Standing Senate Committee on Social Affairs, Science and Technology

Report on the document entitled : *Santé en français — Pour un meilleur accès à des services de santé en français*

(French-Language Healthcare – Improving Access to French-Language Health Services)

Chair
The Honourable Michael J. L. Kirby

Deputy Chair
The Honourable Marjory LeBreton

DECEMBER 2002

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ABBREVIATIONS

ACFO	Association canadienne-française de l'Ontario
CCFSMC	Consultative Committee for French-Speaking Minority Communities
FANE	Fédération des acadiens de la Nouvelle-Écosse
FCFA du Canada	Fédération des communautés francophones et acadienne du Canada
FFCB	Fédération des francophones de la Colombie-Britannique
IPOLC	Interdepartmental Partnership with the Official-Language Communities
PHCTF	Primary Health Care Transition Fund
RCCFC	Réseau des Cégeps et des Collèges Francophones du Canada

ORDER OF REFERENCE

Extract from the *Journals of the Senate* of Wednesday, October 23, 2002:

The Honourable Senator Morin moved, seconded by the Honourable Senator Lapointe:

That the Standing Senate Committee on Social Affairs, Science and Technology be authorized to examine and report on the document entitled *Santé en français — Pour un meilleur accès à des services de santé en français*;

That the papers and evidence received and taken by the Committee in the First Session of the Thirty-seventh Parliament be referred to the Committee;

That the Committee submit its final report no later than December 31, 2002; and

That the Committee be permitted, notwithstanding usual practices, to deposit any report with the Clerk of the Senate, if the Senate is not then sitting; and that the report be deemed to have been tabled in the Chamber.

After debate,

In amendment, the Honourable Senator Kinsella moved, seconded by the Honourable Senator Stratton, that the motion be amended by striking out the last paragraph.

After debate,

The question being put on the motion in amendment, it was adopted.

The question then being put on the main motion, as amended, it was adopted.

Paul Bélisle

Clerk of the Senate

SENATORS

The following Senators participated in the study on the document entitled : *Santé en français — Pour un meilleur accès à des services de santé en français* by the Standing Senate Committee on Social Affairs, Science and Technology:

The Honourable Michael J. L. Kirby, Chair of the Committee
The Honourable Marjory LeBreton, Deputy Chair of the Committee

The Honourable Yves Morin, Acting Chair of the Committee for this study, 37th Parliament, 1st Session

and

The Honourable Senators:

Catherine Callbeck
Gerald J. Comeau
Joan Cook
Jane Cordy
Joyce Fairbairn
Jean-Robert Gauthier
Wilbert Keon
Viola Léger
Rose-Marie Losier Cool
Lucie Pépin
Douglas Roche

Ex-officio members of the Committee:

The Honourable Senators: Sharon Carstairs, P.C. (or Fernand Robichaud, P.C.) and John Lynch-Staunton (or Noel A. Kinsella)

1. INTRODUCTION

The future of health care is a major concern for Canadians. In a survey carried out in June 2002 for the Commission on the Future of Health Care in Canada, also known as the Romanow Commission, 50% of the respondents identified health as the issue that should be the main focus for Canadian leaders,[1] ahead of the economy, unemployment and education. Day in and day out, Canadians see the provincial governments and the Government of Canada engaged in deep discussion over their respective roles and responsibilities.

Francophone minorities endeavoured very early on to take part in the debate over the future of Canada's health care system. The organization that represents them, the *Fédération des communautés francophones et acadienne du Canada* (FCFA du Canada), defended the interests of Francophone and Acadian communities under the Social Union Framework Agreement that was signed by the provincial, territorial and federal governments in February 1999.[2] And then there was the decision by Ontario's Health Services Restructuring Commission to close the Montfort Hospital in February 1997, which not only galvanized the Franco-Ontario community as never before, but also shone a spotlight on the issue of French-language health care for Francophone minorities in Canada. However, Francophone and Acadian communities have long been concerned about other aspects of health care. In 1998, Professor Donald Savoie's report *Official-Language Minority Communities: Promoting a Government Objective*[3] gave an account of Health Canada's weak commitment to linguistic minorities.

The aging of the minority Francophone population suggests that the need for health care services is going to increase. Analysis of the age pyramid in Francophone and Acadian communities shows that 25% of Francophones are under the age of 24, compared with 37.6% of Anglophones in Canada outside Quebec. Inversely, the proportion of older age groups (55 and up) is higher among Francophones than among Anglophones: 24.5%, compared with 17.8%.[4] This begs the question of how Canada's health care system will meet their needs.

The Committee noted the commitment of the FCFA du Canada and its members and the quality of their work in painting an accurate picture of the status of French-language health care. Clearly, the issue has been handled with all of the determination and enthusiasm that have defined Canada's Francophone and Acadian communities for decades.

The FCFA du Canada and its members have taken a number of steps to make political leaders aware of this issue, which is crucial to the growth and development of Francophone communities. First, at the request of the FCFA du Canada, Health Canada created the Consultative Committee for French-Speaking Minority Communities (CCFSMC) to study the

(1) Commission on the Future of Health Care in Canada, *Canadians' Thoughts on Their Health Care System: Preserving the Canadian Model Through Innovation*, (survey conducted by Matthew Mendelsohn), June 2002.

(2) Fédération des communautés francophones et acadienne du Canada, 1998-1999 annual report, p.19.

(3) Donald J. Savoie, *Official-Language Minority Communities: Promoting a Government Objective*, Ottawa, November 1998.

(4) FCFA du Canada, Santé en français – Pour un meilleur accès à des services de santé en français : Étude coordonnée pour le Comité consultatif des communautés francophones en situation minoritaire, Ottawa, June 2001, p. 10.

issue of French-language health care services. The FCFA du Canada conducted a comprehensive study of the current status of French-language health care for the CCFSMC that took more than three months.

Based on the research, the briefs it received and the testimony it heard in the course of its proceedings, the Standing Committee on Social Affairs, Science and Technology finds that the issue is well documented and that all of the necessary consensuses have been reached. It is now time to act.

It must be remembered that the Committee decided to study this issue as a result of a motion by Senator Jean-Robert Gauthier on November 22, 2001, that the Standing Senate Committee on Social Affairs, Science and Technology "be authorized to examine and report on the document entitled *Santé en français - Pour un meilleur accès à des services de santé en français.*"[5] The Committee would like to say at the outset that it did not cover the issue in its entirety and to point out that other issues could have been examined in greater depth, in particular the whole issue of health-related language rights and the addition of a principle to the *Canada Health Act*. The Committee opted instead to focus on the mandate it was given on November 22, 2001.

In the first part, we summarize the main reports on French-language health care. In the second part, we present summaries of the testimony given during our hearings. And in the third part, we make a series of recommendations aimed at improving access to French-language health care services in Canada's Francophone and Acadian communities.

2. REPORTS: *POUR UN MEILLEUR ACCÈS À DES SERVICES DE SANTÉ EN FRANÇAIS* (JUNE 2001) AND CCFSMC REPORT TO THE FEDERAL HEALTH MINISTER (SEPTEMBER 2001)

Following a meeting with the FCFA du Canada in 1999, federal health minister Allan Rock decided to create the Consultative Committee for French-Speaking Minority Communities (CCFSMC). The committee, which is still active, was given a mandate to advise the minister on measures his department should take to enhance the vitality of minority Francophone communities in accordance with section 41 of the *Official Languages Act.*[6]

The CCFSMC has two co-chairs, one representing the communities, the other the federal government. Other members represent the various Francophone communities, Health Canada, the Department of Canadian Heritage and the provincial governments.

When it first met in June 2000, the CCFSMC decided that it was essential that it focus on improving access in French to primary health care, that is, the health promotion, disease prevention, health care and rehabilitation services must often used by Francophones.

(5) Senate Debates (Hansard), 1st Session, 37th Parliament, Volume 139, Number 72.

(6) Section 41 of Part VII of the *Official Languages Act* states, "The Government of Canada is committed to (*a*) enhancing the vitality of the English and French linguistic minority communities in Canada and supporting and assisting their development; and (*b*) fostering the full recognition and use of both English and French in Canadian society."

The CCFSMC also agreed on the need to take stock of the current health care situation in Francophone communities. During the summer of 2000, Health Canada gave the FCFA du Canada a mandate to coordinate a comprehensive study of French-language health care services in Canada and identify solutions for improving access. The report on that study, entitled *Pour un meilleur accès à des services de santé en français*, was released in June 2001.

The study showed that there was no reliable information on the overall health status of Francophones in minority communities. Still, the researchers identified some socio-economic conditions specific to that population that were likely to have an adverse effect on the health of Francophones. We know, for example, that Francophones in minority communities are relatively older, less educated and less active in the labour market than Anglophones.(7) There are, however, significant differences between the various Francophone communities in Canada. The finding by the FCFA du Canada that minority Francophones are in poorer health was based on that socio-demographic profile.

The FCFA du Canada study gave the CCFSMC a better understanding of the experience of Francophones in minority communities. Among the findings:

- in 71 communities studied, health care services were three to seven times more accessible in English than in French;
- between 50% and 55% of Francophones in minority communities have little or no access to French-language health care services; the situation is worse outside the Ottawa and Moncton regions, which are relatively well off in that regard;
- the lack of health care services in French is detrimental to people's health.

The study also called for the implementation of **five levers of intervention** (Figure 1) to improve the accessibility of French-language health care services. These levers of intervention will lead to success if conditions are met. First, regional differences must be recognized and taken into consideration, because not all solutions are appropriate to all regions. Second, it is important to work on supply and demand at the same time. Third, all stakeholders have to work together. Fourth, Francophone communities have to be involved in management.

The CCFSMC accepted all of the main findings of the FCFA du Canada study and recommended to the Minister of Health in September 2001 that five levers of intervention be implemented over a period of five years:

Figure 1: Five Levers of intervention

1. The CCFSMC believes that the creation of tangible and lasting ties is an essential first step in getting communities and other stakeholders involved. Recognizing that the large geographical distances between communities and the isolation of Francophone professionals within the associations of which they are members do not foster cooperation, more effective use of human resources or better circulation of French-

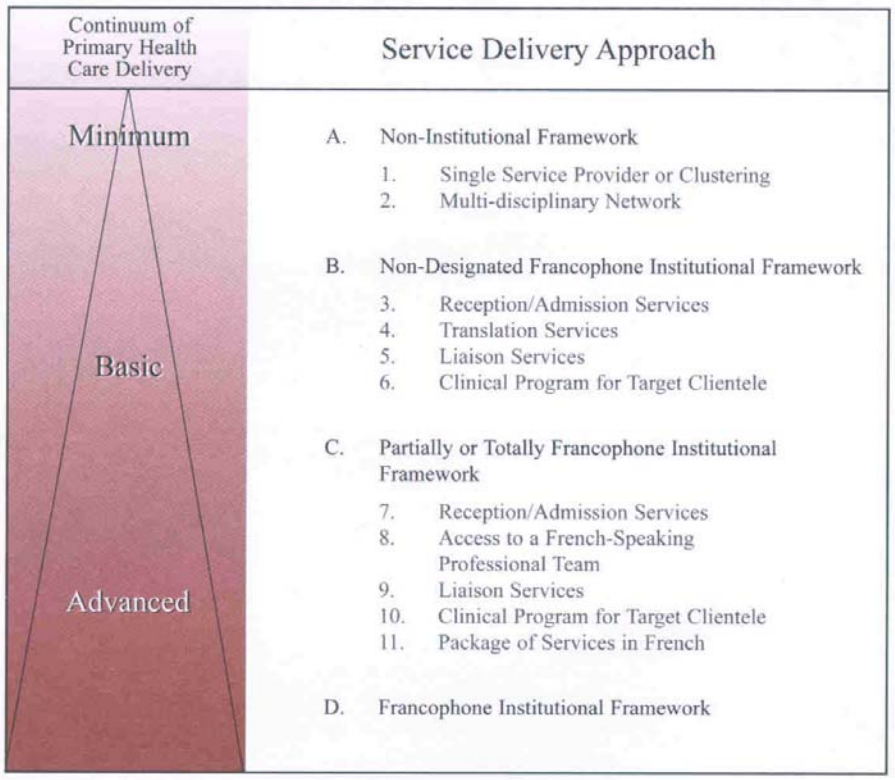
(7) FCFA du Canada. *Santé en français – Pour un meilleur accès à des services de santé en français* : Étude coordonnée pour le Comité consultatif des communautés francophones en situation minoritaire, Ottawa, June 2001, p. viii.

language information on health, the CCFSMC has recommended **the implementation of community networking** between representatives of the Francophone community, Francophone health professions, officials of educational institutions, professional associations and political representatives. Networks will be especially important as they will set priorities geared to each community and ensure that the model that is put in place is compatible with the particular provincial or territorial health care system.

2. The CCFSMC finds that there is a serious shortage of professionals capable of serving Francophone communities. The CCFSMC is not surprised by the situation, as most minority Francophones who pursue a university education in health care do not return to their community to practise. To fill that gap, it is important to strengthen practical training for students studying in French as close to their homes as possible. The Committee firmly believes that partnership between the various communities within a network will help anchor students and encourage them to return to their home communities. If that is to be achieved, the various communities must join forces or become partners within a broad network. The Committee therefore recommends the creation of a **Canada-wide consortium for French-language health care training**. This national network of post-secondary institutions, community partners and community health care facilities would be given a mandate to act on strategies related to the recruitment and training of future health care professionals.

3. **Intake facilities** for the delivery of health care services in French should be developed. The solutions adopted to improve access to health care services in French will depend on the specific circumstances in each community. The CCFSMC has identified six models for delivering primary care (Figure 2) and 11 models for delivering specialized care which range from "solo" delivery through delivery by multidisciplinary groups to delivery by call centres.

Figure 2: Progression of Primary Care Delivery Models based on Community Needs and Capacities



Source: Consultative Committee of French-speaking Minority Communities, Report to the Federal Minister of Health, September 2001, p. 30.

4. Increased use of new **technologies** will help strengthen the patient-professional relationship and put an end to the geographic isolation of some communities. Development of the health information highway will make it possible to communicate with service points all over the country quickly and effectively using sound, images and data transmission. This infrastructure will also provide medical staff in isolated regions with professional development opportunities by enabling them to participate electronically in training activities.

5. Better access to **information** to get a better understanding of current needs in order to help stakeholders establish priorities for initiatives related to French-language services. Despite the quality of the FCFA du Canada study, the authors found there was no reliable information applicable to all minority Francophone and Acadian communities. Better knowledge of the status of population health would help in setting more specific targets for future programs and infrastructures and health promotion and disease prevention programs.

In its report, the CCFSMC acknowledges that implementation of the five levers of intervention will require more spending by the federal government. However, the CCFSMC points out that

some of the new money will cover Francophone communities only, while other money will be used to increase access to certain services for all users in a given region. The CCFSMC also believes that some costs can be accurately quantified, while others "[TRANSLATION] will reflect the different take-up rates and the varied pace of service development in communities."[8] Figure 3 is a summary of the amounts requested.

Figure 3: Amounts Requested in the CCFSMC Report[9]

INITIATIVE	PROJECTED COST
Community networks	$5 million a year for five years
Training and recruitment of Francophone and/or bilingual staff	$15 million a year for five years
Phasing in of health information structure	$20 million
Creation of intake facilities	$25 million a year for five years
TOTAL	$245 million over five years

The CCFSMC mentions that using some existing Health Canada and Canadian Heritage programs could help with the first steps in implementing some of its recommendations. However, full implementation of the proposed levers of intervention will require the injection of new funds.

Figure 4: Two Strategic Programs

HEALTH TRANSITION FUND

A transition fund that helps the provinces and territories fund projects designed to improve primary health care. The HTF has two components: 70% of the funds are allocated to the provinces and territories based on their population (per capita component) to help them broaden the scope and accelerate the implementation of primary care projects; 30% of the funds support common approaches that focus on primary health care reform in all provinces and territories (national component) and are used to improved primary care for populations identified as priorities, in particular Aboriginal peoples and official minorities in Canada. The HTF has made $15 million available to Canada's linguistic minorities.

INTERDEPARTMENTAL PARTNERSHIP WITH THE OFFICIAL-LANGUAGE

(8) Consultative Committee for French-Speaking Minority Communities, Report to the Federal Minister of Health, September 2001, 49 pages.

(9) *Ibid.*, p.34.

COMMUNITIES (IPOLC)

A Department of Canadian Heritage initiative under which $5.5 million will be spent annually over five years to supplement other federal contributions aimed at encouraging the development of official-language minority communities (Francophones nationwide, Anglophone in Quebec). In 2001-2002, the IPOLC contribution will enable Health Canada to spend more than $1,775,000 on projects developed in conjunction with associations representing the official-language communities.

2.1 "Santé en français" national forum (November 2001)[10]

The national forum entitled "Santé en français" that took place in Moncton, New Brunswick, from November 2 to 4, 2001, was an opportunity to debate the content of the CCFSMC report and test the validity of its recommendations. 250 people from all regions of the country and many different sectors, including health, government, associations and education, took part in the forum. Workshops were held to validate the policy directions and recommendations to the federal health minister set out in the CCFSMC report. The participants reached a consensus on the five levers of intervention described in Figure 1: networking among Francophone professionals, staff training, creation of intake facilities, technology and information needs. Finally, the forum confirmed that implementing French-language health care services for minority Francophone communities will require:

- a variable strategy that recognizes each community's stage of development;
- an initiative to address both supply and demand, that is, to help health service providers be proactive and make Francophones aware of the availability of French-language services;
- a concerted effort by the three main groups of stakeholders (communities, institutions and political authorities).

It was agreed that Francophone communities are looking for an innovative approach to the development of French-language health services that can be used as a model in other communities in Canada and elsewhere. The participants called on the federal government to support the provinces and territories in developing and implementing French-language health care services.

3. PROCEEDINGS OF THE STANDING SENATE COMMITTEE ON SOCIAL AFFAIRS, SCIENCE AND TECHNOLOGY: SUMMARY OF TESTIMONY

This section summarizes and highlights the testimony given before the Senate committee. Initially, senior officials from Health Canada appeared before the committee to report on the

(10) This section is a summary of the document entitled *Principaux consensus du Forum national Santé en français : Moncton, Nouveau-Brunswick – les 3 et 4 novembre 2001*. (http://forumsante.ca/index.cfm?Repertoire_No=-661868150&Voir=publi_liste)

status of health care for minority Francophones. More recently, the committee held two days of intensive hearings on four specific themes: promotion of the Francophone fact, health care delivery, professional training, and action on the report. We were impressed by the quality of the briefs and presentations we received and also by the determination of minority Francophones to move forward on this issue. Witnesses from all over Canada (Nova Scotia, New Brunswick, Prince Edward Island, Ontario, Manitoba, Alberta, British Columbia) representing a variety of sectors (Francophone associations, academic institutions, health, senior hospital management, public administration) generously agreed to travel here to assist us in our work. We thank each and every one of them.

3.1 Meeting 1: Health Canada

On April 25, 2002, the Committee heard testimony from the Assistant Deputy Minister of the Information Analysis and Connectivity Branch of Health Canada, Marcel Nouvet, who is also co-chair of the CCFSMC. He said that while his department welcomed the CCFSMC report, the federal agency had not yet issued an official response.

> *"The committee report has not yet been given an official response. I will explain why. The department's response to these recommendations must take into account certain constraints and considerations, among them, the fields of jurisdiction, the sharing of jurisdiction between the federal, provincial and territorial governments, since access relates mainly to provincial and territorial jurisdiction. These governments are responsible for primary care."*
>
> Marcel Nouvet, Health Canada, April 25, 2002, 51:9

The witnesses from Health Canada said that is important for the actions taken in this area to mesh with the official languages renewal initiative currently being undertaken by the Honourable Stéphane Dion.

3.2 Meeting 2: Promotion of the Francophone fact

The second session was an opportunity for associations responsible for promoting Francophone minorities to report on existing weaknesses and talk about the future of health care in minority communities. Steps must be taken to ensure that the achievements of Francophone communities and the CCFSMC to this point were not in vain:

> *"It was an excellent report which must not be shelved. The report could be an excellent plan of action. It was supported by the ``Santé en français'' forum, which brought together over 250 participants to Moncton in November 2001. But now it is time for action."*
>
> Jean-Guy Rioux, FCFA du Canada, September 10, 2002, 66:19

Three main points were made during the presentations by the FCFA du Canada and three of its members (the *Fédération des Acadiens de la Nouvelle-Écosse*, the *Association canadienne-française de l'Ontario* and the *Fédération des francophones de la Colombie-Britannique*). First, the four witnesses endorsed the CCFSMC report and the five proposed levers of intervention.

Implementation of those levers of intervention will help improve access to French-language health services.

> *"In September 2001, the Consultative Committee for French-speaking Minority Communities submitted its report to the Health Minister. It described quite specifically the five mechanisms that must be established and used to ensure the development of health care services in French for minority communities. The FANE endorses the action plan recommended for the five areas with a view to facilitating community initiatives and improving the accessibility of health care services in French."*
>
> Paul d'Entremont, FANE, 66:12.

The witnesses also underscored the need for the federal government to consider the possibility of creating an intergovernmental cooperation program in the area of health similar to the program that currently exists in education.(11) Finally, the associations that appeared before the Committee called for a principle to be added to the *Canada Health Act*, namely linguistic duality, which would create a legislative obligation for the federal, provincial and territorial governments to provide health care services in French to Canada's linguistic minorities. It is important to note that the suggestion that a principle be added to the Act does not appear in the FCFA du Canada report that was referred to our committee for study and that we therefore cannot discuss it in our recommendations. However, we believe that this issue warrants comprehensive study to assess all the legal and practical implications.

3.3 Meeting 3: Delivery of health care

Élise Arsenault of Prince Edward Island and Suzanne Nicolas of Manitoba, both directors of a community health centre, told the Committee about the opportunities and challenges involved in delivering health care services in French in a linguistic minority setting.

> *"Before the Centre de santé was established in the region, francophones did not know how to access services. […] The opening of the Centre de santé contributed to a new energy. Closer relations developed between the community and the formal system. Now service delivery is based on needs, and access to first-line care has vastly improved. In the past, people often went without services because there were none in their language."*
>
> Élise Arsenault, Director, Centre communautaire Évangéline, 66:38

Dr. Denis Vincent, an Alberta physician and member of the CCFSMC, explained why it is important for his Franco-Albertan patients to receive services in French. In his view, access to French-language health care as important to the development of Francophone communities as recognition of the right to be educated in French. Dr. John Joanisse, Vice-President of Academic Affairs at the Montfort Hospital, recounted the threat of closure that hung over the only French-

(11) Under the Official Languages in Education Program, the federal government signs bilateral agreements with each provincial and territorial government (Department of Education) and provides financial support to cover some of the additional costs incurred in providing education in the primary language. The OLE program, which was established in 1970, was one of the main recommendations of the Laurendeau-Dunton Commission.

language hospital in Ontario and the legal battle that followed. According to Dr. Joanisse, the protection of linguistic minorities and the right of Francophones to receive health care services in their own language was key to the Ontario Court of Appeal's December 7, 2001, ruling.

> *"Now more than ever, francophones need this constitutional protection, and government authorities now more than ever have a duty and responsibility to respect it and ensure it is respected. In closing, I would once again like to encourage this committee to acknowledge what patients have demanded and what the Court of Appeal has granted the francophone public: the right to receive care in their language, now and in the future."*
>
> John Joanisse, Vice-President, Academic Affairs, Montfort Hospital, 66:43

3.4 Meeting 4: Professional training

Four witnesses appeared before the Committee to discuss professional training. Pierrette Guimond, Assistant Professor, Faculty of Health Sciences, University of Ottawa, gave a presentation highlighting the wide range of issues with professional training in the nursing sciences. A change of orientation in this field is essential. It is necessary to underscore the importance of teaching nursing theory and practical training, relying on the practical knowledge of experienced nurses, and this may entail upgrading their teaching abilities.

The President of the *Cité collégiale* in Ottawa, Andrée Lortie, focussed her presentation on college-level training in the health sciences offered outside Quebec. She was accompanied by Pierre Bergeron, Director General of the *Réseau des collèges et des cégeps francophones du Canada* (RCCFC). French-language colleges outside Quebec (Figure 5) are responsible for training hundreds of students each year in the primary, secondary and tertiary health sectors. These colleges are committed to meeting the health care needs in their communities.

> *"Since 1990, we at the Cité collégiale have trained more than 2,700 students in the health fields. I'm talking about the Cité collégiale, but I could also talk about the Collège Boréal in northern Ontario, about Campbellton, New Brunswick, or the Collège de l'Acadie in Nova Scotia."*
>
> Andrée Lortie, President, Cité Collégiale, 66:63.

Collaboration is key to their success and, despite the thousands of kilometres between them, they share their expertise and their teaching materials. While significant progress has been made over the past ten years in training at the college level, much remains to be done. First, the lack of information about certain programs, the fact that they are not even available in some areas and the shortage of professional trainers are still major problems in some areas. Finally, Ms. Lortie pointed out how important it was for the RCCFC to be involved in the efforts of the national health training consortium.

Figure 5: College-level training outside Quebec

A number of French-languages colleges outside Quebec are members of the Réseau des cégeps et des collèges francophones du Canada (RCCFC), and provide college-level health training

The RCCFC was created in 1995 and its role is to establish a partnership among the French-language college-level teaching establishments in Canada's ten provinces. It is a network that focuses on mutual assistance, promotion and exchanges oriented toward the development of college-level French-language education in Canada that promotes the use of communication and information technologies. There are currently several French-language colleges outside Quebec offering numerous programs in primary, secondary and tertiary health care:

• Cité collégiale (Ottawa)	15 programs
• Collège Boréal (Sudbury)	12 programs
• Collège communautaire de Campbellton (N.B.)	6 programs
• Collège de l'Acadie (Nova Scotia)	2 programs

Dr Aurel Schofield appeared before the Committee to outline the details of the agreement between several universities in Quebec and the Francophone community in New Brunswick. The Quebec - New Brunswick agreement sets aside a number of places for French-speaking students from New Brunswick in training programs in medicine and other health disciplines. Twenty years after this agreement came into effect, significant progress has clearly been made. Twenty years ago, only 18 per cent of physicians in New Brunswick exercised their profession in French; this figure is now 30 per cent. The ratio of physicians to the general population was one physician for every 1,742 Francophones. Twenty years later, the ratio is one physician for every 791 Francophones. The Quebec-New Brunswick agreement could well be implemented in other provinces, according to Dr Schofield.

"I mentioned the partnership between Acadia and Sherbrooke as a model, but it could be adapted to all the provinces. (...) In New Brunswick, it took us 20 years to get established and to prove ourselves, when practically everyone was saying that what we were trying to do could not be done. We want to be a model that could be applied elsewhere, throughout Canada, and in other fields as well as medicine."

Dr Aurel Schofield, Assistant Vice-Dean, Faculty of Medical Sciences, and Coordinator of Francophone health training in New Brunswick, 66:91

Figure 6: Some training agreements

The Québec – New Brunswick agreement

Since the early 1980s, the Agreement between Quebec and New Brunswick has reserved a total of 56 places in training programs in medicine and in other health disciplines for French-speaking students from New Brunswick. This agreement was developed in conjunction with various universities in Quebec, that is, the University of Montreal, the University of Sherbrooke and Laval University. Places are available in eight disciplines:

Audiology:	1 place
Occupational therapy:	5 places
Medicine:	27 places
Dentistry:	5 places
Optometry:	2 places
Speech therapy:	1 place
Pharmacy:	6 places
Physiotherapy:	9 places

A Centre national de formation en santé in Ottawa…

The Centre national de formation en santé (CNFS) was established in 1999 in order to facilitate access to education in the health sciences and medicine to students from minority French-language communities. The University of Ottawa took on responsibility for the centre's management and coordination. The CNFS supported the development of partnerships in clinical training, particularly with the Montfort Hospital in Ottawa and in the students' home areas. Over the past four years, the CNFS has enabled some 150 Francophones from outside Quebec to receive training in the health sciences and medicine; its initial objective was 90 students.

which has spread to other provinces!

The CNFS has made it possible to establish partnerships with other post-secondary institutions in minority French-language communities, in particular with the Collège universitaire de Saint-Boniface (CUSB). The new program took in about 20 students in its first year (2001-2002). Funded by the Government of Manitoba, this project was carried out in close cooperation with the CUSB, the University of Ottawa School of Nursing and the CNFS, as well as French-language health clinics in Manitoba.

The Rector and Chairman of the National Health Training Consortium of Moncton University, Yvon Fontaine, drew a parallel between access to health care in French and progress in French-language education. At one point, it seemed unrealistic to set up a French-language school infrastructure outside Quebec. Today, there are French-language schools in all Canadian

provinces. Yvon Fontaine feels it is now possible to imagine that one day there may be a school of medicine in New Brunswick:

> *"If there is enough political will, there would be no reason not to have a faculty of medicine to train Francophones outside of Quebec. Once we have this political will, we will be able to do that and we will find the resources we need. They exist, they have simply not yet been assembled and organized. It is a question of means, not capacity. We have to look at the medium term. If Newfoundland has a faculty of medicine at Memorial University, I think the Francophone communities of Canada could have a French-language faculty of medicine."*
>
> Yvon Fontaine, National Health Training Consortium, 66:91

In his presentation, Mr. Fontaine outlined the training and research program of the National Health Training Consortium, which took over from the *Centre national de formation en santé* (CNFS), established in 1999 with the support of the Department of Canadian Heritage. The Consortium's proposal brings together ten post-secondary institutions in Canada's minority French-language communities that play a role in training French-speaking health professionals in existing or planned programs. The National Health Training Consortium has an even broader vision than that of the *Centre national de formation en santé*, and will make it possible for even more French-speaking professionals to be trained (physicians, nurses, physiotherapists, occupational therapists, speech therapists, dieticians, social workers, psychologists, and so on). The Consortium is asking the federal government for a contribution of $100 million over a five-year period to implement this project.

3.5 Meeting 5: Follow-up to the report

At its final meeting, the Committee had an opportunity to hear from three witnesses. The former Chief Executive Officer of the Ottawa General Hospital, Jacques Labelle, expressed a different point of view about health care in French and particularly on the CCFSMC report. Mr Labelle disputed some elements of the report which did not pay sufficient attention to the linguistic assimilation of French-language communities. He thought the recommendations were unnecessarily bureaucratic and did not solve the real problem, which was, he felt, the shortage of French-speaking professionals in all the provinces of Canada.

The Committee then heard evidence from Edmond Labossière, Coordinator of Intergovernmental Francophone Affairs, who mentioned that the existing agreements on official languages promotion could be used as a shared-cost financing mechanism to ensure the delivery of health care services in French.

> *"At the present time, there are no specific federal-provincial agreements on health care. There are agreements on official languages promotion that are used to a very limited extent in the health care field. (...) There are some cooperative intergovernmental initiatives. We need to look at how resources can be used to ensure health care services can be provided in French."*
>
> Edmond Labossière, Coordinator of Intergovernmental Francophone Affairs, 66:104.

The Co-Chair of the community party of the CCFSMC and President of the Saint-Boniface Hospital in Manitoba, Hubert Gauthier, was the final witness to be heard by the Committee.

According to Mr Gauthier, the issue of health care in French has reached a crucial juncture. The development of the action plan by Stéphane Dion, the work of the Commission on the Future of Health Care in Canada and the report by this Senate Committee may well give the issue the momentum it needs in order to have concrete results. Like other witnesses before him, Mr Gauthier reiterated the necessity for provincial governments to be involved in the actions taken by minority French-language communities. The role of the federal government will have to be to provide support and leadership.

> *"I want to emphasize that our approach is based on cooperation with the provinces and territories. Indeed, the provinces and territories have primary responsibility for providing health care services. In addition to community and federal government representatives, our committee also includes representation from three provinces — New Brunswick, Manitoba and Alberta. (...) We have received requests from no other provinces or territories to date. Our work convinced us that with the support of the federal government, it would be possible to get a significant number of provinces and territories involved in the action plan that we have now developed."*
>
> Hubert Gauthier, Co-Chair, CCFSMC, 66:106

At their initial meeting, the CCFSMC chose to focus on front-line health care services, as they believed this was the best strategy for improving access to services by minority Francophone communities. Of the five intervention levers that they recommended to the federal Minister of Health, Mr. Gauthier said that three required immediate action:

- The development of **networks** should make it possible to consult and spur the community to action, and to plan and develop health care services in French;
- The roll-out of **training** activities to ensure the availability of health care professionals who can speak French;
- The establishment of a **service organization and infrastructure model** for delivering front-line services in French.

The next section focuses on the three levers of intervention emphasized by Hubert Gauthier. The Senate Committee on Social Affairs, Science and Technology has adopted these three intervention levers and we believe that they can realistically be implemented in the short term. We will explain why in the next section.

4. OBSERVATIONS AND RECOMMENDATIONS

The minority French-language communities have done an enormous amount of work in presenting political decision-makers with such a substantial file on the status of health care in French. Consensus has been reached on all the necessary items, in terms of both the environment as well as the measures to be taken to remedy the current situation. In the Senate Committee's view, the reference to health care for Canada's minority language communities in the Speech from the Throne on September 30, 2002 points to action soon by the federal government on this issue:

> "The government will implement an action plan on official languages that will focus on minority-language and second-language education, including the goal of doubling within ten years the number of high school graduates with a working knowledge of both English and French. It will support the development of minority English- and French-speaking communities, and expand access to services in their language in areas such as health."(12)

It is now time for the federal government to take note of the work accomplished and to follow up on the report prepared by the FCFA du Canada and the CCFSMC:

Recommendation 1

The Committee recommends that the federal government receive the report entitled "*Improving access to French-language health services*", that the report serve as a basis for the government's action plan for linguistic minorities and that it endorse the principles underlying the report, namely: 1) recognition of regional differences; 2) the importance of involving the official language minority communities; 3) the need for a concerted effort and; 4) the need to take action on the supply of as well as the demand for health services.

In an ideal world, with unlimited financial resources, the implementation of the five recommendations would be the ultimate objective. However, the Committee favours above all a realistic approach that will make it possible to improve access to health care in French in the near future. Plans that are too ambitious and that would not lead to concrete action must be excluded. After hearing the evidence, three premises oriented our line of reasoning:

- Improving access to health care in French while respecting provincial areas of jurisdiction.
- Giving preference to a flexible approach to meet the needs of the various French-speaking communities, taking recent successes as a starting point and repeating them if possible.
- Capitalizing on existing programs and initiatives.

In light of the evidence we heard, we decided to give priority to three levers of intervention: networking, training and front-line health care service. In each case, there are initiatives that have already been implemented and tested in the field and which are covered in our three basic premises. For example, in terms of networking, the *Réseau des services de santé en français de l'Est de l'Ontario* has been fully operational since 1997 and shows it is possible to ensure that all partners work together to improve health care services in French. As regards training, the *Centre national de formation en santé* at the University of Ottawa has enabled about 100 students to study health sciences and medicine in French since 1999. As for front-line care, there are precedents in several provinces (Manitoba, Yukon, and so forth) where the two levels of government have signed agreements on co-funding front-line care to French-speaking patients. In the three areas, the federal government has been involved financially while at the same time

(12) Speech from the Throne, September 30, 2002 (http://www.ddt-sft.gc.ca/vnav/07_e.htm)

respecting provincial areas of jurisdiction. These three models have shown their worth and can be repeated or further developed. Finally, for all three cases, the federal government's intervention was provided under existing federal programs. Clearly, then, a whole range of options are available to us.

We would like to point out here that the decision to give priority to three out of the five levers of intervention is not meant to be a rejection of telemedicine or research as potential intervention levers. We urge readers to go back to our earlier reports where we discussed these matters at length.

In Volume 5 of our report on Canada's health care system, we discussed the need to invest in leading-edge technologies to provide services to rural and remote areas. We recommended that "the federal government maintain its support to rural health and invest in telehealth applications that will enhance access to care and improve the quality of health services in rural and remote communities" (13).

With regard to research, once again in a recent report we stressed the urgency of providing support to multi-disciplinary research initiatives with particular groups. For instance, we recommended that "the federal government, through the Canadian Institutes of Health Research and Health Canada, provide additional funding to health research aimed at the health of particularly vulnerable segments of Canadian society"(14). The appointment in December 2001 of Hubert Gauthier as a member of the Canadian Institutes of Health Research (CIHR) Governing Council is a step in the right direction for research into the needs of French-speaking communities to be given a high priority.

The legal bases for health care services in French

During our hearings, a number of witnesses put forward the hypothesis that there were both individual and collective rights to health care in French. Some based their views on the decision handed down by the Court of Appeal for Ontario on December 7, 2001 which used the *French Language Services Act* to rule in favour of the Montfort Hospital's full continuity. Similarly, Francophone associations proposed amending the *Canada Health Act* by adding a principle relating specifically to Canada's linguistic duality. Although these two claims were not mentioned in the report that we studied, we believe that both issues require further consideration of their constitutional and practical aspects in order to assess their potential impact.

(13) Standing Senate Committee on Social Affairs, Science and Technology, The Health of Canadians – the federal role. Volume Five: Principles and Recommendations for Reform - Part I, April 2002, p.91.

(14) Standing Senate Committee on Social Affairs, Science and Technology, The Health of Canadians – the federal role. Volume Six: Principles and Recommendations for Reform, October 2002, p.232.

Recommendation 2

The Committee recommends that the legal bases of health care in French be the subject of a separate study, and that a similar study also be carried out to examine the legal and administrative issues involved in adding a principle to the *Canada Health Act* to encompass our linguistic duality.

4.1 Networking

In its report to the federal Minister of Health, the CCFSMC identified networking as the cornerstone of the proposed strategy for improving access to health care services in French. We noted that there is a broad consensus on this intervention lever, including among senior government officials:

> "*We support the development of this networking idea by providing funding currently for the preparation of a more concrete action plan so as to specify what measures must be taken in following up related recommendations made to the committee*."
>
> Marcel Nouvet, Health Canada, 51:10.

During the most recent annual general meeting of the FCFA du Canada, held in Whitehorse in June 2002, the President of the Privy Council and Minister of Intergovernmental Affairs, the Honourable Stéphane Dion, made a tangible gesture in announcing the investment of $1.9 million for "maintaining or creating a number of networks, conducting feasibility studies and creating a national cooperation network able to support these various initiatives" in 2002-2003[15]. The federal government's support for the networking strategy of is all the more feasible and desirable in that it does not interfere with any provincial areas of jurisdiction. Nevertheless, it is far from certain that the funds invested to date will be sufficient to ensure the full deployment of the strategy in all provinces and territories over a long enough period of time:

> *"The Honourable Stéphane Dion recently announced, on behalf of the Minister of Health, Mrs. McLellan, initial transitional funding of $1.9 million. Mr. Chairman, as I have already said, $1.9 million is not the be-all-and-end-all solution to this issue; it is a small chunk of money to help us make the transition between now and implementation of the plan we're expecting from government in the next few months."*
>
> *Hubert Gauthier, Co-Chair, CCFSMC, 66:107*

We urge the federal government to allocate the necessary financial resources to Health Canada so that the department can fully support networking implementation and maximize its chances of success.

(15) Notes for a speech by the Honourable Stéphane Dion, President of the Privy Council and Minister of Intergovernmental Affairs, "Strengthening Linguistic Duality to Benefit all Canadians", Whitehorse, Yukon, June 22, 2002 (www.pco-bcp.gc.ca).

However, networks, with their dissimilar forms, should not be allowed to become bureaucratic and paralysing obstacles to reaching consensus, rather than facilitating it. The networks will be made up of representatives from various professional environments (university, medical, community) who may well have divergent opinions about the initiatives to put forward in a given region. This is why we are recommending the establishment of a national structure to oversee the work of the various networks across Canada and make it easier to share information when it would be worthwhile to do so.

Recommendation 3

The Committee recommends that the federal government fully support the networking strategy proposed by the CCFSMC and that Health Canada continue to support this initiative financially. Moreover, the Committee recommends the establishment of a national non–governmental organization to oversee the work of the provincial and territorial networks to facilitate the exchange of information and provide technical support.

4.2 Training

It is of the utmost importance that qualified staff be available throughout Canada to ensure the quality of health care services in French throughout Canada. If the pool of French-speaking resources is not large enough, it is unrealistic to think that there will be long-term health care services in French. The former Chief Executive Officer of the Ottawa General Hospital, Jacques Labelle, made a clear observation, which was corroborated by CCFSMC Co-Chair Hubert Gauthier:

> "If we want an action plan that provides for more services, it is clear that if there are no physicians or nurses — and I completely agree with Mr. Labelle on that point — we will not get very far."
>
> Hubert Gauthier, Co-Chair, CCFSMC, 66: 107.

At present, there are three sizeable challenges facing training in health care. First, the number of enrolments in the training programs is insufficient to meet the needs. The brief submitted by the National Health Training Consortium is clear on this issue:

> *"The need is enormous for training French-speaking health care professionals in order to provide services to minority French-speaking communities in their own language: ideally, it is necessary to triple, if not quadruple, the number of trainees."*
>
> Brief, National Health Training Consortium, p.10.

Secondly, the range of issues relating to the exodus of young people to large urban centres exacerbates the lack of human resources. Future health care professionals tend not to return to

their area of origin to practise their new profession. Thirdly, there is currently an imbalance in the availability of health training programs in French in certain areas of Canada. It is of the utmost importance that young Francophones from all over Canada be able to take medical training programs in their own language. The western provinces are at a particular disadvantage in this regard, and more progress can be made in the Atlantic Provinces:

> *"Of course, in the West, when one considers what's going on in the health field, be it in Manitoba, Alberta, Saskatchewan or British Columbia, college-level programs do not currently exist, although there are college-level activities. There's a great shortage in this area."*
> Andrée Lortie, President, Cité *Collégiale*, 66:64

The Senate Committee is of the view that the current imbalance in the availability of health training programs in French must be remedied as soon as possible, out of a concern for equity. Our Committee feels that the proposal for a National Health Training Consortium presented by one of its Co-Chairs, Mr. Yvon Fontaine, deserves support. Such a group will make it possible to broaden access to other teaching establishments in the health disciplines. The Consortium would promote health-related careers, ensure the adequate supply of programs and would ensure that there would be reception structures for students registered in college- or university-level health-sciences training programs. The *Université Sainte-Anne* and the *Collège de l'Acadie* in Nova Scotia, the *Collège universitaire de Saint-Boniface* in Manitoba, and the *Faculté Saint-Jean* in Alberta, are locations where it would be possible to broaden access to the health professions. We can only applaud the Consortium's innovative ideas. Academic institutions, that often compete with one another, are working together with the aim of increasing the number of health programs, for the benefit of all French-speaking and Acadian communities across Canada. We support the Consortium's proposal for training health professionals, and we would like to make two comments. First, it is absolutely necessary that the Consortium involve French-speaking community colleges outside Quebec and ensure they are adequately represented in the governance structure. Second, we would like to point out to the Consortium that it must give preference to training programs that meet the needs of French-language communities, and, consequently, programs involving a linguistic interaction with the client.

Recommendation 4

The Committee recommends that the federal government support the Consortium's proposal for training health care professionals who can express themselves in French. The Consortium must give preference to training programs where there is a linguistic interaction between the health care professional and the client.

However, training young Francophones in the health professions is not sufficient; they still have to return home to practise their profession in their home region. To overcome the drawbacks raised during the hearings, it is critical that training programs, through practical training courses, allow for frequent and extensive contact between the students and their areas of origin. Experiments such as the Quebec-New Brunswick Agreement or the National Health Training Centre in Ottawa are models to be followed in this regard.

To conclude this section, we would like to refer readers to our final report on Canada's health care system which deals with health human resources. In particular, we recommended that the federal government should invest $160 million now per year so that the medical schools can recruit 2,500 first-year students by 2005 [16]. Schools for nursing sciences and related professions should not be outdone – we proposed investing $130 million per year [17]. If the federal government moves ahead with the recommendations in our final report, it must ensure that any injection of new federal funds takes into account the particular needs of French-speaking and Acadian communities in the area of health human resources.

Recommendation 5

The Committee recommends that an equitable share of the $290 million be set aside specifically for the training of Francophone health professionals working in minority communities, as proposed in its Final Report on Canada's health care system, in order to increase the number of enrolments in the faculties of medicine, nursing sciences and related professions.

4.3 Front-line health care

Witnesses who gave evidence to the Senate Committee stressed the need to set up French-language health care centres. CCFSMC Co-Chair Hubert Gauthier emphasized the concept of "active offer of services", that is, to invite clients openly and unambiguously to use the language of their choice, in person-to-person communications, on the telephone, by letter and when using the Internet. Without this active offer, too many Francophones will still hesitate to express their needs in their own language:

> *"I would like to draw your attention to a central feature of the approach we have developed — the active offer of services. It simply is not enough to greet callers by saying, "Bonjour, this is the Ottawa General Hospital or the St. Boniface General Hospital. How may I direct your call?" for people to feel that they can request services in French and receive them. What we need to do now is create places or centres where Francophones, when they come through the door — whether physical or virtual — will feel that life unfolds in French and that they will not be bothering people if they ask for services in their language."* Hubert Gauthier, Co-Chair, CCFSMC, 66:109

The CCFSMC study showed that there are significant regional differences in the availability of health care service. Some minority Francophone communities simply do not have access to health care in their own language. The evidence given by the *Fédération des francophones de la Colombie-Britannique* was telling on this issue. There are urgent needs to be met in other

(16) Standing Senate Committee on Social Affairs, Science and Technology, The Health of Canadians – the federal role. Volume Six: Recommendations for Reform - Part I, October 2002, p.207.

(17) Ibid., p.292.

western provinces (Alberta, Saskatchewan) and in the territories (Nunavut, Northwest Territories), and also in the Atlantic provinces, Nova Scotia in particular. As Mr Gauthier explained to the members of the Senate Committee, the delivery of front-line health care to minority French-speaking communities does not automatically mean the establishment of new hospitals in all Canadian provinces. In certain cases, services can be provided through a community health centre, as in Prince Edward Island, Ontario and Manitoba. There is nothing to prevent these centres from being established within existing community centres. In other cases, professionals working alone, on multi-disciplinary teams or on health information telephone lines will be able to provide this service. Again, networks are important in determining the level of need.

Recommendation 6

The Committee recommends that the federal government support the development strategy for front-line care groups and reception centres to improve access to health services for minority French-language communities, as described in the report entitled *Improving access to French-language health services*, and that Health Canada continue to provide financial support to this initiative.

4.4 What is the role of the federal government ?

The federal government is not directly responsible for the delivery of health care services in the provinces and territories; this is an area of provincial and territorial jurisdiction. The federal government takes part in health care indirectly by transferring funds to help these governments fulfill their health care responsibilities. However, we believe that the federal government has the duty to exert "moral suasion" over the provincial governments to urge them to consider the need to improve health care in minority Francophone communities. It has been able to do this in the past in the field of education.

> *"The development and implementation of strategies to move the issue forward and to provide health care services in French must be carried out in cooperation with provincial and territorial governments and their francophone communities. The support of the federal government is crucial and it has an important role to play. The federal government has the means to help the provinces and territories which are ready to take action."*
>
> Jean-Guy Rioux, FCFA du Canada, September 10, 2002, 66:20.

Several witnesses mentioned that some provincial governments have shown signs of being open to the possibility of becoming more involved in this issue. We are therefore asking the federal government to survey provincial governments during the next federal-provincial conference of health ministers to find out which ones are prepared to take action now on the issue of health care in French. The provinces that are ready to make a commitment could encourage the other, more hesitant provinces to do the same.

Recommendation 7

The Committee recommends that the issue of health care delivery to minority language communities be placed on the agenda for the next federal-provincial-territorial conference of health ministers.

4.5 The mechanisms for intergovernment co-operation

The Francophone associations that gave evidence to the Committee were unanimous in proposing the establishment of an inter-governmental co-operation program in the area of health, similar to the program that exists already in the field of education. The CCFSMC report to the federal Minister of Health also suggests negotiating federal-provincial-territorial agreements(18) to implement the strategy proposed in the report. The Senate Committee believes that the establishment of such a program would be the ideal long-term solution. However, we feel it is preferable at this point to look into other options that would make it possible to act more quickly on this issue.

Edmond Labossière, Coordinator/Facilitator, Intergovernmental Francophone Affairs, raised an interesting point when he provided his evidence. For more than fifteen years now, the federal government has signed federal-provincial agreements on minority language services on a multi-year basis with the provincial and territorial governments in order to help them set up services (or improve existing ones) in fields affecting official language minority communities: health, economy, justice, social services and recreation. The objective is to promote recognition of the two official languages and foster their use by the provincial governments. In the case of agreements on education, the costs are usually shared equally between the two levels of government. These agreements are in force in almost every province and territory and a number of them include initiatives in the area of health care services in French (see Figure 7). However, the financial envelope allocated annually to these actions is relatively small ($12 million) in comparison to those in the area of education ($194 million)(19), and this means that only a limited number of projects can receive funding.

This is why we feel the federal government should look into the possibility of granting additional funds to the budget earmarked for federal-provincial agreements for minority language services in order to provide funding for more projects and initiatives in the field of health. A specific intervention element entitled "health" could be introduced into these agreements. We recommend, however, that Health Canada, with its expertise in health matters, be closely involved in the various stages of the process, from the negotiation of the agreements to the analysis of activity reports, in light of its long-standing expertise in the field and its obligations under Part VII of *Official Languages Act*.

(18) Consultative Committee for French-speaking Minority Communities, Report to the federal Minister of Health, September 2001, p.35.

(19) Department of Canadian Heritage, Annual Report 2000-2001, Ottawa, 2001, p. 22.

Figure 7: Examples of health initiatives funded under federal-provincial agreements on minority language services

TITLE OF AGREEMENT	DURATION	ACTIVITY DESCRIPTION	Government investment	
			Canada	Province
Canada -Yukon Contribution Agreement on the Development, Enhancement and Implementation of French-language Rights and Services 1999-2004	2001-2002	- Provide services in French to Francophone patients in the Whitehorse Hospital and Health Centre.	$80,000	$73,000
Canada – Alberta Framework Agreement on the Promotion of Official Languages	2001-2004	- Six activities identified in the action plan to support the community in its efforts to improve access to health care in French in Alberta.	$148,000	$148,000
Canada – British Columbia Framework Agreement on the Promotion of Official Languages	2001-2004	-Identify opportunities and increase access to services in French in the priority sectors of health and social services in consultation with government departments and ministries, and the Francophone community.	$600,000	$300,000
Canada – Prince Edward Island Agreement on the Promotion of Official Languages	1999 2004	- Fill bilingual positions to ensure the delivery of services in French by targeted regional health agencies. - Increase the number of bilingual health professionals.	Amount not specified in action plan	Amount not specified in action plan
Canada - Manitoba Framework Agreement on the Promotion of Official Languages	2000 2004	- Support and promote the delivery of health and social services in French.	$1,000,000	$1,000,000
Canada – New Brunswick Framework Agreement on the Promotion of Official Languages	1999 2004	- Support the preparation of action plans by ministries and hospital boards for services in the two official languages.	$517,500 (unspecified portion of this amount)	$517,500 (unspecified portion of this amount)
Canada - Nunavut Framework Agreement on the Promotion of French and Inuktitut	2001-2002	- Deliver services to the public, including contributions to Health Boards, bilingualism bonus and information to the public, such as publications, notices and promotional material.	$354,000	-
Canada - Newfoundland Framework Agreement on the Promotion of Official Languages		- Language Training	Not specified	Not specified

Recommendation 8

The Committee recommends that the federal government enter into negotiations with the provincial and territorial governments on the possibility of setting up an official languages program in health to support them over the long term in delivering health care services to their minority official language community.

Recommendation 9

The Committee recommends that the federal government work closely with the provinces and territories while respecting their areas of jurisdiction, and that it examine the possibility of increasing the current envelope under federal-provincial-territorial agreements for minority language services in order to increase the amount earmarked for activities involving health and social services.

We recognize that this mode of financing is temporary and will not allow for reception centres such as community health centres to be built. The use of special agreements negotiated one by one between the two levels of governments, like the agreements for the construction of community school centres, for instance, is still a possibility for funding the most urgent infrastructure projects.

"The trickiest issue is how to develop orientation/service centres or facilities. That issue, more than any other, certainly falls within the jurisdiction of the federal government and the provinces."

Hubert Gauthier, Co-Chair, CCFSMC, 66:117.

CONCLUSION: AN URGENT SITUATION

Over the past 30 years, the Francophone and Acadian communities of Canada have made remarkable gains in a number of social areas, including justice and education. In all cases, the Francophone leaders have ardently and resolutely defended the right of French-language minorities in Canada to develop and to thrive in their own language.

They are now using that same energy and determination to improve access to health care in French. They have developed a realistic plan for action, which all those involved have endorsed. Along with access to education and justice in French, health care services in French constitute another basis for building a solid French-Canadian reality. It is now up to the federal government to play a leadership role in official languages in order to encourage other key partners, including provincial governments, to work together to ensure that all French-speaking Canadians living in minority official-language communities have access to satisfactory health care in their own language, as the majority of Canadians do.

A number of initiatives are currently under way, one of which is the plan by Stéphane Dion to give new impetus to official languages in Canada. This initiative could well make it possible to implement certain concrete actions to improve access to health care services in French.

LIST OF RECOMMENDATIONS

Recommendation 1

The Committee recommends that the federal government receive the report entitled "*Improving access to French-language health services*", that the report serve as a basis for the government's action plan for linguistic minorities and that it endorse the principles underlying the report, namely: 1) recognition of regional differences; 2) the importance of involving the official language minority communities; 3) the need for a concerted effort and; 4) the need to take action on the supply of as well as the demand for health services.

Recommendation 2

The Committee recommends that the legal bases of health care in French be the subject of a separate study, and that a similar study also be carried out to examine the legal and administrative issues involved in adding a principle to the *Canada Health Act* to encompass our linguistic duality.

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The Committee recommends that the federal government fully support the networking strategy proposed by the CCFSMC and that Health Canada continue to support this initiative financially. Moreover, the Committee recommends the establishment of a national non–governmental organization to oversee the work of the provincial and territorial networks to facilitate the exchange of information and provide technical support.

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The Committee recommends that the federal government support the development strategy for front-line care groups and reception centres to improve access to health services for minority French-language communities, as described in the report entitled *Improving access to French-language health services*, and that Health Canada continue to provide financial support to this initiative.

Recommendation 7

The Committee recommends that the issue of health care delivery to minority language communities be placed on the agenda for the next federal-provincial-territorial conference of health ministers.

Recommendation 8

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Recommendation 9

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LIST OF WITNESSES (37th Parliament, 1st Session)

Thursday, April 25, 2002

From Health Canada:

Mr. Marcel Nouvet, Assistant Deputy Minister, Information Analysis and Connectivity Branch;

Mr. Michel Léger, Executive Director, Strategic Alliances and Priorities Division, Information Analysis and Connectivity Branch.

Tuesday, September 10, 2002 (morning session)

From the Fédération des communautés francophones et acadienne du Canada:

Mr. Jean-Guy Rioux, Vice-President.

From the Fédération acadienne de la Nouvelle-Écosse:

Mr. Paul d'Entremont, Coordinator of Health Sector.

From the Fédération des francophones de la Colombie-Britanique:

Ms Yseult Friolet, Director General.

From the Association canadienne-française de l'Ontario:

Mr. Alcide Gour, Past President.

Tuesday, September 10, 2002 (afternoon session)

From the Centre communautaire Évangéline:

Ms Élise Arsenault, Director.

From the Montfort Hospital:

Dr. John Joanisse, Vice-President, Academic Affairs.

From the Centre de santé de Saint-Boniface:

Ms Suzanne Nicolas, Director General.

From the Comité consultatif des communautés francophones en situation minoritaire:

Dr. Denis Vincent.

From La Cité collégiale:

Ms Andrée Lortie, President.

Ms Linda Assad-Butcher, Director, Health and Community Services.

From the Réseau des cégeps et des collèges francophones du Canada:

Mr. Pierre Bergeron, Director General.

Wednesday, September 11, 2002 (morning session)

From the University of Moncton:

Mr. Yvon Fontaine, Rector and President of the National Consortium on Health Training.

From the University of Ottawa:

Ms Pierrette Guimond, Assistant Professor, Faculty of Health Sciences, School of Nursing.

From the University of Sherbrooke:

Dr. Aurel Schofield, Assistant Vice-Dean, Faculty of Medical Sciences, and Coordinator of francophone health training in New Brunswick.

Wednesday, September 11, 2002 (afternoon session)

From the Saint-Boniface Hospital:

Mr. Hubert Gauthier, Director General.

From the Ottawa General Hospital:

Mr. Jacques Labelle, former President-Director-General.

From the Affaires francophones intergouvernementales:

Mr. Edmond LaBossière, Coordinator / Facilitator.