

We'll move on to the second motion, put forth by Mr. Merrifield.

Mr. Rob Merrifield: On a point of order, would that be a notice of a motion there, or does it have to be in writing?

The Chair: It should be in writing, but he can do that before he leaves today.

The second motion is from Mr. Merrifield, who moves that the committee report to the House today its unanimous support for a motion on federal compensation for hepatitis C victims of tainted blood. This would be the motion that passed last week.

Mr. Merrifield.

Mr. Rob Merrifield: This one is a little less controversial, I'm sure.

This is really perhaps a bit of an oversight. It's leaving the meeting with unanimous consent. I think there's a great unity amongst all members from all sides in this committee, but my concern was that it's just this committee, and where does the motion actually go? Instead of just giving it to the minister, I think it's important that we move this debate into the House.

I understand there's a take-note debate on this subject next Tuesday evening, but I think it is important for the House to know the position of this committee on this position. I therefore think it's appropriate that we report it to the House.

The Chair: Just as a little procedural possibility here, I'm not sure we can have the formal report, the papers, ready for today, but Monday or Tuesday would be probable. Would that be okay? Can we just change "today" to "as soon as possible"?

In the timetable of the House, the tabling of committee reports has already been done this morning, so we'd have to pick a different day.

Mr. Rob Merrifield: Monday would be fine.

The Chair: How about as soon as possible? We may not be here on Monday.

Mr. Rob Merrifield: Yes, as soon as possible is fine.

The Chair: Mr. Merrifield is amending his motion to remove the word "today" and replace it with "as soon as possible".

I'm not even sure I'll be here Monday morning when they do committee reports.

Mr. Rob Merrifield: Yes, and I wouldn't want to put you in an awkward position. I'd be pleased to do that.

The Chair: You have the motion before you.

Mrs. Chamberlain.

Hon. Brenda Chamberlain (Guelph, Lib.): It's not that I'm negative on this, but I thought we requested information on this in this committee, and I thought we were going to discuss it, so I'm really puzzled by this.

Mr. Rob Merrifield: We are, I believe, and that report would come after we listen to the witnesses and we table a report that will go to Parliament. The motion is that it be reported to the House that this committee had unanimous consent on this motion. That's what I'm asking for.

Hon. Brenda Chamberlain: But I don't understand, Rob.

Mr. Rob Merrifield: The report is different from the motion. That's what you have to understand.

•(1155)

Hon. Brenda Chamberlain: I don't understand.

The Chair: You're right, Mrs. Chamberlain, but the problem came with that motion. I was uncomfortable with it at the time, because we made a decision on a topic and then we asked to have witnesses to tell us about it. Usually we have witnesses to explain everything to us and then we make a decision, but we had the cart before the horse. Now we're in the embarrassing position of being asked to report to the House before we hear the witnesses. So your concern is valid.

It would seem to me that the more normal time to report to the House would be after the witnesses come. That way not everyone

knows we made a decision before we heard the witnesses. This way we're telling the whole world we had it backwards.

Hon. Brenda Chamberlain: Could I just finish, though? I haven't finished my thought.

I guess my question is, if we're going to go ahead and make the decision, then why would we bother with the witnesses? If we have the decision made, why would we bother with all of that? I don't understand it.

Mr. Rob Merrifield: Can I comment on that?

The Chair: Yes, go ahead, Mr. Merrifield.

Mr. Rob Merrifield: Just so you understand, that was an amendment to my motion, which I saw as a friendly amendment to just get the final details on some of the information in Réal's amendment to my motion, which I didn't have a problem with.

This is an issue we have beat around for a decade in this Parliament, and I don't think it's something that needed a lot of review for us to make the decision we made. I think we made the appropriate decision. The report would be very minor and the number of witnesses coming forward would be very few. Nonetheless, the decision was made, and I believe we have to report this to the House. I think that's where the motion should have gone and where it should go at this time.

Hon. Brenda Chamberlain: To follow that up, then, I would ask why we would have witnesses afterwards if we've already made the decision.

The Chair: We agree, but that's what we voted for last week, unfortunately. That's what I'm saying.

I think Mr. Ménard would like to make a point, Mrs. Chamberlain. Maybe he can clarify things.

[*Translation*]

Mr. Réal Ménard: Madam Chair, you may be aware that on Tuesday evening, the House leaders agreed on holding an exploratory note debate, requested by the Bloc, on the issue of hepatitis C.

Ms. Chamberlain is right, but I understand Mr. Merrifield's concern. Obviously the issue is this: as the parliamentary health committee, we want to tell the government that we would like to see compensation provided regardless of the chronology of events.

Do we need to hear witnesses? We've asked to meet two groups of witnesses: the fund managers and representatives from the Hepatitis C Society of Canada. I think it would have been more interesting to first hear the witnesses and then, for all the parties on this committee to give a press conference to make our report public. That would have been more interesting than stating our position on broader compensation, which I hope will be unanimous, at the end of the meeting.

If Mr. Merrifield is saying that we want to immediately tell the government that we agree on broader compensation, then that implies that the committee is ready to take that position now. I am also willing to do that. However I do not want that to prevent us from hearing the fund managers, that is Crawford, and the Hepatitis C Society of Canada. If the chair finds that there is a consensus, then you could immediately report to the House on the principle. Mr. Merrifield is asking that we take a position on the principle. I do not have a problem with that but I want us to hear the witnesses and I want us to report on that hearing.

[English]

The Chair: Mr. Blaikie, and then Mr. Thibault.

Hon. Bill Blaikie: Madam Chair, it may be that some members of the committee don't understand the logic of what the committee already did.

• (1200)

The Chair: Because it wasn't logical.

Hon. Bill Blaikie: But it's done, and if the committee has expressed its unanimous support for a motion such as the one that was already passed, having to do with compensation for hepatitis C victims, then it would be good for the House to know that. There is a bit of a case of the cart before the horse, but we can be in favour of something and still want to know more about it. Certainly there are details with respect to implementation and what has happened so far that we can learn from. It seems to have been difficult to have compensated even those between 1986 and 1990. There have been problems. So there are things to learn, particularly if we're going to expand the coverage.

So it may not be quite as illogical as it seems that we start from the premise that the House should know the committee has taken this position. I think the motion itself is a little funny in the sense that it wants us to report unanimous support for "a" motion. I think it would probably be better if it said "the" motion. I'm assuming we're talking about a particular motion that was already passed, so if it said "the" motion passed on such-and-such a date, it would be more procedurally tight. Maybe I'm just being picky, but I don't see anything wrong with reporting it to the House.

When you were talking about the order of things, Madam Chair, it struck me that I actually remember a debate in the House—it only happened once—in which the House, by unanimous consent, deemed a motion to have been passed and then continued to debate it for the rest of the day.

Some hon. members: Oh, oh!

The Chair: Thank you, Mr. Blaikie.

Mr. Thibault.

Hon. Robert Thibault: Thank you.

I think the answers to Brenda's questions that I got from the other side are very good, and I would agree. I think we agree on the principle of compensation and that we should hear what is available, what form it might take, and the expectations from the victims. It's completely appropriate, and I don't have a problem with it.

I can support this motion. It might be an answer to Mr. Blaikie's concerns, Rob, if we all agree to strike the words between "for" and

"federal". It would read, "That the committee report to the House today its unanimous support for federal compensation for hepatitis C victims...". We would strike the reference to a motion. I think that would help to feed the debate that comes into that motion, but it's not critical to me. I can support it one way or the other.

The Chair: Mr. Merrifield.

Mr. Rob Merrifield: I'm okay with changing "a" to "the" when we're referring to the motion, but I think that's what we did. That's an action item, and I think it's what should be reported in the House.

The Chair: I think we're ready for the question.

(Motion agreed to)

The Chair: Thank you very much.

Mrs. Chamberlain.

Hon. Brenda Chamberlain: I realize we're outnumbered seven to five here. The bottom line is that the opposition can put down anything they want and can pass anything they want, period. But I would say that I hope this committee is going to do the due diligence of work. It would be very sad to see that we're just going to pass motions and then say we're going to hear from witnesses and then we're going to...

While we've done that this time, I guess I would make a plea that we do the right thing for Canada, please. Health care is the number one issue in this country. My goodness, this is why I turned down an appointment from the Prime Minister. It was to sit on this committee to try to get the things through that we want for Canadians.

Every single one of us represents ridings in which people care. They're hurting, quite frankly. They're hurting because they can't get to doctors, because they can't see specialists, because they don't have a GP.

So I just make this plea that we do the due diligence, or we're not fulfilling our role as members of Parliament, Madam Chair. I feel strongly about that.

The Chair: Thank you, Mrs. Chamberlain.

In addition to what Mrs. Chamberlain said, I think we have staff here who assist us at every meeting and between meetings. I would suggest that when people have motions, they might test them out on the clerk to see if they're within the rules. Maybe then they could test their motions out with a researcher, supposing those motions are of a scientific nature, to see that they actually are feasible or that there is some scientific basis for them, before taking up the committee's time with motions that we, as lay people, are inclined to think would be a good thing.

I think we will save a lot of time if in fact we write our motions. We don't have to. I'm just saying it might be a cautionary thing to do, to just check with somebody that the motion will in fact fly from the point of view of legality or science before we bring it here.

Mrs. Demers.

[Translation]

Ms. Nicole Demers (Laval, BQ): Thank you, Madam Chair.

I would like to speak to my colleague's concerns. I think that believing that we do not take our work seriously is somewhat like assuming we're acting in bad faith. I think that my colleague showed that he was acting in good faith when he spoke earlier.

We don't necessarily want to pass motions or notices simply because we on the opposition side have the majority. I am also concerned about the health of our youth, especially in Quebec where for several years now funds have been cut because of the fiscal imbalance.

Please, do not assume bad faith on the part of people and do not think that because you are a minority we do not want to make any progress. I can assure you that we will do our work seriously and conscientiously .

• (1205)

[English]

The Chair: Mr. Blaikie would also like to speak.

Hon. Bill Blaikie: Ms. Chairman, on this point, as one who has been on the losing end of majority votes for 25 years, I would say to my Liberal colleague not to get prematurely cranky.

Some hon. members: Oh, oh!

Hon. Bill Blaikie: If she's already upset because she's lost a few votes, then I hope she never has to spend any time in opposition. Of course, I do hope she spends time there.

There's no reason to assume that other majorities that may from time to time emerge on the committee are any less or any more wise than other majority squads I've experienced on the government side. A lot of dumb things have been done by government majorities over the years, and the odd dumb thing gets suggested by opposition majorities. That's probably par for the course as well. But I wouldn't start out from this position of supposed superiority when it comes to government majorities.

The Chair: If we achieve our goals in this committee, we will see motions passing with support from both sides of the table and opposition to the very same motion from both sides of the table. The reason we've been successful in the past is because people have done their own thinking pretty independently.

Mr. Ménard.

[Translation]

Mr. Réal Ménard: Madam Chair, before we hear from the people from the agency, can you update us on the possibility of the Minister of Health appearing before us? Do we have any firm dates? Can you update us on that?

[English]

The Chair: In fact, the clerk has invited him officially. We do not have a firm date coming back, but I've spoken to him personally and he'd very happy to come. It's just a matter of when.

An hon. member: Before the break?

The Chair: The motion was for before November 19. We hope we might get him before the break, but I don't have a firm answer for you.

Ladies and gentlemen, I think we have had an hour and almost ten minutes of debate on this. I see the minister coming in, so I will invite the minister and Dr. Butler-Jones to come directly to the table. We are ready now to begin.

Ladies and gentlemen, it's my pleasure to welcome the Minister of Public Health and the Chief Public Health Officer of Canada to our table once again. Our last meeting was introductory and descriptive of the new agency, but this morning we have a serious issue before us, that being Bill C-12, which has been referred to us by the House. I will ask the minister to introduce the bill and Dr. David Butler-Jones to then elucidate on it.

I have to call clause 1 procedurally, so we'll begin with consideration of clause 1.

Dr. Bennett.

[Translation]

Hon. Carolyn Bennett (Minister of State (Public Health)): Thank you.

In the Throne Speech, the Government of Canada made a commitment to modernize health protection legislation.

[English]

While the current health protection system has served Canadians well, the time has come to update and integrate our existing laws into a stronger, more comprehensive, and flexible public health system, which is precisely what Dr. David Naylor, as well as the Senate committee that studied SARS, recommended that we do.

[Translation]

Updating the Quarantine Act is the first in a series of improvements, including the Public Health Agency Act, that the Government of Canada plans to make to strengthen our public health care system.

[English]

With the SARS crisis we had to face the fact that our current legislation is outdated. The existing Quarantine Act has remained largely unchanged since the adoption of the first Quarantine Act in 1872, a time when automobiles and jetliners were the subject of science fiction. In today's world, infectious diseases move like wildfire across the planet. Diseases do not respect borders, so we know we will face repeated threats to public health in the future.

Among the many hard lessons learned from the experience of SARS is the need to strengthen our quarantine legislation to help prevent the introduction and spread of both emerging and re-emerging communicable diseases. That's why we're moving forward immediately with the new quarantine legislation.

The modernized act that we propose has a new focus on airline travel and would provide the Minister of Health with additional abilities. For example, he could divert aircraft to an alternative landing site if it is necessary to isolate those passengers; establish quarantine facilities at any location in Canada; order that carriers from certain countries or regions of the world not enter Canada if there are serious concerns that such carriers, on arrival, may threaten the public health of Canadians; and close Canadian border points in the event of a public health emergency. The proposed act also lists many more communicable diseases for Canadian officials who can detain departing passengers.

I want to assure the committee that Canadians' privacy rights are guaranteed. While the updated act authorizes the collection and sharing of personal health information, authorization to do so is limited to what is required to protect the health and safety of Canadians.

I also want to assure this committee that we are open and flexible when it comes to improvements to the bill.

• (1210)

[Translation]

The new version of the Quarantine Act will give us an additional level of protection by providing us with solid, flexible and up-to-date legislation that will enable us to react to present and future health risks more effectively, while adequately protecting people's rights.

[English]

The scope of the Quarantine Act is limited to ensuring that infectious diseases are prevented from entering Canada or being spread to other countries. It will not affect interprovincial movement. We continue to work with our provincial and territorial government partners requiring quarantine measures that can be taken to control the spread of infectious disease within and between provinces. In this regard, I would like to express our appreciation for the FPT special task force on public health, which models a clear approach to mutual aid, information sharing, and collaboration.

On a larger scale, Canada is part of a global public health effort in monitoring, controlling, and responding to the public health threats. The World Health Organization's leadership in this area is important, and we support each other's efforts.

The updated act, the creation of the Public Health Agency of Canada, the appointment of the first Chief Public Health Officer, and the Canadian pandemic influenza plan are all complementary steps in the Government of Canada's strategy for strengthening Canada's public health system. These innovations ensure better communication, collaboration, and cooperation between partners, as well as better clarity about who does what and when. They will build on the expertise and strengths we already have in many areas of public health and communicable disease control to ensure Canadians are safeguarded by a seamless public health system throughout this country. Taken together, they will help ensure that Canadians are fully protected from outbreaks of emerging diseases such as SARS and whatever awaits us in the future.

The Chair: Thank you, Minister.

We'll now ask Dr. Butler-Jones to carry on with his wisdom on the subject.

[Translation]

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

[English]

It's a pleasure to appear before you twice in one week.

I think in terms of the act itself, it is one of Canada's oldest pieces of legislation; it hasn't been modernized since the 1870s. It really is important in this day and age, particularly post-SARS, to be able to introduce flexibility to deal with some of the new and emerging diseases. As you know, it is proposed as a phased approach, which will allow some flexibility and the addressing of potential risks now, as well as the additional consultation we feel needs to take place for more elaborate measures into the future.

[Translation]

It also offers an additional advantage: we will be able to add new diseases quickly, eliminate outdated practices, include protection for individuals and fulfill our international obligations.

• (1215)

[English]

Dr. Naylor's recommendations included the updating of this legislation. As well, we recognize that during SARS one of the things that potentially got Canada into trouble was that we had no mechanism in the previous legislation that would restrict people from leaving Canada who might potentially have been infected and were under quarantine, for example.

[Translation]

Human and economic impacts of infectious diseases can be managed.

[English]

We've had some ongoing consultations, even since the introduction of the bill, and we certainly look forward to the work of this committee in helping us to strengthen what we think is a very important tool, and we very much welcome your input and assistance.

Thank you.

The Chair: Thank you very much.

Is Mr. Brodie going to say something or is he simply here to answer questions?

Dr. David Butler-Jones: He's my expert on the drafting of the legislation.

The Chair: Thank you, and welcome, Mr. Brodie.

Mr. Dennis Brodie (Legislative and Regulatory Policy Adviser, Centre for Emergency Preparedness and Response, Public Health Agency of Canada): Thank you.

The Chair: We'll move to questioning by the members, and we're going to begin with Ms. Skelton.

We'll be following the rules for when a minister is present.

Mrs. Carol Skelton (Saskatoon—Rosetown—Biggar, CPC): Thank you.

Dr. Butler-Jones, thank you very much again. I want to thank you and your department for the briefing you gave me at the office.

When going over the notes, I found a contradiction between what was said at that time and the testimony here on Tuesday. During the meeting we were told that access to information wouldn't be given to members of Parliament, and the minister said otherwise. Could you clarify that for me, please?

Dr. David Butler-Jones: I'm sorry, access to information...

Mrs. Carol Skelton: If we ask for a list of grants and sponsorship, can we get that information from your department?

Dr. David Butler-Jones: I'm sorry, this is not in relation to the Quarantine Act?

Mrs. Carol Skelton: No, it's not. I want some clarification, please.

Dr. David Butler-Jones: Oh, it's a follow-up question.

In terms of a list of where the grants and contributions are, I don't think that's a confidential document. So I'm not sure what the messaging is. Perhaps we need to have that conversation afterward, because it doesn't fit—

Mrs. Carol Skelton: I want to know if you're subject to access to information.

Dr. David Butler-Jones: That's my understanding, yes.

Mrs. Carol Skelton: That's your understanding. Good.

Therefore, if I asked you to table with this committee all the grants and contributions for different things you've done since the minister has taken over, it would be done? Will you table a list of grants and contributions from the public health department since the time you've taken over?

Hon. Carolyn Bennett: I think on Tuesday we committed to Monsieur Ménard that we would be more than happy to do that—

Mrs. Carol Skelton: Okay. I would like a tabling of all those documents, please.

Dr. Butler-Jones, during the briefing in the office you indicated that you felt that Bill C-12 was just phase one in this whole legislation and you thought there should be another piece of legislation. Can you indicate what you believe is missing from this legislation and why we must wait until later to address what is missing?

Dr. David Butler-Jones: For example, in the current legislation you do not see some of the interprovincial travel issues that could potentially become an issue. You do not see in the current legislation anything in relation to a sort of declaration of public health emergency. There are things like that, which we feel need additional consultation with other parties, particularly the provinces and territories, because for public health to be effective, we need to have clear understandings on those kinds of issues.

Mrs. Carol Skelton: I was contacted yesterday by a concerned individual who told me he felt that smallpox stocks were inadequate,

both in terms of quality and quantity, for our country. Can you address this allegation that was given to me yesterday?

Dr. David Butler-Jones: We did refer to it briefly at the committee meeting on Tuesday. We have something over six million doses of the vaccine ready to go now. The testing of that vaccine suggests we may be able to dilute it five to one, which would give us even more doses. That study needs to be completed before we would be able to do that.

But currently, if we had an outbreak of smallpox tomorrow, we'd have over six million doses. The public health strategy, which is to contain, ring, and quarantine, etc., is the measure that allowed us to wipe it out in the world, and six million doses certainly should allow us to do that in Canada.

• (1220)

Mrs. Carol Skelton: During our briefing you talked about 30 quarantine officers in Canada. Can you tell me where they are and how many are in each situation or each station?

Dr. David Butler-Jones: Off the top of my head, I can't tell you exactly how many are in each, but I think there are basically eight major international points, and then the staff—

Mrs. Carol Skelton: Could you get that information to me?

Dr. David Butler-Jones: We can provide that, certainly.

Mrs. Carol Skelton: I'd appreciate that very much.

Does the Public Health Agency have disaster anticipation models? If so, how often are they updated, and how are we currently positioned to handle them?

Dr. David Butler-Jones: Basically, those continue to be revised, and the Centre for Emergency Preparedness and Response does do table models and others. We did in fact do a study of how quickly we could get smallpox vaccine to a part of the country, and the review of that was that we did even better than we had hoped.

Mrs. Carol Skelton: How much does the GPHIN monitoring system cost to operate each year, and how much are we getting back in subscribers' fees?

Dr. David Butler-Jones: I'm sorry, I don't have the answer at this point, but I'd—

Mrs. Carol Skelton: Could you get me that information?

Dr. David Butler-Jones: —be pleased to provide it.

The Chair: Please allow the witness to finish his sentence before you interrupt him. You do have the longest period of time of anyone at the committee.

Mrs. Carol Skelton: I'm sorry. I'm trying to get all my questions in, Madam Chair.

The Chair: Yes, and your questions are rather broad. I feel that for a meeting that was called to examine the Quarantine Act, we're getting into tremendous depth on other issues. I feel as if we're putting Dr. Butler-Jones through his final exam or something, as opposed to getting his expertise on this bill.

Hon. Carolyn Bennett: We'd be happy Madam Chair, to have a take-home exam.

If there are questions of a very specific nature...I think it would be our wish that if there are specifics that would make the committee comfortable, give them to us and we'll table the answers. That would be great.

The Chair: Mr. Thibault has a point of order.

Hon. Robert Thibault: I think members will remember—and I don't believe Madame Skelton was at that meeting—in one of the first meetings we had, when we looked at procedure, we instructed the chair to keep the meetings on point. A lot of the questions that are being asked by Madame Skelton would be well placed when we are looking at the estimates and other points. Today we're on the Quarantine Act.

The Chair: I'm giving Mrs. Skelton fair leeway because I recognize she's in a new role as the lead official opposition critic for public health, and she's tremendously enthusiastic about it. That's all very well and good, and we appreciate the work she's doing.

However, I would ask you to try to get back on topic, which is Bill C-12 or the Quarantine Act.

Mrs. Carol Skelton: Okay.

Dr. David Butler-Jones: Madam Chair, in terms of what hopefully would facilitate the work of this committee—because our interest is to make sure you have the answers you need—if you were to submit... From my perspective, it would not have to come to the committee for question. If you desire the answers to the questions to be distributed to the committee, I'd be happy to do so and to prepare them for you, without them needing to actually be here, if you wish—depending on how you wish to proceed.

The Chair: Yes, Dr. Butler-Jones, sometimes the members wish to have both their questions and their answers on the public record, and that's why they like to ask them here.

Dr. David Butler-Jones: Certainly.

The Chair: Go ahead, Ms. Skelton.

Mrs. Carol Skelton: I'm sorry I digressed from the bill, but I felt, from the committee meeting we were at the other day, that there were some questions that needed to be answered. I wanted to have them on the public record and stated that way.

If Bill C-12 grants the minister power to commandeer any place or facility they deem needed for the enforcement of the act, the act should also provide the minister with the authority to compensate but not the obligation to compensate.

Do you think the situation may cause some property owners to object and then deny or delay implementation of the quarantine? Do you think the compensation issue in the bill is going to be a problem?

Dr. David Butler-Jones: In terms of compensation...for example, if the minister had to take over a hotel for quarantine, then we would reimburse the hotel owner for the costs of that. So I don't think in the middle of an emergency... Again, the experience with SARS was the tremendous desire of people to cooperate in the face of what was a local or regional catastrophe.

•(1225)

Mrs. Carol Skelton: Why did the government not choose to make compensation mandatory?

Dr. David Butler-Jones: I don't have the specific answer to that. If you make it mandatory, then the question is what you would include, whereas you can look at what the real costs are, and that will vary depending on the situation.

Mrs. Carol Skelton: I guess my concern, looking at other government departments like the Canadian Food Inspection Agency, is that the compensation has not been adequate or fair to the people who have been affected. Without this bill stating the exact rules and regulations that need to work with the compensation, I see a flaw in it—a fatal flaw—and I think it's something that should be put into the bill.

Dr. David Butler-Jones: Yes. I would think if there is a desire to be more specific, that likely would follow in the regulations that relate to the bill, as opposed to being in the powers of the minister to do what is needed in order to address the risk to the public.

The Chair: Mr. Merrifield for five minutes, or maybe three and two, if he shares with Mr. Fletcher.

Mr. Rob Merrifield: I'm just quickly going to pick up from that point. I think in clause 6 it talks about having to maintain this free of charge, and in clause 8 it says, the minister “may compensate”. I think that's what Mrs. Skelton was getting to.

I wonder, when you're putting it into legislation, why you would have it worded so loosely. You know, when we're drafting pieces of legislation that haven't been touched since 1872, it doesn't give a lot of comfort. When you look at the Quarantine Act, from my perspective, the Quarantine Act should be used very seldom, but when it's used it should be used very aggressively, and it's only as good as how it's complied with.

If you're going to force people to comply, which I think we have to, because of the safety of the nation—that's why you apply it—then that society should then compensate anyone who has put themselves out personally to be able to protect society. I think that's the principle we're getting at. I just don't understand why the “may” and the “free of charge” are in there.

Dr. David Butler-Jones: At this point I'll defer to Mr. Brodie. He seems to have more of an answer than I do.

Mr. Dennis Brodie: Subclause 6(2) refers to anyplace where there is a customs office. Where there are customs offices, the arrangement within the government is that Health Canada or the agencies would be provided that space free of charge.

Mr. Rob Merrifield: Because it's a public building?

Mr. Dennis Brodie: Yes.

Mr. Rob Merrifield: Wouldn't it be better to specify?

Mr. Dennis Brodie: It tries to do that where it says, “a facility in which a customs office, within the meaning of subsection 2(1) of the Customs Act, is located”.

Mr. Rob Merrifield: Fine. If that's the intent, maybe we can play with the wording on it later on.

Mr. Dennis Brodie: Yes, sure.

Mr. Rob Merrifield: But that is the intent?

Mr. Dennis Brodie: Yes.

Mr. Rob Merrifield: What about clause 8, where you say “may” compensate? The word “may” is pretty loose; either you will or you won't.

Mr. Dennis Brodie: I think the concern was that by putting an obligation in there, you then would have to specify exactly what would be compensated. Do you compensate for use of the premises? Do you compensate for the wages lost? Do you compensate for all the things that might be lost? It's a discretionary power that is available to compensate. As I understand it, this is quite common in other statutes.

Mr. Rob Merrifield: That's another area where you may want to tighten up the language.

Dr. David Butler-Jones: If you were to go with “will”, then I think you'd have to be very clear in the specification of what would be compensated for. Otherwise, my laundry list of all the things I might be interested in being compensated for—

• (1230)

Mr. Rob Merrifield: Isn't that where the regs come in?

Dr. David Butler-Jones: But you need to be very clear in how it's specified. That's a wording issue, and it's up to the committee, obviously.

Mr. Rob Merrifield: It's a critical issue.

Thank you, Madam Chair.

The Chair: Mr. Fletcher for a minute and a half.

Mr. Steven Fletcher: This bill designates authority to the health minister, with no mention of the Chief Public Health Officer. Is there a connection between this bill and the Public Health Agency headed by the chief?

Dr. David Butler-Jones: In terms of the Public Health Agency and the Chief Public Health Officer, currently there is no such entity in legislation. So in this legislation, at this stage, we cannot refer to it, because that legislation for the agency and my position... Currently they are orders in council, not legislation. When that comes forward in the spring, a decision can be made on whether to specify CPHO and the agency or continue that as a delegated act from the minister.

Mr. Steven Fletcher: You report to the health minister then.

Dr. David Butler-Jones: I report to Minister Dosanjh.

Mr. Steven Fletcher: Where does Minister Bennett fit in all this? Is there a role for Ms. Bennett in this whole structure?

Hon. Carolyn Bennett: I have a letter of delegation from Minister Dosanjh for the daily ministerial oversight of the agency. The role of ministers of state traditionally is in terms of the mandate letter from the Prime Minister but then also a delegation letter from the senior minister.

That's how I fit in. David and I work closely together, but ultimately he reports to Canadians through Parliament and through the Minister of Health.

Mr. Steven Fletcher: If there's a crisis and Dr. Butler-Jones picks up the red phone to say, “This is what I need to do”, that call goes to the Minister of Health.

Dr. David Butler-Jones: That call would go to the Minister of Health, but similar calls would go to a range of partners to ensure that others are aware of what we're doing, yes.

The Chair: Mr. Ménard.

[*Translation*]

Mr. Réal Ménard: Good afternoon.

I have three questions for you. When we hear about quarantine officers, we have the impression—and correct me if I am wrong, that they are located in the ports, airports and other places where numbers of people in transit are very high.

Are quarantine officers trained by the Canada Customs Agency or by Health Canada? What are their basic qualifications?

Dr. David Butler-Jones: The officers are agency employees. So they are our employees.

Mr. Réal Ménard: Do they have paramedical training or training that is closer to that of customs officers? How does someone become a quarantine officer?

[*English*]

Dr. David Butler-Jones: No. They are health professionals. Their training is by the agency, in addition to their underlying nursing degree or whatever.

[*Translation*]

Mr. Réal Ménard: Let's look at an example. Suppose that in two weeks, an epidemic of one of the viruses listed in the schedule to the act breaks in Montreal. How will the situation unfold? Will Minister Bennett have to obtain an order in council from Cabinet to quarantine the area? How is the area to be quarantined determined? What do you do if the area is a public place that belongs to a municipal or provincial authority?

You will undoubtedly recall that in the House, during the debate on the Public Safety Act, we expressed concerns with eventual order in council mechanisms that would encroach on the prerogatives of municipalities and provinces.

Imagine a scenario where there is an epidemic in Montreal. You quarantine an area. How would the situation unfold? What is Cabinet's role? How do you involve the various partners? The bill gives the impression that you want to go to the health authorities, without going through the provinces. I cannot imagine Minister Bennett doing that.

• (1235)

Dr. David Butler-Jones: My answer will be more precise in English.

[*English*]

The way we work is that this regulation, this bill, relates to entry into Canada. It does not relate to outbreaks that occur or arise in Canada. The system in Canada would be local.

[*Translation*]

For example, in Montreal, Richard Lessard would be the chief medical officer.

[English]

They have responsibility, and they work with their provincial authority. If they need or desire our assistance in terms of epidemiology, laboratory, or whatever, we would be there to help them, but it's their outbreak. When it extends across multiple provinces, it's still within provincial jurisdiction and regional medical officer jurisdiction. We would help to facilitate, to make sure they have the tools and the knowledge, to ensure a coordinated response, etc.

So these local quarantine issues are not part of this bill. This relates to entry and egress from the country.

[Translation]

Mr. Réal Ménard: Section 3(1) of the act, which deals with establishment and designation by the minister, reads as follows:

3.(1) The minister may establish quarantine stations at any place in Canada,

You can contain an infection caused by a person who is on an airplane or a boat. However, how will you establish the perimeter to be quarantined? The area could be under provincial or municipal jurisdiction. Does Cabinet have to be involved to quarantine an area?

[English]

Dr. David Butler-Jones: If, for example, people arrive at an airport or at a port, the initial quarantine would be on-site. If it looks like it's going to be an extended quarantine, it's hard to maintain people in an airport for an extended period of time in terms of showers and all those kinds of things. That's when you have the provision to, say, commandeer a hotel. That would be done in cooperation with the regional health authorities and the provincial health authorities.

I suspect that some of the people presenting to you will talk about how we can improve the provisions here, to ensure that there is adequate communication from the federal authority to the local medical officer, or, if there are outbreaks occurring in provinces, to ensure that we also know about those.

[Translation]

Mr. Réal Ménard: The minister can therefore designate a quarantine zone without asking for cabinet approval. There is no need for an order in council to say that a location is under quarantine. The minister has this authority under the act.

[English]

Dr. David Butler-Jones: This is a minister's authority. You would not need to go to cabinet. There is a process for validation of these orders.

[Translation]

Mr. Réal Ménard: How was the schedule giving a list of diseases such as cholera, established? Are the criteria set by the World Health Organization?

[English]

Dr. David Butler-Jones: That is the current schedule. As we recognize the diseases that have the potential for epidemics, that schedule evolves.

[Translation]

Mr. Réal Ménard: Fine.

Thank you.

[English]

The Chair: Ms. Demers.

[Translation]

Ms. Nicole Demers: Thank you, Madam Chair. I'm happy to see you again, Doctor Butler-Jones and Ms. Bennett.

Bill C-12 provides for non-invasive control mechanisms for travellers entering or leaving Canada. What is meant by non-invasive controls? What are the parameters of these controls? How will these be applied?

•(1240)

[English]

Dr. David Butler-Jones: Basically we're talking about things like observation, questionnaires, should there ever be a scanner that's useful sometime in the future—those things where you don't actually have to stick a needle in someone or whatever.

[Translation]

Ms. Nicole Demers: Unlike Bill C-36 introduced during the 37th Parliament, this bill does not mention the Canadian Charter of Rights and Freedoms nor the Canadian Bill of Rights. Why is that?

If a province such as Quebec has its own charter which provides superior guarantees, should it not be included to respect protected rights?

[English]

Dr. David Butler-Jones: The view from Justice Canada is that this bill comes under the charter. It complies with it and applies to it. In fact, there are a number of areas in which this legislation provides more protections, including such things as the ability to have a second opinion when someone is referred to a physician. If they don't want our physician to do the examination, they can have another physician do that. They have the right to an interpreter and other things that go beyond the requirement.

[Translation]

Ms. Nicole Demers: Should we not ensure that the deficiencies in this bill are corrected, for instance as concerns confidentiality of information? There are still deficiencies in this bill.

[English]

Dr. David Butler-Jones: The Justice Canada opinion is that this complies with that, and there are strong provisions in terms of protection and privacy. The only exception is for public health purposes—in other words, situations where we may have to reveal a name to another level of government in order to track a person who's come into the country.

[Translation]

Ms. Nicole Demers: Will the anonymity of travellers be protected at the very first stage when the first control mechanism is used? Will the anonymity of travellers be protected when it comes to information management?

[English]

Dr. David Butler-Jones: It's an issue of professional confidentiality, much as it relates to patients and the protection of anonymity. You'd need to move beyond that for situations such as the ones I described previously.

The Chair: Thank you, Ms. Demers. Your time is up.

Ms. Nicole Demers: Merci, madame la présidente.

The Chair: Mr. Blaikie.

Hon. Bill Blaikie: Thank you, Madam Chair.

I was going to ask what it meant to be infested with vectors, but then I looked it up.

Dr. David Butler-Jones: You haven't had that experience, I expect.

Hon. Bill Blaikie: I now have a whole new lexicon for when I'm making political metaphors.

Anyway, I wanted to pursue something you referred to yourself, Dr. Butler-Jones, I think, in your presentation the other day, and it has come up already here. You're saying the act is charter-proof—the Department of Justice always says that. I've never had anybody come before a committee yet and say, the Department of Justice says this isn't charter-proof. So to have somebody say the Department of Justice says this doesn't exactly settle the matter. I wonder if you could point out where the Department of Justice, or perhaps you, thought there were ambiguities or tensions with respect to charter rights. What was the Department of Justice worried about that it then decided it didn't need to worry about?

Dr. David Butler-Jones: We do in fact have our favourite lawyer with us. So if it's okay with the committee, I'd ask Mario to come forward.

• (1245)

Hon. Bill Blaikie: It's always important to have your favourite lawyer.

Dr. David Butler-Jones: One of my favourite lawyers.

Mr. Mario Simard (General Counsel, Health Protection Legislative Renewal, Department of Health): One thing you have to understand first is that the charter applies whether we mention it in the act or not, and the charter provides for certain protections. For example, the charter provides that you're entitled to consult with legal counsel and that you are entitled to judicial review, so you can go to court and ask for the decision of the quarantine officer to be reviewed. That's built into the charter. We don't repeat it in the bill, because it's there already.

We've added a number of protections that go beyond what's required by the charter. Dr. Butler-Jones has pointed out some of them. For example, something you don't have in the current act is that while you are examined by a doctor appointed by Health Canada, you may want to have your own doctor give you a second opinion. That's built into the act. You have a right to an interpreter. You have to keep in mind that some of the people who come to the country don't speak either French or English, so we have to make that easier for them. With the whole process of review of the decisions, it's built into the act, for example, that every seven days there will have to be a confirmation of your detention following a

certain process and all of that. Built into the act is the right, basically, to appeal administratively the decisions that are made. Another thing that's very important is that a quarantine officer may require, for example, that you submit to a medical examination or to treatment, but if you refuse, the government has to go to court, and the court is going to make the final call.

These are a number of additional protections that are built into the act. The approach to that was to make sure there's a proper balance between the need to protect public health and the need to protect human rights. In situations of crisis, we have to ensure that proper protection is in place, because people can exaggerate sometimes.

Hon. Bill Blaikie: I want you to err on the side of public health, but I think it's good if we air these issues. For instance, not everything lends itself to review or to an immediate second opinion, particularly in the context of people trying to get on planes. Getting off them is one thing, but if someone is going to get on a plane and the screening officer has reason to believe that person shouldn't board that plane, these kinds of procedures are presumably not readily available in the next departure lounge. This may not be a charter issue, but just a logistical issue, but one can certainly foresee people who are rather upset about being kept off a particular flight. You wouldn't be able to hold up a whole flight until you went through all these procedures of second opinions etc.

In subclause 15(1) it says:

Every traveller shall answer any questions asked by a screening officer or quarantine officer and provide to the officer any information or record in their possession that the officer may reasonably require in the performance of a duty under this Act.

It seems to me that “reasonably require”, just the way this is worded, applies to the provision of information, but it doesn't necessarily apply, although I'm asking for clarification here, to questions asked. Shouldn't there be a “reasonably required” provision right in that clause? On the face of it, it says every traveller shall answer any questions asked by a screening officer or quarantine officer. Then there's a whole other idea. I'm just wondering, when we look at it clause by clause, whether it should be clearer that the reasonable requirement applies not only to the provision of information but to the asking of questions.

Dr. David Butler-Jones: For example, in subclause 15(3) it says:

— shall comply with any reasonable measure ordered by a screening officer or a quarantine officer for the purpose of preventing the introduction and spread of a communicable disease.

Hon. Bill Blaikie: So it's there, but it's not there with respect to asking questions.

Dr. David Butler-Jones: No. Even though it's implied, it could be clearer.

• (1250)

Hon. Bill Blaikie: Yes.

Dr. David Butler-Jones: Yes, I hear you. Thank you.

Hon. Bill Blaikie: I have no more questions.

The Chair: Thank you very much.

Ms. Dhalla.

Ms. Ruby Dhalla: Thank you, Dr. Butler-Jones and Minister Bennett, for coming out today and providing us with some further information.

My question really expands on what Mr. Blaikie was asking as well. You mentioned previously that the screening or quarantine officers were going to be health care professionals. What exactly is going to be the realm of their powers in light of the fact that they are going to be health care professionals, who are going to be trained, and not really customs officers, that is, if someone has to be detained?

Dr. David Butler-Jones: A customs officer can ask questions or raise concerns about the risk. They cannot then go and do things to the person in the same way. The quarantine officers, who are the people who specifically have the professional designation, etc., follow their procedures, and if they feel it's necessary, they can require attendance upon a physician, for example. So it's an escalated approach based on minimum intrusiveness, and as the concern rises you move up to other levels.

Ms. Ruby Dhalla: So if they go from a customs officer to a screening or quarantine officer and the individual, wanting respect for human rights and so forth, disagrees, what would be that individual's alternative? As Mr. Blaikie was saying, if someone was denied the opportunity to board a flight, they aren't going to be very happy at the airport. Who's going to cover the cost of their tickets, and what's going to be the procedure in that respect?

Dr. David Butler-Jones: I'll look to Mario shortly, but in the provisions it seems to be, for example, that if I don't want to have my bag looked at by security, I have a choice to fly or not, and I can't fly if I'm not willing to have that happen. When it comes to public protection, that's why those provisions are there. It may be an inconvenience. I suspect in times such as we have now that's unlikely for people leaving Canada. If we were to face another SARS outbreak and someone showed up at the airport obviously very sick—cough, fever, etc.—I think I'd be very glad of that inconvenience.

Ms. Ruby Dhalla: But is there an appeal mechanism you guys have thought of that would be built into place?

Dr. David Butler-Jones: If, for example, somebody refuses an examination, then I think we need a court order. Is that right?

Mr. Mario Simard: It is important to understand, as Dr. Butler-Jones was pointing out, that there is a gradation in the act. So you are right at the border and a customs officer follows instructions received from the agency to identify whether you're a potential risk. That person has some training but is not a health professional in any way. That's the screening officer.

If the screening officer has problems with something, they call in a quarantine officer. The quarantine officer typically will be a nurse trained by a Health Canada employee. That nurse will be entitled to conduct what we call a health assessment. What that means is described in the act—basically taking your temperature and things like that.

If the quarantine officer comes to the conclusion that there is a potential risk and decides to detain you, then a whole set of measures kicks in, such as the right to be informed, the right to counsel, the right to appeal, and all of that.

Yes, it's a delicate piece of legislation because it will prevent people from moving freely from one place to the other in certain cases. That's why these have to be built in.

Ms. Ruby Dhalla: The other question is perhaps to Dr. Bennett. I think something like this is imperative after what we just went through with SARS.

On one of the major issues—and perhaps you've taken a look at it in drafting this legislation—we faced a tremendous shortage of health care professionals during the SARS outbreak—a shortage of doctors and nurses. Does the Quarantine Act in any way at all address some of those issues about having adequate resources if there is a massive outbreak like that?

Hon. Carolyn Bennett: I think Dr. Butler-Jones will explain that is the work of the FPT committee that's going on now. It has evolved some memoranda of understanding among the provinces and territories about being able to bring health professionals across provincial borders and about dealing with the licensing issue. Is that...?

• (1255)

Dr. David Butler-Jones: Exactly. Their work is ongoing, and ultimately, with what will become the network for public health across federal-provincial-territorial jurisdictions, they will have agreements in place. Then if something was basically in Toronto and in little bits in Vancouver, like SARS was, people could get temporary licensing, or whatever, in order to assist there.

The challenge will be if it's not an outbreak like SARS but a pandemic of influenza, where everywhere is affected at the same time. That's where we will need to have strategies, not only in terms of professionals but for what other people could be used to assist for certain elements.

For example, in Singapore during SARS they had a huge challenge with numbers, etc. They did some quick training for principals of schools and others so they could at least do the initial quarantine-type activities, rather than waiting for one of the health professionals to come along, just to get ahead of the game a little bit. So there are a number of things you can do in the event of that kind of scenario.

Hon. Carolyn Bennett: One of the things we're working on is the new health emergency response teams in the provinces. They will be groups of people trained to work together that could be deployed as teams elsewhere, if invited.

It's just a matter—as you know, Dr. Dhalla—that people working together who can finish one another's sentences and are used to working together are very much a part of really effective care. That was what we asked for in the budget in February.

Ms. Ruby Dhalla: Excellent initiative.

Is there anything else, Mr. Thibault?

Thank you.

The Chair: Mr. Thibault wanted his own time, I believe.

Hon. Robert Thibault: Well, any time with the others—

The Chair: There are ten minutes for your party and there are three minutes left.

Hon. Robert Thibault: Perhaps I'll ask one quick question and come back later.

You were mentioning the right to counsel, the right to professionals. What about the cost of that and the provision of professionals? We're looking at somebody who is immigrating or visiting who might not know the people in the country, who might not know how to access that expertise, or who might not be able to pay for those costs. Would that be provided by Health Canada, by the Government of Canada?

Dr. David Butler-Jones: We would provide the medical examination, for example. However, if they wanted to choose a different doctor or a second doctor—much as if I asked for a third party—they would have to pay for that personally.

Hon. Robert Thibault: What about legal or judicial expertise? In the case of detainment or questions like that, where you want judicial review, would legal representation be covered by the government?

Dr. David Butler-Jones: That crosses over into other things.

I'll ask Mario to please address that.

Mr. Mario Simard: The way the act is structured the government would not compensate the person for those costs; so it is basically at the expense of the person. Having said that, the legal aid programs and the health insurance programs will apply as in any other case.

Ms. Ruby Dhalla: What about that in regard to medical examinations for an individual coming from abroad who doesn't have any health care insurance?

Mr. Mario Simard: The way the act is structured right now, the individual is responsible for the cost.

Hon. Carolyn Bennett: That is if they choose to have something different from what we have provided. We provide that, but if they ask for another one, then they pay for the second one.

The Chair: Thank you.

Mr. Lunney.

Mr. James Lunney: Thank you, Madam Chair. I know the time is short.

I am also concerned about the issue of compensation. We're talking about diverting aircraft and preventing people from leaving and detaining them. During SARS, healthy people were actually detained because there was a risk they might have been in the same restaurant or passed within 100 yards of somebody who might have been infected. Many healthy people actually were detained, so I am concerned about compensation.

Other people have expressed concerns in other areas where laws brought in for a public health measure get used for other purposes. We see that happening with BSE, which has somehow developed from what was supposedly a public health concern to something that now is more like economic warfare; the blockage of our border has really very little to do with public health, we would think, at this time. So I think the public has legitimate concerns about the potential that if there's no compensation from or liability for government locking people up for some time, this can be used in a manner that's not always in the public interest where people are actually innocent and it costs them a great amount of money.

Under your public health mandate, Dr. David Butler-Jones, I am wondering if there's not some mechanism... Will people be looking at what you can do for the traveller who is exposed to greater risk, especially on long flights, to make it safer for all travellers? Today, if you cough on an airplane or sneeze in the lineup there are a lot of nervous people who all of a sudden look around. Rather than make the person automatically, as soon as there is a sneeze, which may not indicate SARS...

We know that all pathogens basically are anaerobic, and we have a problem in our aircraft with reduced oxygen availability. People are not moving; their heart rates and respiratory rates are low; the oxygen availability in tissues is low, so a rapidly multiplying virus has a huge opportunity to propagate while the person's immune system is compromised.

Is something being looked at, such as UV filters being installed on aircraft to reduce pathogens in circulation, or increasing the oxygen availability? We can transport oxygen and make more oxygen available in the cabin to people so that the risk from a virus multiplying while they're travelling is reduced.

Does that fall within a public health mandate, or would some money be put into that type of investigation to help protect travellers, rather than just shut them down?

● (1300)

Dr. David Butler-Jones: Viruses need living cells and living cells need oxygen, and most of the pathogens that we worry about are not anaerobic. There are anaerobic bugs, but most of the ones we're most worried about actually are aerobic. In winter we see more influenza in areas where there are congregations of people, dry mucous membranes, and reduced barriers; that happens in our office buildings across the country and in Parliament every winter. So I think the issues of how we structure society and buildings to make them healthier are things we always talk about. I'm not sure we could address that in regulation.

Mr. James Lunney: I go back to your public health agency mandate, and beyond the Quarantine Act. I wonder if that is something your agency would be interested in advancing and whether there is some kind of effort. If it is not your department, who really in Health Canada is mandated with that type of a project?

Dr. David Butler-Jones: Certainly in terms of general health advice, there are a number of groups involved in that. As for the specific one you're talking about, increasingly you see people taking nasal saline and using it to keep their nasal passages moist when they're on airplanes or in wintertime when they're travelling, etc., which may reduce the risk potentially. I'm not sure we have a lot of evidence on that.

So there are a number of things as the evidence evolves that help us to understand the issues concerning what we can do ourselves or what needs to happen around health. Then, obviously, we have an interest in trying to have that on the website or whatever. Also, that's in the interest of doctors, nurses, and associations. There is quite a range out there and we're just one piece of that puzzle.

The Chair: Thank you.

Mr. Carrie.

Mr. Colin Carrie (Oshawa, CPC): All I have is a quick comment as somebody who was locked up because of SARS and how it came about.

I went into a hospital where they thought there might have been a SARS outbreak, and for 10 days I was voluntarily locked up. I think the economic concern for that is a big deal. I think this act should start addressing minimum compensation rates for people who are locked up, because if I were in a situation where I couldn't afford to be locked up...there was nobody forcing me to be locked up. So it's something we should look at a little bit further.

Dr. David Butler-Jones: Certainly one of the things that is addressed, potentially, in phase two is the question of some provision perhaps that employers couldn't fire people just because they were quarantined. That's another of those examples that would require further consultation, and so on, and perhaps some of these issues you raise might be part of those ongoing consultations as well.

Mr. Colin Carrie: It did seem that if there was direct exposure, for sure you had to have these people quarantined and looked after, but then how far does it go?

Dr. David Butler-Jones: Yes, and one of the challenges with SARS was that it came out of the gate in Toronto very quickly and with uncertainty, in terms of incubation periods, at least early on, how easily it was spread, and so on.

If in retrospect it had turned out to be something more like an influenza, where people in fact were infectious without having symptoms, we would be tremendously thankful that Toronto had the quarantine levels they had; otherwise, the rest of the country would have been infected very quickly. In retrospect, with the benefit of hindsight, knowing the disease as we know it now, that may have been more than was needed at the time, but without that evidence

and if it were more infectious, we might not be here now to have this conversation.

So it's a difficult judgment call at the time, and that's the importance of good communications, good information, getting the evidence as quickly as possible. Hopefully we'll be a key part of helping that happen.

● (1305)

The Chair: Thank you very much. On behalf of the committee, I thank you, Dr. Butler-Jones, Minister Bennett, and Mr. Brodie, for coming.

I think the minister and the Chief Public Health Officer for Canada may be such a part of this committee that they might even get an invitation to Mr. Ménard's birthday party. It is our annual celebration here at this committee. I thank you very much for coming.

Colleagues, next week we'll begin with some testimony. Do I have your approval to ask the researchers to invite the witnesses for next week? May I ask you as the members to submit to the researchers, preferably by Tuesday's meeting, the names of other people you would like invited to come and testify?

We've had only one formal request, and that's from the Canadian Nurses Association. The clerk has that in hand.

I would also like to caution you that this is not a contest to see which party can come up with the most witnesses. I want you to look at the size of the act, the scope of it, and decide for yourselves, in a sense, how many witnesses you want to hear before moving to clause-by-clause.

Thank you very much for your time.

This meeting is adjourned.

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