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## Standing Committee on Health

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**Chair**

**Ms. Bonnie Brown**

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## Standing Committee on Health

Thursday, December 2, 2004

• (1120)

[English]

**The Chair (Ms. Bonnie Brown (Oakville, Lib.)):** Good morning, ladies and gentlemen. It's my pleasure to welcome you to the 11th meeting of the Standing Committee on Health.

The first part of our meeting we will be dedicating to our very special guest, Mr. Kristopher Knowles, who is accompanied by Mr. George Marcello and Mr. Thomas D'Amico. I told Kristopher he would have the floor to tell us his story.

Kristopher, welcome to this room and to this group. Please go ahead.

**Mr. Kristopher Knowles (Kristopher's Wish, As Individual):** Thank you.

Hi. My name is Kristopher Knowles. For the past eleven and a half months I've been walking across Canada to raise awareness for organ and tissue donation.

About four years ago I met my road manager, George Marcello, who did a walk across Canada to do the same thing. I got to meet him, and sure enough, he inspired me, so I kind of asked him if I could do a walk across Canada.

I didn't know what to think about it, because I was only 10 years old at the time, but I asked him. It took a couple of years to plan, and it happened.

Just after I met him, I told him I needed a liver and that I'd been waiting for a liver. I've been on the waiting list for the past 14 years now. I'm still waiting. I've been walking across Canada just to tell everybody to become organ donors.

Right now, the law's not that good. You have to tell your family. You have to let your family know about your wishes, and if not, then it's your family's decision to say yes or no. It's kind of a hard decision, if one of your loved ones passes away and you have to go to one of your family members and say "Do you want to donate your son's organs?"

There's one story that inspired me very much. Just before we started our walk, we went up to North Bay to meet a family, the Fowler family. We found out that the little boy, seven years old, drowned and they had donated his organs.

But there is more to that story. The house was on fire, so they sent the two kids with the babysitter down to the beach. While the house was on fire, the seven-year-old, the youngest one, drowned. The parents went out of their way and donated his organs. They had a lot

of guts, because I don't know if any other parents would be able to do that in a situation like that.

Right now, in Spain, there's a list. When you're born, you're automatically put on an organ donor list. If you want, you can take yourself off. I think it's a good thing, because you don't have to go up to a family member and ask if they want to donate the organs, and you don't have to sign a little organ donor card; you're automatically an organ donor.

There are about 4,000 people on the waiting list right now. I'm pretty sure every one of those 4,000 people could be saved by this. I just think that's a good thing.

**The Chair:** Well said, Kristopher. Thank you.

Mr. Marcello, did you want to add something?

**Mr. George Marcello (Founder and Chief Executive Officer, Step By Step/Kristopher's Wish, As Individual):** Yes. Today is a good day, because Kristopher has almost completed his campaign.

During the campaign we visited about 200 communities across Canada from coast to coast. We inspired about 700 media stories. Kristopher visited 200 schools. He had a chance to talk directly to about 500,000 students.

For the past eight years we've been at this, trying to improve the present situation in organ and tissue donation. I'm not sure if all the members here are aware, but when it comes to organ donations, Canada still has one of the lowest rates in the world. It has been that way for a while, and nothing has really been done to change that situation.

During the past eight years we've gone to a lot of committee meetings. There was a study done by the standing health committee in 1998-99 for six months. There were over a dozen sessions during that time, and as a result of that, nothing was done.

The reason we're calling it Kristopher's Wish, his wish, is to bring attention to this issue and start solving it. The solutions are very clear. We need to start looking at what other countries are doing and why they are doing so well—Spain in particular.

Spain adopted a system 14 years ago where all Spaniards are registered as organ donors but are given the opportunity to take their names off the list. As a result of that system, Spain became the leader in the world in organ donations, and after that, 21 other countries in the world adopted that system.

The 22 countries, in total, that have adopted this system have shown remarkable success in their rate of organ donations. Lives are being saved where otherwise people would have died.

We need to start taking those steps here in Canada. I have witnessed in the last eight years kids like Kristopher who died waiting. I have witnessed organs that have gone to waste in the last eight years. This shouldn't be happening in Canada.

Our plea today is that we can continue with more time to give a detailed account of what we can do with this situation and how we can fix it, in the spirit of Tommy Douglas, who was voted the greatest Canadian, and for good reason. He had a vision. Our health system has been deteriorating ever since. We need to regain that vision again, and hopefully save Kristopher's life and the lives of almost 4,000 other Canadians who are on the list.

Our plea today is that we can continue this discussion on another day and start solving the problems.

• (1125)

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

Mr. D'Amico, do you want to say something?

**Mr. Thomas D'Amico (Principal, Immaculata High School):** Certainly, very briefly. I'm the principal of Immaculata High School, quite close to Parliament. We were fortunate to have Kristopher visit our school last year, during the walk, and present to our students. I know when Kristopher left there were a lot of tears in the room and there were a lot of students who were moved. Our community police officer told me right away that he wanted to get involved and that he wanted to sign his card when he got home.

We can raise small amounts of money at the high school and we can raise awareness, but we can't implement change across Canada. That's the job of the members in this group and the people we elect.

So I hope the message from Kristopher and what he has done is passed on to everyone here and that you can continue with this very worthy...not merely cause, but way of saving the lives of many youth across Canada.

Thank you.

**The Chair:** Thank you, Mr. D'Amico.

Do any of the members wish to ask a question?

Mr. Merrifield, Mr. Thibault, and Mr. Fletcher.

**Mr. Rob Merrifield (Yellowhead, CPC):** Kristopher, I want to thank you very much for taking this initiative on. At a very young age you're doing a wonderful thing, and I certainly want to applaud you for being here and for sharing your experience with us this morning.

What you're asking for, if I have it right, is sort of the negative billing approach, in the sense that everyone is a donor unless they say they're not. Do you think there's any other way you could raise awareness? Is it received better with the different demographics? Are younger people more accepting of it than older people? As you went across Canada, did you sense any kind of a difference there?

**Mr. Kristopher Knowles:** Could my brother maybe do that?

**Mr. Rob Merrifield:** Or George, either one.

**Mr. George Marcello:** Thank you for the question. For the past eight years there have been a lot of programs to try to encourage Canadians to sign their organ donor cards. The message is out there about how important this issue is. One of the problems is Canadians are leading very busy lives. In their hearts they have a desire to become organ donors. They don't get around to doing it or discussing the wish with their families. As a result, Canadians are passing away and their organs are not getting donated. It's the present system that is preventing it, because of family consent and having to approach the family during a very stressful time when the family is in an irrational state of mind. We're expecting the family to make a decision at that moment where lives are at stake, and that situation has failed us time and time again.

As far as the young people are concerned, Kristopher's campaign is testimonial that he's reached half a million students. As Mr. D'Amico has mentioned, he gets thousands of e-mails every day from young people wanting to sign their organ donor cards.

It's not a question of whether Canadians want to be organ donors. Statistics have proven over and over again the majority of Canadians do want to become organ donors. What kind of system can we have to maximize the potential for having the needed organs available? That's what we need to look at, developing the right system.

• (1130)

**Mr. Rob Merrifield:** Are you getting any nervousness from people who might be thinking, with an issue like organ donation, that this is putting undue pressure on them? The proposal is to be an organ donor unless you say no. I'm wondering whether you're sensing that, or are just not hearing anything—whether the public is mute on that issue.

**Mr. George Marcello:** Over the past eight years I've talked to hundreds and hundreds of politicians. I think the biggest fear with politicians right now in looking at this change is they don't know how Canadians are going to react to it. Most politicians feel that Canadians will not accept this system.

For the past eight years, and including Kristopher's campaign, we've done three campaigns across the country where we've had a chance to talk to millions of Canadians, and 99% of the Canadians we've talked to are saying the same thing: what are we waiting for?

We've had a chance to go out there where the action is, so to speak. We've had a chance to talk to Canadians from all walks of life. We know what they're feeling. We know what they're saying. That's why it was important for us to bring this message before all the members here today, to let you know what they're feeling.

**Mr. Rob Merrifield:** Okay. Thank you.

**The Chair:** Thank you very much, Mr. Merrifield.

Mr. Thibault.

**Hon. Robert Thibault (West Nova, Lib.):** I just have a very few brief words. I want to congratulate you again, Kris, for what you've done. I had the honour of accompanying Kristopher in Yarmouth, with a provincial cabinet minister and the mayor and many of the local people. I don't think you can have the warmth it left more effectively communicated than by somebody who has donated a significant part of his life.... One-fourteenth of your life has been donated to awareness in your walk across the country. Mr. Knowles did a brilliant job in communicating it with the people at the reception we held after. I can tell you, I've heard from people who have heard you and people who have read about it in the local paper and have gained a better awareness.

In Nova Scotia we're fortunate that when we sign for our health card, right then we can—and I have done it—sign that we are donors, so it's taken care of quickly. I don't know that it's done that way across the country, but it has encouraged a lot of people to do it.

I don't know who won the best Canadian selection, but high, high up on my list was Terry Fox, and I'm sure he's been an inspiration to you, because what you're doing is in his image. I congratulate you and I wish you all the best. I'm glad you were able to join us this day in Ottawa and meet a lot of the politicians and impress on them what you've done and what you're working for.

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

Mr. Fletcher, and then Madame Demers.

**Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC):** Again I'd like to reiterate an appreciation for your coming out. We often talk about young people not getting involved in society or caring about others or getting involved in the political process, so it's very heartening—I think for everyone here—to see someone who's so young be so involved, and on such an important issue.

I'd like to flesh out a little more the comment George made, that politicians feel Canadians wouldn't be receptive to your proposal. I'm just wondering on what basis there would be resistance. Are there faith issues here, or just lack of awareness? What could it be?

**Mr. George Marcello:** First of all, we need to accept this issue as a priority, and Canadians need to realize that this issue is going to be at the top of the list, because we have 4,000 Canadians right now, countless many who will find themselves on this list, who are depending on us to do so. We need to make it a priority.

Once we make it a priority, then Canadians will be able to become far more educated and know there is a better system that could be developed. I think this committee has the power to create at least some kind of survey across the country where we would be able to see exactly how Canadians are going to feel about making a change to opting out. If the country finds that a majority of Canadians support this, then our next question is, what are we waiting for? Let's start doing it, so lives could start being saved.

As we stand right now—this is from unofficial reports—we have the potential to save all 4,000 Canadians who are on this list right now. That's how many organs are going to waste in our country.

We're saying 4,000 people have to be worth conducting this kind of study. We also use an analogy—sometimes perception is everything. If we were able to see these 4,000 people in a burning building, we'd be able to see more clearly the urgency in this. And if

we knew there was a window, or some place through which these people could make their way out, we would do everything to send whatever it took to get these people out of that building.

That's the situation right now. What we're asking is, help us with this ladder; we can't carry it alone. Help us bring this ladder so we can help all these people. The first step would be to acknowledge that this issue is important enough to give it that attention, and to start conducting that first study to see whether Canadians will be receptive to an opt-out system. If they are, the next step will be implementing it. As a result of having such a system in place, lives would be saved, and in the future we'd say, what were we waiting for? Why didn't we do this a lot sooner?

● (1135)

**Mr. Steven Fletcher:** But your sense is there's no political resistance or public resistance to the idea?

**Mr. George Marcello:** The public is for it. As I mentioned, for the past eight years we've done treks similar to Kristopher's. We've talked to Canadians. Every Canadian we talk to is in favour of this. As for the media, we have over 2,000 media stories that have talked about this. There are some politicians who are in favour of it, and the number is growing.

I feel the biggest fear among politicians right now is that they don't have a sense of what Canadians feel about it. That's why I was mentioning they need to get a better sense of what Canadians feel about making this change, so that they can vote with their will on this and have the desire to start making these steps.

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

Ms. Demers.

[*Translation*]

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

I want to thank Christopher, Mr. Marcello and Mr. D'Amico for being here.

It's important to me to meet with individuals like yourselves who are tremendously courageous and do whatever needs to be done to get things moving. I know that several months ago, Québec-Transplant began training people in francophone hospitals to identify potential organ donors. Will this initiative help you to harvest more organs?

Are similar efforts under way in hospitals in other Canadian provinces? Do hospitals elsewhere have on staff persons responsible for identifying potential donors and for talking to families to ensure that organs are harvested for transplant immediately after death occurs?

[*English*]

**Mr. George Marcello:** I'm sorry, I didn't have the earphone on.

**Ms. Nicole Demers:** Okay, I'll say it in English.

In Quebec right now there is a program with Québec-Transplant where they are training some people who would be responsible in the hospitals for detecting possible donors of organs. Those people will also have the responsibility of assuring themselves that those organs can be retrieved right away after the person dies. Will steps like that help your quest, and is there anything else throughout Canada that acts in the same way?

**Mr. George Marcello:** Thank you for that question.

It is true that Québec-Transplant has taken the steps to do that, to put a more qualified person in the hospital in order to approach the family, which is a step in the right direction. It will help. Ontario is doing the same thing, and I believe B.C. is following in those footsteps. These are steps in the right direction.

What we are saying about implementing the opt-out system is that instead of bringing a little ladder, let's bring a big ladder, and opt-out is a big ladder. That would maximize the potential, because we're not still certain how the family is going to react in that situation.

● (1140)

**Ms. Nicole Demers:** You said you think politicians are a little afraid; they get cold feet because they don't know how people are going to react. I wonder why you didn't use Kristopher's walk across Canada to have, at the same time, people sign a petition, or did you think about that?

**Mr. George Marcello:** Yes, we did think about that. When Kristopher approached me to do this, we put it together in two months, and there was an urgency in doing this. Kristopher has miraculously survived for the past 14 years. He's undergone 20 operations. Every day he survives is a testament to his fortitude and will to survive. We didn't really have that much time to wait. We couldn't say, let's wait another year to do it properly. We had to do this right away for Kristopher. That was one of the things we did have in mind, to bring a petition, and in that way we'd have been able to quantify what Canadians....

This campaign produced so many things. One of the things we saw was the need to do that in another campaign, so all the members here could see for themselves how Canadians feel about an opt-out system.

[Translation]

**Ms. Nicole Demers:** Thank you.

Thank you, Madam Chair.

[English]

**The Chair:** Thank you, Madame Demers.

Mr. Blaikie.

**Hon. Bill Blaikie (Elmwood—Transcona, NDP):** Thank you, Madam Chair.

First of all, I want to say welcome to our guests and to commend them for the great work they're doing, in particular Kristopher for having completed your walk. I'm sure I speak for everyone here when I say we hope and we pray that you get your transplant tomorrow.

I must say, Madam Chair, that I am normally not in favour of negative option billing, but I think this kind of negative option or

opting-out provision is probably the one exception everyone who's normally against this sort of procedure should consider very seriously. I think it would deal with the thing that really is at the heart of the matter. People don't sign their organ donor cards because they don't want to confront the reality of their own death. When you sign that card, you're admitting that someday this is going to happen to you, and I think that's the real reason. All the education in the world just doesn't get over that for a lot of people.

This particular way of dealing with things would eliminate people having to do that. Instead, if they wanted to opt out, they would have to confront whether or not they actually wanted to prohibit their organs from being used, and it seems to me a much smaller group of people would want to do that. People may have their own personal reasons for doing so, but it seems to me that would be a much smaller group of people.

I'm just trying to get to the heart of the matter, and it seems to me that is at the heart of the matter. People just don't want to face up to their own mortality, and signing that card is all part of that.

Although I am not conversant with the details, it seems to me a press release came across my desk sometime this week, actually, saying the Manitoba government had announced some kind of change in the procedure in that province. I doubt very much whether it goes all the way you're suggesting, but that might be something you might want to look at as well.

Anyway, I just commend the witnesses for their work, and I hope that someday there are the kinds of results you're looking for.

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

Thank you for making my point. I think you've hit the nail on the head.

Mrs. Chamberlain and Mr. Lunney.

● (1145)

**Hon. Brenda Chamberlain (Guelph, Lib.):** Hi, George. It's good to see you.

Kristopher, you were in Guelph in early spring last year and I saw you then. I'm very pleased to see you here, and I hope, like everyone, that you get what you need and that everybody does who has problems in this area.

There is no doubt that what Mr. Blaikie said is right on. A lot of people would not do the reverse, which is to actually pick up the phone or sign a thing saying no, I don't want to donate my organs, and send it in.

You are a very brave boy, and what an honour it must be for your parents to have you. They must be so proud. I'm a mum of three boys, and my pride in them is great. For you to decide to take on a cause like this is a very special calling. You've been given a gift to do it and you have risen to the challenge, and we all commend you on that. You are very special and unique; I wanted you to know that, and I'm glad you have brought this issue forth to the committee because we will have to make some decisions around it.

George, you keep up your good work. I know you've been in this for a long time. We've talked many times on the phone, and I'm very proud to have you here this morning.

**The Chair:** Thank you, Mrs. Chamberlain.

Mr. Lunney.

**Mr. James Lunney (Nanaimo—Alberni, CPC):** Thank you, Madam Chair.

Well, everybody has said just about every commendable thing that can be said. I just also want to express that we appreciate, Kristopher, what you've done in motivating young people by speaking in schools and raising the issue across the nation. I'm particularly pleased to see young people get engaged and realize you can make a difference even when you're facing a challenge. You've set a marvellous example for people.

I just wanted to contribute this perhaps. With organ transplantation and the desperate needs of those 4,000 people who are waiting, it may well be that other options are on the horizon—some of the promising new technologies. May we hope that the needs are met and met quickly. One of the things that shows great promise is cord blood for stem cells and stem cell research. Recently there have been some very promising results from cord blood, which is being lost and wasted. There are not the same moral or ethical issues, and we may find a source of stem cells that will provide transplant material that can be grown in vitro and then transplanted. That can actually make a significant contribution towards developing new tissue that will function without the antigenicity and without as much need for anti-rejection drugs.

We hope we find the solutions we need, and quickly, so Kristopher will live a very full life. It sounds like he has a good start at being an excellent scientist and public speaker, a motivational speaker; there's a whole host of careers that are available to him.

Anyway, thank you very much for raising the issue.

**The Chair:** Thank you very much.

Did you want to speak, Ms. Dhalla?

**Ms. Ruby Dhalla (Brampton—Springdale, Lib.):** I would just like to say to Kristopher and George that this is really a pleasure and an honour. We've had about a month now of health committee meetings, and I know this is going to be one of my most memorable meetings.

Kristopher, as has been expressed before, it is truly commendable to be a young person, to believe in something, to have a dream, and then to go after it to really raise awareness of an issue. I know you're a role model for so many young people out there, and I hope you've encouraged and inspired other young people to really take up a dream and make sure it happens.

It's been said before as well that all of our prayers are with you, and after reading your bio, I know you've been through a lot. I want you to keep on having that same faith and courage and being strong, because I'm sure everything is going to work out for you. We wish you all the best, all the happiness and success.

Thank you, and I hope to see you in the House of Commons some day.

**Some hon. members:** Oh, oh!

**Mr. George Marcello:** He has the ambition to become Prime Minister one day.

**Ms. Ruby Dhalla:** We'll support you—as long as you're a Liberal.

**Some hon. members:** Oh, oh!

**Mr. Steven Fletcher:** He wants to be elected.

**The Chair:** On behalf of all members of the committee, I want to thank all of you, in particular, Kristopher, for coming here.

Most of the time, we hear many, many problems from most of our witnesses. It really is inspiring to hear your story and what you've been doing. It has made our day in a way. It's also good that when you have come, you've come with a suggested solution. I think it becomes incumbent upon us to make inquiries as to whether that solution would be possible. Perhaps, as Mr. Fletcher implied, we need to get the question included in one of the polls done by the various parties to prove your point that people are not averse to this. Anyway, the committee will discuss this later and try to come up with a little bit of a plan.

I thank you very much for your input. The clerk has your addresses, etc., and we'll communicate with you once the committee has had a chance to discuss it and have some information presented to us, so we can make a wise judgment.

Thank you very much.

**Some hon. members:** Hear, hear!

**The Chair:** To my colleagues, I believe the next item on the agenda is two motions, which I believe you received on November 29, meaning that more than 48 hours have gone by. The first one is by Mr. Fletcher: "That the committee invite Mrs. Tina Lyon to testify, as an individual, on the issue of Hepatitis C and tainted blood, at the meeting scheduled for Thursday, December 9, 2004"—a meeting that is already planned.

Is there any discussion of that?

• (1150)

**Hon. Robert Thibault:** Usually, if we are going to invite witnesses, isn't it the practice that we consider them from a list of witnesses? Just adding or bringing one—I don't know what this person brings that is different.

There is unanimous agreement already at the committee that we ask the minister to extend coverage. We have asked for more information on the state of the fund, which is understandable.

Now if we ask one person, I don't know what they would contribute or why. If we are going to ask witnesses to appear on a question like this, I think we should follow the format and see the list of the people who are inquiring about coming and whom we would like to come and what they would add to the discussion.

I remind the committee, Madam Chair, through you, that we've already made the decision on this one. We have already unanimously agreed to ask the minister to extend compensation.

**The Chair:** Yes.

Mr. Fletcher, it is always tempting for each member of Parliament to try to bring someone here for every subject we study. It would be beyond the norm to have just one person suggested by one member of the committee without having invited all the members of the committee to suggest names.

I thought that when we decided on this meeting, we were taking representatives of groups. I am trying to think who they are—

**Mr. Steven Fletcher:** Could I just respond to that?

**The Chair:** Yes.

I'm just trying to explain to you one of the conventions of Parliament.

**Mr. Steven Fletcher:** We just had a witness here, an individual who represented himself on a very important issue, who was brought forward by one member of the committee. I don't see much difference between what we just saw and learned a lot about and what I'm suggesting with this witness. This individual, I think, is representative of what a lot of people with hepatitis C have gone through. It would just put the whole thing into context.

**The Chair:** Mr. Ménard.

[*Translation*]

**Mr. Réal Ménard (Hochelaga, BQ):** I tend to agree with your position, Madam Chair. However, before we get into this debate any further, I would have liked Mr. Fletcher to explain a few things. I'm certain members don't doubt that this person is qualified to speak on this subject. However, the purpose of this meeting was to discuss restrictions encountered in terms of the fund's administration. The minister argued that from a legal standpoint, his hands were tied because the funds were held in trust. We had agreed to invite national spokespersons for hepatitis C sufferers, that is representatives of the Canadian Hemophilia Society, to testify before our committee. I have no objections to adding a name to the list, but I'd like the person who is making this suggestion to explain what possible added contribution this person could make. Then we can decide what to do.

[*English*]

**The Chair:** I think that's a good idea.

I will go back to Mr. Fletcher.

**Mr. Steven Fletcher:** This individual called my office and specifically asked to speak to the committee. She will not be speaking for a long time; it will be very short.

Maybe I could table an e-mail on this that she sent to me. The gist is that she contracted hepatitis C from a number of blood transfusions because of the birth of her son in 1985, and she has not worked since 1990 due to hepatitis C. The e-mail goes on to say there are many other people in very similar circumstances who have suffered just like she has.

We often talk about 400 people or thousands of people, but I think just putting it into the context of having one person, who has made a special request to at least share some of her experience with us and who I think is representative of a lot of people who have gone through this experience... And I think it's important for the committee to see that what the Liberals have done is not necessarily the best decision—although I understand that things are moving along to change that position.

But for a few minutes of our time to help this person heal and express herself, I don't see anything wrong with that at all.

• (1155)

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

Mr. Thibault.

**Hon. Robert Thibault:** I appreciate the points raised by the member, but again, if we were at the point when we were considering whether this committee supported extending compensation, then I would fully agree that that point of view would be very well expressed and that an individual bringing that point would be of great value to us. But we have gone past that point, and now we've agreed to hear from the spokespersons for the organizations representing all of those individuals, as well as the people who can give us some insight as to what the limits of the fund are.

We have all agreed unanimously that we should extend coverage to individuals, such as the one who would make the presentation, and the minister has agreed and has taken the step. While I understand that the person might want to come, we've all put forward a lot of items that we'd like to study, including perhaps what has been suggested to us by Mr. Knowles. And I would remind the committee that when it was agreed that Mr. Knowles would come, we had agreed on a 20-minute period with the unanimous consent of this committee. It ended up taking a lot longer than we had planned, but I think it was a good presentation.

But there are many areas of great interest that we all want to study. Another add-on to this that doesn't add to our decision-making I don't believe is of value.

**The Chair:** Mr. Lunney, and then somebody over here.

**Mr. James Lunney:** Thank you, Madam Chair.

We've already agreed to hear from people on this issue, which is a little bit after the fact anyway; but since we have already agreed to do that and are having a meeting, is it on the same day we are hearing witnesses, December 9, on this subject?

**The Chair:** Yes.

**Mr. James Lunney:** So what would be wrong with having one witness added to the list to give her a few minutes to make her case along with these other witnesses? We are going to be hearing the subject anyway; it's the same meeting. It's just giving her five or seven minutes to make her case.

**Hon. Robert Thibault:** But then there will be all of the questions.

**Mr. James Lunney:** It is the same meeting; we'll hear them all in one meeting. I don't see that it should be a huge issue.

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

Mrs. Chamberlain.

**Hon. Brenda Chamberlain:** I don't have any problem, if we can roll the person into the same meeting. It doesn't matter, but we're going to have to shear everybody down then.

I have a number of issues that I do want to study in this committee. We have moved a little bit beyond this, I think. It's fine. We've agreed we're going to do that.



But I just don't want.... For instance, I brought this today. It says, "Ontario to slice a year off waiting times". We were told in the last couple of meetings by the minister that we're not going to have a report until March 31, 2007. I think if Ontario can slice a year off, we need to get this committee to start to put pressure on the provinces and on the minister on the waiting times.

So there are some issues out there that I think are very important to Canadians at large. The number one issue in the election campaign we all just went through was waiting times and doctor shortages. If we don't really get our act together here and start to address some of these things, we're really doing a disservice to Canadians, as a health committee.

I don't care if you put 20 hep C people in that time slot and move them down to two or three minutes apiece. But I don't want to extend that time slot, because I think we are moving on that subject, and we have other work to do. We must not neglect the other work we pledged to do in this past election. Every single party here heard it. If we are to care about our people, we have to keep on top of this. We have to demand some interim reports, we have to push it along, and we have to be the ones to have courage to push that along. If we don't, we haven't done the right thing.

I'm going to be pushing this every single meeting where I see we're falling behind on this. This is going to be my *cause d'être*, I tell you right now.

• (1200)

**The Chair:** Thanks for the warning, Mrs. Chamberlain.

Mr. Ménard.

[*Translation*]

**Mr. Réal Ménard:** For starters, waiting times are a provincial, not federal, responsibility.

Secondly, we'll no doubt vote in favour of Mr. Fletcher's motion to make him happy. However, as Mr. Thibault was saying, we need to take into account the fact that the list reflected a certain balance and that we had agreed to invite national spokespersons and the fund administrators. The idea was to work together in a harmonious, cordial manner, not to resort to bickering amongst ourselves. I agree that Mr. Thibault has raised a valid point, namely that we're setting aside a decision that had been reached unanimously.

Having said that, if it makes Mr. Fletcher happy and if the witness speaks for 15 minutes—Mr. Fletcher was reasonable and withdrew his motion to invite the Prime Minister, to whom you've sent a letter instead, Madam Chair—then let's make him happy and adopt his motion and work together harmoniously. However, I agree with your contention that this disrupts the balance and that we're reversing a decision that was reached unanimously.

[*English*]

**The Chair:** I think you're ready for the question now, aren't you?

I'm sorry. Mr. Fletcher has not moved his motion.

**Mr. Steven Fletcher:** To move the motion...I'm not even asking for four minutes and we've already spent 20 minutes discussing it. It's getting ridiculous.

**The Chair:** I agree.

I think the point some people are trying to make is that when we have a witness who is a patient with a heart-wrenching story, we're all inclined to forget the structural institutional things we're studying and get caught up with the suffering or the feelings of that person.

I'm not averse to having this person, but I would caution the committee to try not to get too caught up, to see it as a part of the larger puzzle. If every question goes to this witness, we will have missed the opportunity to deal with the larger structural issue. That's my little lecture for today.

(Motion agreed to [See *Minutes of Proceedings*])

**The Chair:** Thank you very much.

The next motion is from Mr. Ménard. Mr. Ménard has a motion here that in my view is a little bit in conflict with the exercise we have embarked upon. That exercise has now been voted on. You submitted your topics, the clerk assembled a list, she sent you the list, and you voted. The clerk is now ready to give out to you the results of that little poll we did of the members.

[*Translation*]

**Mr. Réal Ménard:** On a point of order, Madam Chair.

[*English*]

**The Chair:** Yes, Mr. Ménard. I'm just trying to put your motion in perspective before we deal with it.

[*Translation*]

**Mr. Réal Ménard:** Madam Chair, I'd like a congenial working atmosphere to prevail. However, during debate on a motion, the Chair is not supposed to sway people one way or the other. If the committee wants to reject the motion, then so be it. If I am asked to withdraw my motion, I am prepared to do so. However, the motion does not conflict with anything. Committee members have the right to table motions.

As I see it, we're dealing with an emergency. Two other members are poised to table motions concerning Internet drug sales and various options will be suggested. I'm prepared to withdraw my motion, if that's what you want. However, I don't want to hear anyone suggest that MPs do not have the right to table motions. If you want me to withdraw my motion so that we can consider the matter further, then I'm prepared to go along with that. However, do not try to sway members one way or the other, because that is not the role of the Chair.

• (1205)

[*English*]

**The Chair:** You're absolutely right, Mr. Ménard.

Mr. Merrifield wants to comment on this.

**Mr. Rob Merrifield:** I think the motion may be fine. In my mind, it's maybe a little premature. There is the potential of having us deal with this by way of a private member's bill that might come to committee. We don't know that, but within a week we will.

I would request, Réal, that maybe you pull it off the table until such time that we can decide on it, perhaps at another date—within the next week or so.

**The Chair:** Mr. Blaikie would like to comment, and then Mr. Ménard can come back in, and Mr. Thibault.

**Hon. Bill Blaikie:** I'm not sure what Mr. Merrifield means. There was private members' business yesterday in the House having to do with Internet pharmacies, but that was only the first hour of debate. So I don't know how we would know by next week.

**A voice:** Will that come to a vote?

**Hon. Bill Blaikie:** It won't come to a vote until the second hour, which will not be for some time. So what I'm saying is I don't know how we would know that next week.

**Mr. Rob Merrifield:** Some of them have been coming after the first reading, but if it's the second reading, that's fine. At least we'd know whether it's on the table or not.

**Hon. Bill Blaikie:** As far as I know, the first hour was completed. But maybe I'm wrong about that.

I think your point is well taken, Madam Chair, although Monsieur Ménard's point is also well taken, that he can move any motion he likes at any time. We did go through this exercise, although when I look at the results, I'm not sure it's conclusive as to what the committee will do.

I'm not sure what you're suggesting as an alternative to debating Monsieur Ménard's motion. Are we going to try to figure out today what we're going to do? What's the suggestion?

Are we dealing just with Mr. Ménard's motion?

**The Chair:** On the agenda, the two motions would come ahead of future business. I was hoping to move to future business as described on this chart.

As you say, it's a little bit inconclusive, but it would seem to me there was a possibility that one of the subjects we choose to study in the new year would be Internet pharmacies. That's why I'm wondering about....

I think it's a pretty complex topic, and his recommendation is that we study it. That would be as if I took my favourite subject, which is the cost of prescription drugs, and moved a motion in order to circumvent the process of the group deciding by consensus what it is they're going to study.

In any case, Mr. Ménard, if you want to have a debate and a vote on this motion right now, before we do the future business, you have the right to have that happen.

The committee can do one of two things. Somebody has already suggested that you withdraw the motion for the time being. Somebody else could do that. Or the committee could defeat it. If they defeated it, that would suggest that the title "Internet pharmacies" would be deleted from this list, because the committee would have spoken.

It's just awkward, because we already have Internet pharmacies on the list of possible topics, and actually it did quite well in the voting.

Mr. Ménard.

[*Translation*]

**Mr. Réal Ménard:** Madam Chair, you're ascribing motives to me and I do not appreciate that. The point is to table motions on matters deemed urgent.

[*English*]

**The Chair:** No, I didn't say anything about your motives.

[*Translation*]

**Mr. Réal Ménard:** Fine then, I'll withdraw my motion if the committee wants to have a more general discussion. I don't have a problem with that. I have no desire whatsoever to impose my agenda. Therefore, I withdraw my motion, Madam Chair.

[*English*]

**The Chair:** Thank you, Mr. Ménard.

Mr. Ménard has gotten us out of our conundrum with his generosity, and I'm very grateful for it. He's withdrawing this motion, so we can put it aside for now. The essence of it is on your list anyway.

The clerk is suggesting that maybe for this kind of discussion and planning we should move in camera. Can I have a motion?

**Mr. Rob Merrifield:** I move we go in camera.

**Mr. Steven Fletcher:** Just before we do that, I have a point of order.

• (1210)

**The Chair:** Yes, Mr. Fletcher.

**Mr. Steven Fletcher:** On the record, I didn't withdraw that request for the Prime Minister to come to the committee. It was another motion that I was withdrawing. I'm looking forward to seeing the Prime Minister as soon as possible.

**The Chair:** I'll see if I can get you an appointment.

I have a report on that, by the way. Mr. Fletcher raised it at the last meeting. Earlier this week when I went through my mail there was a reply from the Prime Minister. Simply due to the fact that I had trouble getting a taxi this morning and was going to be late, I forgot to bring it with me. Actually, I didn't bring any papers. The clerk has provided me with these, because I was going to be late.

**Mr. Steven Fletcher:** Is the Prime Minister going to be leaving the country in the next six to twelve months?

**The Chair:** He didn't tell me in his letter what his schedule was, but I will bring the letter to the next meeting and read it aloud to you. Let me just say, Mr. Fletcher, I don't want you to hold your breath.

Ms. Chamberlain.

**Hon. Brenda Chamberlain:** I want to launch into the other discussion too.

I just want to bring something to your attention and ask if you can check it out, because I think it is important, even though we may not have heard a lot about it. These earpieces—somebody asked one of the people who works on the floor the other day how often they're cleaned. They said once a year. I think we should find out about that because there may be a better way than what we're doing, and maybe we should each be allotted one to carry, or whatever, and have it portable. I don't think, as a health committee, that's a really good thing, if that truly is happening.

**Mr. Steven Fletcher:** Madam Chair, I might be wearing the earpiece of a Liberal and that would be really—

**Some hon. members:** Oh, oh!

**Hon. Brenda Chamberlain:** We put microchips in them. You're going to become a Liberal.

**Some hon. members:** Oh, oh!

**Mr. Steven Fletcher:** No way.

**The Chair:** Mr. Ménard.

[*Translation*]

**Mr. Réal Ménard:** As for future business, I'd like us to follow up on the motion adopted with respect to the three health care professionals licensed by Health Canada. In my opinion, there's no point putting additional items on our agenda if we don't act on the items already agreed to.

The Clerk has sent us a legal opinion to the effect that we can go forward with this, but that we must proceed with caution. What is

your interpretation of this legal opinion, and how are we going to follow through on the motion agreed to by this committee?

[*English*]

**The Chair:** I was hoping we could go in camera to cover all future business. Could we not do that? Do we have to do this in public, Mr. Ménard?

Mr. Merrifield has a motion to go in camera.

The staff needs a couple of minutes, so you can get coffee now, and we'll reconvene and we'll talk about Mr. Ménard's issue, what's on this chart, and any and all wonderful topics you wish to bring forward on the idea of future business, although I'm hoping to restrict it somewhat to this particular chart.

[*Proceedings continue in camera*]

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