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Tuesday, November 20, 2007

—
Chair

Mrs. Joy Smith

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• (0905)

[English]

The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)): We'll come to order now.

I see all our members are here. Welcome; I'm glad we can actually start our committee business.

You will notice that you have in front of you the schedule of meetings, the agenda, and a motion by Mr. Fletcher. We're going to be dealing with these issues in short order.

First of all, I want to talk about the report on prescription drugs. This is a confidentiality issue. Prior to our going into this particular report, I need the will of the committee. Because the report is confidential until it's presented in the House, all discussions on the content of the report must be done in camera, so members may wish to discuss other items on the agenda in public before moving in camera to discuss this report.

What is the will of the committee? Would you like to discuss this report at the beginning or at the end of this particular committee meeting? It will have to be in camera. Could I have some discussion?

Go ahead, Mr. Thibault.

Hon. Robert Thibault (West Nova, Lib.): Personally I'm in agreement with the motion. Is the discussion going to be approval of the motion or discussing the report itself? What exactly is your intention?

The Chair: I'm just bringing the report forward. There are new members on the committee, and the report now has to go to the House. I'm just saying that if there is going to be any discussion at all with new members, it will have to be in camera.

Hon. Robert Thibault: Then I would suggest that we do it at the end of the meeting, if it's okay.

The Chair: Go ahead, Mr. Fletcher.

Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC): My motion will come at the end, then; is that what we just decided?

Mr. David Tilson (Dufferin—Caledon, CPC): Is there discussion?

Hon. Robert Thibault: It's on the motion.

The Chair: The other part of it is we could adopt the report immediately. The report has already been studied in depth by members in the previous session, and it was adopted by the committee in the previous session for tabling in the fall. Unfortunately we had prorogation, so it couldn't be tabled.

Reopening discussions of the report would further delay tabling in the House, so if it's the will of the committee just to table it, we could actually....

Go ahead, Mr. Fletcher.

Mr. Steven Fletcher: I have a motion here, Madam Chair, that we give everyone an opportunity to review it and add comments if they wish. The intention was to deal with the new members on the committee, so that they would have an opportunity. I thought it was very reasonable, and if we pass the motion, the new members of the committee would have a week, and then we don't have to talk about it any more.

The Chair: We can easily deal with that right now by using the motion. I wanted to cover all bases so that nothing unexpected would come up this morning. We could deal with this motion right now. Is it the will of the committee to do that?

Mr. Temelkovski has a comment.

Mr. Lui Temelkovski (Oak Ridges—Markham, Lib.): Being new on the committee, I would like to hear more about the report or have the opportunity—

The Chair: Order, please.

Mr. Lui Temelkovski: —to read it, at least.

The Chair: That's what the motion would provide for you.

Go ahead, Madame Gagnon.

[Translation]

Ms. Christiane Gagnon (Québec, BQ): I know that will happen, but it would also include minority reports that would follow. I know we had written a dissenting report, or a supplementary report, that would be added to the report. That is included in the request.

[English]

That's just to make sure it includes the—

The Chair: As you know, those dissenting opinions at the time we received the report will be considered then.

Is it the will of the committee to deal with this motion at this point?

Some hon. members: Agreed.

The Chair: Mr. Fletcher, would you read the motion into the record?

Mr. Steven Fletcher: The motion is as follows:

That members of the Committee be given a period of one week to review the report entitled *Prescription Drugs Part 1 - Common Drug Review*, previously adopted by the Committee in the First Session, 39th Parliament on June 13, 2007; and that the matter of the adoption of the report in the current session, and its presentation in the House, be taken up at the next scheduled Committee meeting following the one week review period.

I've tabled this motion for discussion before the health committee in regard to the report of the study of the CDR, and I want to explain why.

First, let me assure you that the only reason I've tabled the motion is because basically half the health committee is new. Second, I feel that it's fair for all of us, including my opposition colleagues, to have one week to review the report in its entirety so the new health committee can table it. Third, I'm not indicating one way or the other if I want any changes made; I only want the opportunity to review the report and its recommendations. I want you guys to have the opportunity to review the report and its recommendations before tabling, especially as it's been a number of months since we last looked at the CDR draft.

I recognize the hard work that members have put into the report, and feel that our new members should have the opportunity to review it before commenting and putting their names to it.

Previous members of the health committee, including our chair, Mr. Merrifield, Rahim Jaffer, and the opposition members who are no longer with us, put a lot of work into this, and that should be recognized.

● (0910)

The Chair: Is there any further discussion on this?

(Motion agreed to)

The Chair: The discussion will take place on November 27.

Before the report is handed out, we're going to put your names on it. I have to warn you that this report is very confidential. As you know, we're not going in camera now because we've adopted the motion, but we'll put your names on the report prior to handing it out to you. The discussion on November 27 will be on the CDR report, and we'll make sure you can bring all your comments back then.

I can't tell you how important it is to keep this report confidential.

Are all names on the report, Madam Chair...or Madam Clerk, rather? They are.

Sorry about that; I'm the chair, aren't I?

The clerk does so much work around here, she could sit in here and you'd never know.

Thank you, Mr. Fletcher. The motion is adopted.

Mr. Steven Fletcher: Thank you.

The Chair: The clerk will hand out the report.

The government response to the childhood obesity report is next on our agenda. It was tabled in the House on August 22 and distributed to members on September 6.

Does the committee wish to meet with the departmental officials on this issue? Is there anything more we need to do?

Madam Bennett.

Hon. Carolyn Bennett (St. Paul's, Lib.): I think it would be routine for us to meet with the officials, but in view of the gravity of childhood obesity and the weakness of the government response, this committee is very clear that if we have to table it again to get a stronger response from the government, we will

So let's have the officials in to see what they have to say for themselves. Then I think we're prepared to get firm commitments—much stronger than what we see in the response.

The Chair: Further comment?

Mr. Fletcher.

Mr. Steven Fletcher: We put a lot of effort into the obesity report, and the government has responded. I don't think the government would have any problem explaining the response.

I would ask the member, would it be your intention that we continue on with the report or add more suggestions? What would be the intention?

Hon. Carolyn Bennett: I think there was a consideration, or a small discussion, maybe informal, that because Parliament holds government to account, if the response from government isn't as strong as the committee would like, it is reasonable to perhaps table it again and say, "This response isn't satisfactory, and we'd like another response that had firmer commitments in it."

It doesn't take a lot of witnesses for this committee to decide whether they think the response of the government is satisfactory on an issue that's this important. I think it's worth bringing in the officials to see what they have to say, but we may decide as a committee that we would like a stronger response from the government with more firm commitments.

● (0915)

The Chair: Any further discussion?

There seems to be a myriad of different opinions—

Mrs. Susan Kadis (Thornhill, Lib.): Where is the "myriad"?

The Chair: —a couple of different opinions—so we're going to take this to a vote.

Who would like to have departmental officials—

Hon. Carolyn Bennett: I think there might be a consensus, actually. The parliamentary secretary and I—

The Chair: Excuse me, you're out of order, Ms. Bennett.

Hon. Carolyn Bennett: —have said that we want the officials.

The Chair: Order!

I will dismiss if I'm interrupted.

Hon. Carolyn Bennett: I will challenge the chair. There was not a discussion on this.

The Chair: Excuse me. Excuse me.

Hon. Carolyn Bennett: We don't do things by vote at this committee, Madam Chair; if we can have a consensus, we have a consensus.

The Chair: Madam Bennett, all you have to do is make that suggestion for a consensus. We're very happy to do a consensus. We have no problem with this at all. But what we have to do is decide whether or not we're going to bring the departmental officials in.

Having said that, around here can we have a consensus? Who would like to bring in the department officials?

Some hon. members: Agreed.

The Chair: Thank you.

Now we'll go on to the next one, a visit by Dr. Margaret Chan, Director-General of the World Health Organization. Members were informed of her visit, on November 2, at the request of Mr. Fletcher. She'll be in Ottawa on December 13. She's willing to make a brief presentation to the committee on global health issues.

Does the committee wish to meet with her, possibly for one hour? That is on December 13.

Can we have discussion on that?

Yes, Mr. Thibault.

Hon. Robert Thibault: I would welcome her, and I'm pleased that we're available to have her. I'm just wondering if the parliamentary secretary—or you, Madam Chair—has talked to the foreign affairs committee to see whether or not they want to do a joint session with us on this matter.

The Chair: Mr. Fletcher.

Mr. Steven Fletcher: The Department of Foreign Affairs is involved. I think they're doing their own thing.

The intent is for her to come and speak to us directly. We could go down that avenue, but it seems a little bit more than needs to be done. If we have her for an hour, let's keep her to ourselves.

Hon. Robert Thibault: I would suggest that perhaps we could invite them to join us. It would be a single meeting of the committee, but we could courteously advise the members of her presence in case they want to be present.

Mr. Steven Fletcher: Sure, I'm all for that.

The Chair: Is there a consensus around the table to bring her in?

Some hon. members: Agreed.

The Chair: Wonderful.

Mr. Fletcher, could you as parliamentary secretary formally invite her?

Mr. Steven Fletcher: I can do that, but if you're going to have a joint meeting, it might be appropriate for you as chair to extend that invitation to the foreign affairs committee.

The Chair: I'd be very happy to do that. We'll set it aside for December 13.

Moving on to the next agenda item, I will remind you that the minister will be appearing before committee at 9 a.m. on Thursday, November 22. That's for the supplementary estimates. Of course, senior officials from Health Canada and PHAC will be joining us as well. Briefing notes will be prepared for members and will be distributed shortly.

We will now go into the motions. The clerk will distribute the one on mandatory adverse event reporting, and we'll discuss that first.

Yes, Mr. Thibault.

Hon. Robert Thibault: Is there a series of motions that we're looking at? The only one I've seen circulated was the one I presented that I've submitted.

The Chair: Yes, there are a series of I believe four motions. Would you like to have them all prior to our talking to them?

Hon. Robert Thibault: Yes. Are we debating those motions today?

• (0920)

The Chair: Yes. We don't need 48-hour notice because it's committee business. So we'll maybe distribute all of them.

Would you like all of them, Mr. Thibault? Would you like all of them at once, then?

Hon. Robert Thibault: Yes, please.

The Chair: We'll distribute them all at once and then we'll discuss them.

Yes, Mr. Thibault.

Hon. Robert Thibault: I'd like to notify you as the chair that I have additions to the motion I've presented. I have three other areas of study that I'd like to be considered. I didn't know that we were doing it by way of motion today, or looking at the list of things to study that would be discussed by the chair and the vice-chairs and the executive committee, in looking at the priorities.

The Chair: What we're going to be doing now is go into the motions of the future business so that all can be discussed today.

These are Mr. Fletcher's motions.

Hon. Robert Thibault: I will have three further motions that haven't been circulated that I will be making today.

The Chair: That's fine. Absolutely.

Yes, Madame.

[*Translation*]

Ms. Christiane Gagnon: Thank you, Madam Chair.

If we want to suggest what studies would be a priority and future business for the committee, it should not be presented as a motion, should it? We do not usually do so through a motion.

[*English*]

We just discussed that.

[*Translation*]

We let each person have their say.

[*English*]

The Chair: That is very true. We can do both. I checked with the clerk as the motions came to the table. We can discuss the motions. We can also discuss other things. So all discussion will be put forward today, there's no problem.

Madam Bennett.

Hon. Carolyn Bennett: I think there is a problem in that we, I think, as a committee have decided on how to do studies, how to do work plans, by consensus. The idea of being presented with four motions to do with the work of the committee is completely out of order. This isn't the way we make decisions at this committee.

We need a steering committee meeting. We need to decide on a work plan by consensus.

I mean, just voting yes or no.... What if we vote yes for all of these? What the hell are we going to do then?

The Chair: Thank you, Ms. Bennett.

Mr. Fletcher.

Mr. Steven Fletcher: If I may, the intent was that each government member had an idea of what they wanted to look at. But maybe the way to look at the motions is as more of a suggestion of something that we can discuss and talk about. I have been in discussion with your health critic about some areas wherein we think the committee could do really good work. I think that one refers to the superbugs, and there are natural health products, there's post-market surveillance. There are a lot of issues I think we can all agree on.

I hope, Madam Bennett, that we can do this by, as you say, consensus. There are some suggestions here. Why don't we consider...? I'm sure there is a lot of commonality, based on previous discussions with your members.

The Chair: Next is Mr. Tilson.

One moment; the clerk informs me that Mr. Fletcher hasn't moved the motions yet, they've just been distributed. So he can't withdraw them without moving them.

You'll all get a chance to speak, just be patient.

Mr. Tilson....

Excuse me, Ms. Bennett, please give everyone a chance to speak. Everyone will get their turn. We have the list here.

Mr. Tilson.

Mr. David Tilson: Madam Chair, I'm a new boy to the committee. It's good to be here. I assume that all members will have topics they wish to put forward. They may be agreed with by some and opposed by others.

I have no idea what your procedure is. I assume that somehow there will be a list of topics and under some process we will agree what's first and what's last and we'll muddle through that. I don't know whether the list is going to be long or short, but I guess I'm interested in hearing how we're going to put these topics forward. I gather it's being suggested by motion. I don't think it really matters as long as we have a list somehow as to what we're going to talk about and then we'll decide what's first. I don't think this is a big deal.

That's a question to you, Madam Chair.

• (0925)

The Chair: Thank you, Mr. Tilson. I will try to answer that.

Number one, the clerk apologizes; there needed to be Mr. Fletcher's name on the motion.

There are two things under consideration today. Because it's committee business, motions do not need 48 hours. Also, we will put down anything, to have a list. This is a discussion period. Everyone will have a chance to provide input.

Some people have decided to put it down in motion form so that you have something in front of you to read as well. Others, as Mr. Thibault has said, have suggestions, and he might put that down in a motion at a further meeting. This is a time when we will discuss very carefully—

Mr. David Tilson: Madam Chair, I'm still asking the question. If someone makes a motion for a particular topic, you have to deal with that before you can deal with the next topic.

The Chair: I know.

Mr. David Tilson: Am I correct that the ultimate aim is to have a list of topics?

The Chair: You are correct.

Mr. David Tilson: How are we going to do that?

The Chair: This is what we're going to have under discussion right now. No motion has been moved. It's just been distributed a few minutes ago. We're going to have this discussion right now. We are going to compile a list. I must point out that there has been dialogue going between the health critic and the parliamentary secretary as well.

This is what's on the table at this point.

Madam, I think you're next; following that it's Mrs. Davidson....

Oh, I'm sorry, Mr. Fletcher.

Mr. Steven Fletcher: I have a point of information.

I just want to make it clear that these are not my motions. The only motion I'm putting forward is the C. difficile or the superbug stuff. Other members are bringing forward the other motions.

The Chair: Yes, that's right.

Madame.

[*Translation*]

Ms. Christiane Gagnon: The fact remains they are motions. We have to call things by their name: they are motions. Whether it comes from Mr. Fletcher, from the chair or from another committee member, that is not the normal way we work.

This morning, I could have made some motions. I was not aware of it because that is not the usual way of proceeding in committee. We go around the table to discuss the various issues that interest us. We make a list and we determine the priorities afterwards.

That does not mean that anyone is against doing a study on natural health products. I think we could agree on that. However, I'm somewhat uncomfortable if it is done through a motion. It is as though the person who tabled the motion is the one who thought of it in the first place. I think we have always been very collegial as far as priorities are concerned. We always voted in favour of the interest of the great majority supporting one priority or another, as a result of the number of people who wanted to work on one issue rather than another.

In my opinion, if we begin like this, we're turning things upside down and it might more difficult to arrive at a consensus.

[English]

The Chair: Basically, Madame, what I'm hearing you say is that this morning, motions were put on the table. Mr. Fletcher pointed out his one motion on superbugs that he has put forward. But normally, you're saying, usually a list is submitted to the clerk and we would prioritize.

Is that not correct, Madame? That's what you're saying?

[Translation]

Ms. Christiane Gagnon: Yes.

[English]

The Chair: Mrs. Davidson, you had a comment.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): Yes, Madam Chair, and I'm not sure that this is in order.

Actually, the one circulated piece of whatever we want to call it that was going to be a possible motion was with regard to the mandatory adverse event reporting. That is an issue that I wanted to bring forward. That was the one we talked about.

If it's any help, I would be glad to bring that forward as a topic of discussion, not as a motion, to be added to the list of other items that other members have for discussion. During our CDR study that was one thing that came up several times. We looked into prescription drugs and we looked into the regulatory review processes. Certainly, the adverse event reporting was something that we heard there were problems with. I wanted to put it forward as one item that would be there for consideration by this committee to study.

I would do that not in motion form but in terms of beginning the start of a list, if it's appropriate at this time.

● (0930)

The Chair: I think we have looked at the two things that are under discussion here. Basically, I think it was all good intention of different members just to have a piece of paper in front of you. No motion was actually formally presented. It was given in that form.

There has been an objection, saying that usually a list was compiled, submitted to the clerk, and you'd get back with that list by a certain deadline.

That's what I'd like to leave the topic on right now, so that we can discuss how we want to do this future business. We'll take a couple more minutes to do that.

Mr. Thibault.

Hon. Robert Thibault: I think if you've reached a consensus that we're going to work together on the list.... I thought you were starting that process, and I wanted to give my list of topics for consideration.

The Chair: Okay.

First is Ms. Bennett, and then we'll go from there.

Hon. Carolyn Bennett: I think the reason this requires a more consensus-based approach and priority-setting, as opposed to a yes-or-no linear approach by motions, is that things such as mandatory event-reporting are really part of post-market surveillance, isn't that right? In a comprehensive study on post-market surveillance, which I think we believe could be Canada's gift to the world, the real discussion around mandatory adverse events is part and parcel of the study.

It's a matter of clustering and clumping things, in a way. I think that on C. difficile and some of the other issues, sometimes we can be much more creative, whether it's through a full-day conference on nosocomial infections or on patient safety, or bringing in a patient safety guy. There are a couple of other ways we can go about this in a more creative way than just saying yes or no on motions.

I would like to say that the culture of this committee has not been to develop work plans by motion, and I hope we will agree that from now on we will not see any motions that have to do with future work of this committee, and will have a conversation among the critics to figure out, with the help of the Library of Parliament, how you could get as many members' interests covered off as possible, rather than just saying yes or no.

The Chair: Mr. Temelkovski.

Mr. Lui Temelkovski: I pass.

The Chair: Ms. Wasylycia-Leis.

Ms. Judy Wasylycia-Leis (Winnipeg North, NDP): Thank you, Madam Chair.

It sounds as though there is agreement that we use this time to present our different ideas for future business, and I'm ready to get on with that process. I think the question, once we've all presented our different ideas, is how we then determine the priorities from that list. Maybe it's something referred to the steering committee, or maybe it's something we hash out right here, but I have a very small suggestion, which I've asked Chuck to photocopy for the benefit of the committee. Perhaps if we go around, we can accumulate all those suggestions.

The Chair: Yes.

Hon. Robert Thibault: What I would suggest—we've done it at a number of committees I've participated in, and I think we even did it at the health committee when Steven and I were both on it a few years ago—is that we go around the table asking members to give three or four areas of study that they think should be done, without long argument on it, but just the topic, and that the clerk keep a list. Then we will see if there's a lot of commonality, and it gives the steering committee a place to start from. It's relatively simple.

The Chair: I think that's very reasonable, and I have to say that in addition to that, what we could do is go around the committee and each give three things, just as Mr. Thibault suggested—I think it's an extremely good suggestion—and then perhaps give the rest of the committee members until next Tuesday, which is November 27, to submit anything else they might want to the clerk as well. Then, I think, we've covered everything.

Is that agreed? Could I have agreement with the committee to proceed in this manner?

All we all agreed?

Thank you.

Who would like to begin?

Monsieur Thibault.

• (0935)

Hon. Robert Thibault: I'm going to start with one that's off the list, and the reason I'm doing it—I'm not necessarily asking that it be put on the list—is that it's something I'm sure all of you have been contacted about. I don't know that the health committee is the best way to do it, but it's the proliferation of illegal cigarettes in the market and the effect this has. I'd ask the chair to perhaps discuss it with the other chairs of the committees to see whether anybody else is getting involved in it in one of the other committees—justice, or one of the others.

The three areas I would look at would be a national infectious disease strategy; modernization of the food regulatory process, which could be a one-session thing; and silicone implants in the jaw, which would again be a one-meeting study. I won't make the argument on it now, in the interest of time, but if you're interested in it, I'd be pleased to do it.

The Chair: Thank you very much, Mr. Thibault.

Is there anybody else?

Ms. Davidson.

Mrs. Patricia Davidson: Thank you, Madam Chair.

I would like the mandatory adverse event reporting to be placed on the list as well.

The Chair: Thank you.

Mr. Fletcher.

Mr. Steven Fletcher: I suppose since the suggestions or informal motions are being brought forward, I would suggest that those ones be put on the list too. I'm particularly interested in the superbugs and the natural health products. I'd like to add that onto the list.

The Chair: I have on the list Madam Kadis next.

Mrs. Susan Kadis: Thank you, Madam Chair.

Just to go back to some other suggestions here and to comments by my colleague Ms. Bennett, we did initially talk about several of these in the last session. I know that not everyone is aware of it, but in the overarching prescription drug strategy and study, there is the mandatory adverse reporting in that reporting, and post-market surveillance. I think we should be continuing on with that, again, in a comprehensive way, not in a piecemeal way, but in the way that was

intended so that at the end of the day, hopefully, if we have enough time together with the CDR, we do have a comprehensive approach to this whole area and can really provide good ideas, suggestions, and recommendations for Canadians through Parliament. I think those do need to be coupled together. Otherwise I don't think it's going to be as effective as it could be.

I have a couple of ideas. One is the mental health strategy, or whatever it's termed now. Again, there could be one session bringing forward those who are working actively on this in the area of Alzheimer's, but not limited to that. So the mental health strategy—again, I might be using the wrong term—I know is a fairly new initiative. That's one that I would like to see us have at least one session on.

Also, the issue of health services for the armed forces, I think, is important. I'm not sure if that's now under defence and health. It might be. I think that warrants some attention by the committee, where we feel it's appropriate given our timeline.

There also is very much on the changing demographic in terms of the aging population, which everyone is discussing now—rightly so—and everything that entails. On the issue of home care in particular and the needs that are very clear before us, I believe it would be incumbent upon this committee—again, incorporating it into the list of our work for the next little while—that home care would be something very significant and beneficial for us to spend some time on. Obviously, that's something that would probably not be one session, but it would not necessarily be a long process either.

Those are the ones I'm thinking of now, but I may think of others as well.

The Chair: Mr. Tilson.

Mr. David Tilson: I feel comfortable with all of the topics that are being suggested. They're all good topics. The superbug issue, of course, is something that I think has just happened. We don't seem to know what to do with it, or at least the medical people don't know what to do with it. I guess as legislators, because it's scaring the heck out of us, we should put it high on our list.

I'm the one who put forward the idea of the study of the natural health products. There's always an issue between the medical profession and the people who sell these things. A lot of it should be a matter of education, I suppose, but these stores are popping up all over the place. I know the act was passed in 2004, so I'd like that to be on the list.

Quite frankly, I congratulate all the members on the topics that have been put forward. I could live with any of them, but superbugs would be at the top of my list.

• (0940)

The Chair: Madame Gagnon.

[*Translation*]

Ms. Christiane Gagnon: Over the summer and for several years, many drugs have been put out on the market. Some of them present a certain degree of danger for people's health. There are even drugs that have been withdrawn from the market.

I would like to do a study on what should be done to better support research, for example. We always say that research is not done independently, that it is done by pharmaceutical companies. As far as the follow-up of the marketing of the drug is concerned, there is no independent research. Perhaps we could review all of the steps involved in this process, right up to the consumption of these drugs by patients.

A disturbing film came out in Quebec. It shows that we have an interest in wanting to market drugs. But there is also the issue of people's health to consider. I think that it is the committee's role to study this kind of behaviour.

There are also natural products and their registration. Do we have the necessary resources to deliver the goods? We had said that natural products should be monitored and controlled. The necessary staff must be in place to do so. There is a 10-year backlog before we get to all of the products on the waiting list for registration. There are even some companies that cannot export drugs because they have not yet been registered. We could perhaps study the impact of that on the industry.

We should also perhaps have one meeting on silicone implants. In the United States, an action was commenced by a female Democratic senator. I think this product is dangerous for women, and perhaps we dismissed the whole issue a little too quickly here in Canada.

Finally, the Liberal Party talked about the labelling of alcoholic beverages. I think we will have to develop strategies before deciding that all bottles coming from overseas must be labelled.

Should we not study first nations communities that are deeply affected by fetal alcohol syndrome? We could look into the various strategies used by the government, even by past governments, to see if any local programs have been successful or have had a positive impact. In Quebec, we have such programs in place, and for the past two years they have produced results, either in terms of curbing drinking and driving or improving people's health.

Therefore, I think we do indeed have interesting issues to study over the course of our meetings.

Thank you.

[*English*]

The Chair: Thank you.

Mr. Brown.

Mr. Patrick Brown (Barrie, CPC): Post-market surveillance has been raised a few times now, and I'm glad that both sides around this table agree that it's something we should study. I like the idea that we combine it with the mandatory adverse event planning.

It looks as though that's something we have a consensus on.

The Chair: Ms. Wasylycia-Leis.

Ms. Judy Wasylycia-Leis: Thank you, Madam Chairperson.

It seems that five years can pass and the issues raised are exactly the same. We stand still in terms of progress. When I was here last, the whole issue of post-market surveillance of drugs was a big issue, and it still is a big issue. I would certainly support a major look at that issue.

When I was first elected, in 1997, I can remember that the very first issue I dealt with was the federal government's elimination at the time of the only independent federal drug research laboratory in the federal government. We've been struggling ever since, trying to figure out how to do post-market surveillance—how to study side effects between drugs, drugs and foods, and drugs and natural health products. We had a bureau that did that, and it was closed in 1997. Since then there have been attempts to farm it out to external agencies and to have drug companies themselves do it, which would seem to be a bit of a conflict of interest. We have research being delegated to universities that say they haven't got the wherewithal to do more.

It is a big issue, and I certainly would support that as a study.

I also like the issue of infectious diseases and the question of the superbugs and what's happening in some of our hospitals.

I have two other very small suggestions that I think could be tacked on as one- or two-session studies of issues that might have been dealt with by this committee in the past, but are still not resolved.

One has to do with diabetes. I know the committee did a study in 2003 on the lack of access to the appropriate insulin and other drugs for people with diabetes. There was a study and there were recommendations, but nothing has happened since then. We still have a problem of people who need animal insulins but are not able to access those insulins, and who have to go outside the country and smuggle them in or pay exorbitant prices for drugs and alternatives that are not covered under formularies.

It seems to me we need to revisit that issue, look at the study the health committee did, get the officials before the committee in terms of what the problems are, and then try to come up with another way to get at the problem. It's maybe a small group of people—not so small; it's a lot of people who just don't have access to what they need to lead a healthy, decent lifestyle.

The second issue is one we've dealt with in the past. It pertains to an Auditor General's report on national disease surveillance. I'm not sure what year it was; it was either 1999, 2000, or 2001 that the Auditor General reported to us that we're one of the few countries in the world lacking a national surveillance system for chronic diseases. Apparently it's still the case in some areas. It seems progress has been made with respect to cancer, but with respect to heart and stroke, our government still cannot answer the question of how many heart attacks happen on an annual basis. We don't know, because we have no method of asking for that information to be collected and pooled and formed into a database so that we can then decide what an appropriate solution would be or what would help prevent the problem.

Those are my two suggestions.

● (0945)

The Chair: Go ahead, Mr. Fletcher.

Mr. Steven Fletcher: On what the honourable member has just mentioned, you will be pleased to know that Brian Peckford is reviewing the national diabetes strategy. I believe that announcement was made a couple of weeks ago.

We also have a cardiovascular strategy working group that the minister announced about a year ago would provide recommendations. Perhaps that will be one of their recommendations, I don't know, but that steering committee is due to finish its work sometime in the spring.

I'm sure the government would be happy to highlight all the great things we're doing in those areas. Are you sure you would like that to happen?

The Chair: We'll go to Mr. Temelkovski.

● (0950)

Mr. Lui Temelkovski: Thank you very much, Madam Chair.

I have quite a few topics I'd like to look at that are of interest to Canadians, I believe.

First is prescription pirating. We've heard about prescriptions being pirated or of pills that have substitutes in them and where they're coming from, and so on. That's one.

Second is the toy imports from China that were found to be unhealthy for children. I think we should do a study on that, on the importing of goods, any goods. What standards do they go through? What are the Canadian requirements for importing goods?

Third, I think all the parties have been talking about wait-time reductions in the past and have made that a platform of theirs. We should have a review of those wait-time procedures and measurements. How are they measured and what are the processes they go through?

Fourth would be interprovincial differences in listing health products. We understand that there are some health products that are available in one province and not another, so I would be interested in finding out about the interprovincial barriers or differences when it comes to Canadians not receiving the health care they deserve.

Fifth would be youth dental assessment. There's discussion in my riding about youth not having sufficient dental prevention while they're young, and therefore they don't learn to have dental hygiene and care and they become adults with difficulties with their teeth, which amounts to a lot of problems later on.

I think that will be enough for now from me.

The Chair: Well, I congratulate you. Your topics are very well thought out. They're different. We haven't had those brought forward. Thank you very much for your time.

Now, is there any other discussion around the table in terms of any other topics?

The analysts have put down all the topics that have been discussed today. In discussion with the clerk, what I'm going to do is give you until Tuesday, November 27, to submit your list to the clerk. She felt that would be a correct amount of time. It'll give you some time. We then will discuss them on November 29 and get a work plan put out.

Is that acceptable to the committee? Can we reach a consensus?

Some hon. members: Agreed.

The Chair: Thank you very much.

Ladies and gentlemen, if there is no other business, we have come to the conclusion of our business for today. Is there anything else?

Go ahead, Mr. Thibault.

Hon. Robert Thibault: Just for clarification, we don't have to resubmit what we've said here.

The Chair: No, no.

Hon. Robert Thibault: So you have that.

Before the meeting of the steering committee to look at these priorities, it would be good if we could each have a copy of the list that's been submitted by each member so we can talk to our rep on that committee and give suggestions based on the priorities of each individual party.

The Chair: Perhaps I could just make a comment on that. We haven't talked about a steering committee as of yet....

Mr. Tilson, you had your hand up.

Mr. David Tilson: Madam Chair, I just want to be clear on the procedure of how we're going to come up with topics. Some of them will last a day, some will last a month, and some will last forever, I suppose.

I want to be clear on how you or the committee is suggesting a consensus be reached. Presumably the clerk, after an appropriate period of time, will provide each member with a list of topics that have been given today—perhaps in the next few days. Then when we have the list, what happens?

● (0955)

The Chair: I'm going to have the analyst speak on the time it will take.

Perhaps you could speak to Mr. Tilson.

Mrs. Nancy Miller Chenier (Committee Researcher): You've already given us some indication of the length of time you think your particular studies might take. A lot of people have suggested one meeting.

What we'll do is we'll organize them according to your indication of whether you think it's a one-meeting process or a longer-term study. We could get to you the list you've given us today, certainly by the 27th, which is your final date for submitting any additional ideas. In fact, you could probably set up some of your one-day meetings very quickly, once you've agreed you want to go ahead with them.

The Chair: Madame Gagnon.

[Translation]

Ms. Christiane Gagnon: Last time, if memory serves me well, we discussed the way in which we would reach a consensus. We were asked to give our priority choices. Each member from every party would decide on their first priority. For example, if seven or eight members of the committee had given priority to the study on the safety of drugs, that would be the subject of the first study. That is how we made the first, second and third choices. I don't know if that would suit everyone, but that is what we did last time. We agreed that the greatest number of votes would win. In the end, it is rather like taking a vote.

[English]

Mr. David Tilson: That's good. That's the answer.

The Chair: Yes, thank you, Mrs. Gagnon. You answered part of my statement that would otherwise have come after you spoke.

There has been mention of a steering committee around this table this morning. Since this new committee convened, we have not come to an agreement on a steering committee, as Mrs. Gagnon so aptly mentioned. We had decided that the list would be submitted and then we would then go through this consensus.

Mr. Temelkovski.

Mr. Lui Temelkovski: Madam Chair, if we look at the list, it's a long one. Some are short-term studies, some are medium-term, and I would say some are long-term. I think we should tackle them in that fashion. Tackle some short-term studies, and at the same time have a medium-term study as well as a long-term study ongoing, so that we can report to the House on a regular basis as we finish off these studies as opposed to only doing a long-term study or only doing one study when we have the ability to do more.

The Chair: I have asked the clerk to consult with the analyst.

My suggestion, if it's okay with the committee, is that you have been asked to submit the list to the clerk by the 27th. We have said we would discuss it on the 29th. The analysts said they could have this complete list with your timelines ready for the 29th, when we could have the discussion that Mrs. Gagnon was referring to.

Is there any discussion on this? What is the will of the committee?

Mr. Thibault.

Hon. Robert Thibault: I could agree to that.

I want to make a comment on what Lui has suggested. I think it's a good idea to look at some of the studies. Let's say we all agree on

looking at superbug infectious diseases, and we know this will take a ten-meeting process or a six-meeting process, which could bring us into January or February. So what we could do is to take one of the days of the week to do the long-term study, and on the second day of the week we could do those that take one or two sessions, and bring those people in.

• (1000)

The Chair: That's a very good idea, and there seems to be agreement amongst the members.

Mrs. Davidson.

Mrs. Patricia Davidson: Thank you, Madam Chair.

I think I'm hearing that the list is going to be compiled with some timelines attached and that it's coming back to this body as a whole. I think it should go to a steering committee and get some prioritization to it. We could sit here for another three meetings trying to figure out which direction we're going in. I think if the steering committee can meet, prioritize—not set it in stone but prioritize—some items and then bring them back here for discussion, it'll save us a couple of meetings.

The Chair: To comment on that, Mrs. Davidson, we do have a steering committee made up of the chair, the vice-chairs, and NDP member Ms. Judy Wasylycia-Leis, and that is something that could occur.

Who is next?

Ms. Kadis.

Mrs. Susan Kadis: I agree wholeheartedly with Ms. Davidson. That's how we did it previously. Obviously, we have to bring some focus in terms of prioritizing all the myriad topics, all very worthy topics. That is the best vehicle. Again, it will be finally approved by the larger committee.

The Chair: So may I suggest that the steering committee meet on November 29 to look at these priorities?

Are you in agreement; vice-chairs, okay?

Okay. The steering committee will meet on November 29. You'll get further notice of that. It's simply to look at the priorities then.

Is there any other business?

Thank you, ladies and gentlemen.

The meeting is adjourned.

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