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Chair

Mr. Bill Casey

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● (1605)

[*English*]

The Chair (Mr. Bill Casey (Cumberland—Colchester, Lib.)): We're in public now.

Mr. Davies.

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Chair, those with good memories will remember back to the first meeting that we held where motions were moved.

The Chair: That's the very first one, way back.

Mr. Don Davies: Yes, back in 2015.

I remember I moved four motions at that meeting, one was on pharmacare. I moved a motion on studying antimicrobial resistance. I moved one on community health care. I moved one to undertake a study on the status of indigenous health and to report those findings to the House.

I would move that our next major study be one on indigenous health in Canada. I'll briefly explain my reasons.

I think our last meeting was instructive. We heard a little bit of evidence about the really disturbing state of oral health in our indigenous communities. We heard a little bit—I can't remember the statistics—but unsurprisingly, the state of oral health among our indigenous people in this country is significantly lower than the state of oral health for Canadians at large.

I've done a bit of research. Life expectancy for people living in first nations communities is currently five to seven years less than for other Canadians. Tuberculosis rates are 31 times the national average. Suicide rates are five to seven times the national average. That's just picking three representative health indicators—one on mental health, one on young people, one on tuberculosis, a very treatable and in fact even preventable illness—and of course life expectancy being the ultimate measure of health. I think it's a fair comment to make that it wouldn't surprise me if across the board, indigenous health lags behind the health of non-indigenous Canadians on every major measure.

The other reason I think this is really important is it's one of the core areas of health that is within federal jurisdiction. This is something we have direct responsibility for. The Prime Minister set the tone for this very early on stating that no relationship is more important to his government than that with indigenous people.

I think, colleagues, in terms of health as a subject in Canada, there is probably no issue more in need, more crying out for attention than that of the state of health of our indigenous peoples in this country.

Finally, I would say that this committee has done no travelling whatsoever. I think it would provide an opportunity for us to do some travel. We only have about 20 months before the next election, so we don't have a lot of time, but I think the opportunity to travel, particularly to some northern communities, some remote communities, would be very instructive. I've been on committee travel before. Some of it's a waste, but some of it is extremely moving and very informative.

If this committee went to a remote community to see what a health clinic or nurses station actually looks like—I've never been; I don't really know—I think it would be really be informative.

I'm going to move, for all those reasons—it's been on the docket for a long time, so it has the advantage, while not determinative, of having sat there for the last two years—that we move to undertake a study on the status of indigenous health and to report the findings to the House. I'm at my colleagues' pleasure in terms of when we start it, but I would suggest that be the next major study that we start in February or March.

● (1610)

The Chair: I appreciate the motion, but you kind of hijacked my agenda. Before we go to that, I just want to go through the things we have to do before we get to a new subject. If that's okay with you, I'll just go through those things.

We still have a few meetings before the pharmacare study is finalized. That's when we come back. We are going to have Bill C-326, drinking water guidelines. It has already been referred to us, so we have to fit that into our schedule sometime. I think it's April, or we have 12 months to do that one. We have to do a study on drinking water before April. Then we have private member's motion M-132, on federally funded health research. We have to do that within a year, just so you know.

We have, coming sooner or later, Bill S-228, which is going to be really interesting. That's food and beverage marketing to children. We have Bill S-5 which is anticipated to come. That's on tobacco packaging. It is going to be another interesting one.

Those are just things we have to do, and then we should talk about a new subject, as Mr. Davies has proposed. Actually, indigenous health was the next one on the priority list that we originally established way back when we had 17. We knocked it down to priorities and that was the next one, along with home care and palliative care, and organ donation, after that.

Now I'm going to go back, and I'm sorry to interrupt you, Mr. Davies—

Mr. Don Davies: That's okay.

The Chair: —but I appreciate your allowing me to go through that. I just wanted to bring you up to date, because we do have quite a few obligations that we have to deal with.

Mr. Don Davies: Thank you, Mr. Chair. That's very helpful to know.

The one thing I would leave to the business that we have to deal with as a committee is the timing of it. I just think that we should resolve as a committee to make that our first study that we're going to do on our own initiative. I agree that legislation from the House takes priority, so we'll have to deal with that, and Bill S-5, for sure. I think it's at second reading. It hasn't been moved on the order paper yet.

Some of the private members' bills, like the one on drinking water, we have to do by April. The other one, on health research, we have a year, and quite honestly, I don't know how many meetings. That actually duplicates some of the pharmacare study that we had. It does touch on ways to make drugs more affordable, so I personally would not be in favour of devoting very much time to that study. The motion doesn't say how many meetings we have to have. We could have one meeting. We could have a couple of meetings on it. However, I think it's important for this committee to be masters of its own business. What we move as a subject to study should be a reflection of what we think is an important issue, and again, I just can't think of one that's more important than indigenous health.

The Chair: Mr. Oliver.

Mr. John Oliver (Oakville, Lib.): I don't disagree with Mr. Davies, but I have a comment about process for us as a committee. Then I have a couple of other ideas for research on top of what has been suggested.

In terms of our process, I think the last time we all submitted topic lists, we took them to the subcommittee. The subcommittee went through them in detail and came back with a recommendation on the priorities and timing of them. Rather than having individual motions right now on what's most important and what we should be proceeding with, I think we need to let all members have a say. We're starting our second half of our work, get them in and then prioritize them at the subcommittee and then bring them back here to the committee for final recommendations. I think that's a bit more thorough rather than going one by one.

Having said that, there is a motion on the floor, I think.

The Chair: Did you actually make a motion? Okay.

● (1615)

Mr. John Oliver: I have two other potential topics, if I could introduce them.

One is pandemic planning. We don't have to go back very far to remember H1N1 and the significant shortage of antivirals that were available at that time. People were queueing, and there was concern across Canada about that shortage.

I don't know right now what...there hasn't been a significant viral concern lately and our eyes are off it, so it might be a good time to consider our pandemic plan. Do we have sufficient capacity to produce antivirals if they're needed as the next pandemic comes forward? That's one we could probably do a fairly quick study on.

The second one is a women's mental health issue, particularly focused on eating disorders. From my own personal experience, advertising and healthy body images is a really important topic particularly for young women who suffer from eating disorders. Some other jurisdictions have moved forward to require statements in advertising when a human image has been modified or computer modified, so that there is an awareness that the image is not of a normal human shape.

I thought there should be something around eating disorders, around women's mental health, with a focus on advertising. Is there a way for us to begin to look at a national direction around advertising?

The Chair: Ms. Sidhu.

Ms. Sonia Sidhu (Brampton South, Lib.): Mr. Chair, last spring this committee agreed unanimously to the motion for two meetings for the study of diabetes. This is an important issue that needs to be discussed in this committee. If there is time before June for two meetings on that, it would be appreciated.

The Chair: Mr. Davies.

Mr. Don Davies: I'm just thinking that there is no end to interesting topics that are worth studying. There are hundreds of them, and they're all good suggestions.

For me, in terms of process, we don't have the topic for our next major study. We're coming to the end of pharmacare and we don't have a major initiative set. We were to come to this meeting to start thinking about that, so I think it's appropriate to move motions at this meeting.

I was struggling to understand the federal component of John's suggestion until he talked about advertising, so I understand there is a federal tie-in there.

Again, I'll say that the virtue of indigenous health is it's a complete federal responsibility squarely within our responsibility. I'm going to move that we at least agree in principle to study that.

I'm okay on where you fold it in timing-wise, because we're going to have to be quite flexible on when it starts. This may take the better part of a year to get the eight, 10, or 12 meetings that we will probably need for it. We may not even finish it by the next election. I think it would send a really strong signal to the indigenous community, and again, it's completely reflective of the government's priorities of making a priority of the indigenous relationship.

I'm going to move that we have a vote on that, and that we determine whether this committee wants to study indigenous health.

The Chair: Ms. Gladu, on that subject.

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Yes, I just have a clarifying question for Mr. Davies.

I understood that the committee had put a priority list together of all the things you want to study. Pharmacare was one of them, as was antimicrobial resistance, etc., and I think indigenous health was on that list.

My question is, was that the next priority on the list?

The Chair: My information is that the next one was indigenous health, and the one after that was home care and palliative care, and the next one after that was organ donation, but it was almost two years ago that we did that.

The Chair: Mr. Van Kesteren.

Mr. Dave Van Kesteren (Chatham-Kent—Leamington, CPC): Chair, there is another study I would like to see, and indirectly I guess it ties into Mr. Davies' study.

To my knowledge I don't think there has been—with the possible exception of some jurisdictions in Europe—anybody who has had the boldness to take on the sugar industry. I would love to see a study on sugar, because so many of these issues that we're talking about—the study on diabetes, women's mental health and eating disorders, so many of them, and indigenous health.... We've all travelled to places like Iqaluit and we've seen the poor health habits that become part of first nations people.

I would love to maybe tie into that and just talk about sugar. There are those now who are saying that sugar is even more dangerous than smoking. It's something that nobody seems to want to tackle but I'd sure like to do it.

● (1620)

The Chair: Mr. Webber.

Mr. Len Webber (Calgary Confederation, CPC): I'm back to our first few meetings where we had our subcommittee meeting as well to discuss what we wanted to study. Of course, indigenous health was on that list and apparently it's the next one up, so I would support Don Davies' motion with respect to that, if he is next on the list of our own studies here.

Then we would continue on down that list that we had agreed to back so many years ago, two years ago as you mentioned, Mr. Chair.

The Chair: You're heading for organ donation, aren't you?

Mr. Len Webber: Well, I just think that now, all of a sudden, are we going to change things? I know there are a lot of important issues out there now—definitely diabetes and sugar and such—but we have a list and we've been patient in the organ donation community, anticipating this occurring sooner than later, and now to change that list, it is a little bit disappointing if that's what's happening.

The Chair: Mr. Davies.

Mr. Don Davies: I should read into the record the actual motion that I'm moving:

> That the Standing Committee on Health study the status of health and health care within Indigenous communities in Canada, including status, non-status, on-reserve, off-reserve and urban Indigenous populations, with the objective of better understanding the particular health care needs of this population and the gaps in service delivery, review the effectiveness of the First Nations and Inuit Health Branch of Health Canada, and report its findings to the House.

We already heard a couple of disturbing things last meeting. We heard that it took two years for the department to present information to its patient groups about changes to a number of X-rays. We heard issues of a report that should have been done by Health Canada that wasn't done. We heard that even if they have nurses stations, they might not be able to provide the services. There are issues here.

I also was thinking about Mr. Van Kesteren's comments about diabetes and sugar. I have a feeling that issue will probably come up in the context of indigenous health. It will be wide open because I suspect that rates of diabetes, and diet, access to poor food and sugary drinks and that, will be part of what we will hear, as some of the causative elements of poor health in indigenous communities.

I think by just mentioning a target group, it allows us to touch on a number of issues, and maybe even explore issues like organ donation, if there's an interest in that. What is the status of access to organ donation in indigenous communities? It's very wide for us to look into different aspects of it. In terms of waiting, as I said, this was the third or fourth motion moved two years ago. It's been on the docket longer than anything else. It has the advantage of being prioritized by this committee. Again, I think we all agree that the state of health care in our indigenous communities is really disturbing. People's lives and health are at stake here.

Although every issue raised by my colleagues is important, this one is the most important in my view, because these are the people in this country who are most in need of health care, who have the poorest health outcomes of any Canadians. If we're not focusing our attention on them, then I don't know who we focus our attention on.

The Chair: Ms. Gladu, I told them earlier that you and I had met with the Auditor General this morning. I told them about the discussion we had. This was one of the things that came up. This discussion came up. We talked about the Auditor General's report. I don't know if you remember, but they said that aboriginal children have twice as many cavities as non-aboriginal children. It's water, nutrition, and so on.

● (1625)

Ms. Marilyn Gladu: Did you [*Inaudible—Editor*] the suggestion we had from that to talk about here at the health committee?

The Chair: I did. We're going to proceed in a little different fashion.

Mr. Oliver.

Mr. John Oliver: I was wondering if Mr. Davies could read the motion again. I think we're going to take a two-minute time out. I totally agree with everything he has said about the importance of the study, the at-risk nature of these communities, people living in the community, and the very poor health outcomes that are there. They're very dramatically different from other Canadians in terms of incidence of disease.

Could you read the motion again?

Mr. Don Davies: Sure. The motion reads:

> That the Standing Committee on Health study the status of health and health care within Indigenous communities in Canada, including status, non-status, on-reserve, off-reserve and urban Indigenous populations, with the objective of better understanding the particular health care needs of this population and the gaps in service delivery, review the effectiveness of the First Nations and Inuit Health Branch of Health Canada, and report its findings to the House.

Mr. John Oliver: Can we have a two-minute time out?

The Chair: Sure.

● (1625)

(Pause)

● (1625)

The Chair: We're back.

Our analyst was just telling me, just in the interest of a diabetes study, that it's certainly a big issue in first nations and she's done some work on it.

Mr. Oliver.

Mr. John Oliver: Thank you very much for the pause.

We absolutely agree with the importance of the topic and the issues at hand. Mr. Davies stated that very appropriately, so I won't repeat that.

We have been advised, though, that the indigenous affairs committee has just completed a review of the incidence of suicide on reservations, and in that, they did a fairly broad look at health care and health care support. So we were wondering whether the motion could be deferred. We could ask the analysts perhaps to take a look at that report, and provide us with a review. We could all take a look at it ourselves, I guess.

We wouldn't want to have a similar process to one a committee just did a few months ago, and be back up asking the same questions and looking at the same issues. I think we should know what's in that, and what that committee studied, before we initiate that one. I'm wondering if this motion could be put on hold until we see that.

Our second comment is our understanding is that we would be doing a study of what is under federal jurisdiction. Status on reserve is federal jurisdiction. If people are off the reservation living in urban settings, that's provincial and territorial responsibilities, so maybe not...just to try to narrow this down to a more focused study. I could be wrong in that, but that's my understanding of what is federal jurisdiction and what is provincial and territorial jurisdiction.

I think the first question is what was done by the aboriginal affairs committee so we don't repeat what they just finished doing.

● (1630)

The Chair: Just as a coincidence, my seatmate is the chair of the aboriginal affairs committee, and we were looking at isolated aboriginal communities today on the Internet. The pictures there, they are less than third world, some of them. So there is a lot of work to do there.

Mr. Davies.

Mr. Don Davies: On the first point, I think that's reasonable. I'd be agreeable to deferring this motion to the next meeting on the proviso that we talk about it at the beginning of the next meeting and we'll have an answer on it. It gives us a chance to think about it as well.

On the second issue, I'm pretty sure that the responsibility of the federal government is not limited to reserves. Certainly, status Indians still are accessing services and are being covered by the federal government even when they live in Vancouver. I was just talking to someone in my office last week who was having difficulty getting some coverage for something through the department.

The Chair: So we'll deal with this issue first thing on Tuesday.

Mr. Don Davies: Yes, we can defer it. It gives us a chance to find out what the scope of the study was on the indigenous....

The Chair: I'm going to deal with it at the end of the meeting on Tuesday.

Mr. Don Davies: Okay.

The Chair: We'll deal with the motion, but thanks very much for everybody's co-operation and handling of this. I appreciate it very much.

We're adjourning the meeting at 4:30 p.m., just like we said we would.