

THE STANDING SENATE COMMITTEE ON SOCIAL AFFAIRS, SCIENCE AND TECHNOLOGY
EVIDENCE

OTTAWA, Thursday, November 2, 2006

The Standing Senate Committee on Social Affairs, Science and Technology met this day at 10:45 a.m. to inquire on the issue of funding for the treatment of autism.

Senator Art Eggleton (*Chairman*) in the chair.

The Chairman: I call to order this meeting of the Standing Senate Committee on Social Affairs, Science and Technology. For those who watch this committee on television, I am not Michael Kirby. Senator Kirby has decided to take early retirement, and I have now become the chair of the committee. I am Senator Art Eggleton, from Toronto, Ontario.

I am pleased, though, that I still have the same vice-chair as Senator Kirby had, Senator Keon, who will be here shortly. He, together with Senator Kirby and the members of this committee, has done some outstanding work in the past, most recently on the mental health report, *Out of the Shadows at Last*, a report which I, as chair, want to continue to advance and see it work its way through the system of being adopted by the government.

Today, I also want to note the presence of Senator Jim Munson. Senator Munson put before the Senate a reference motion with respect to the matter that we will deal with today, and that is an inquiry into the issue of funding for the treatment of autism.

We will be dealing with autism over a number of meetings over the next few weeks, with the hope that we can complete our hearings in the fall. I will be putting a motion before the Senate today, giving us a little bit more time to get the final report out.

We had been asked to deal with the final report by the end of November. That is a little tight, to say the least, but the motion will be to give us until the end of May, which will give us a lot of latitude after the hearings to have deliberations and come to conclusions and recommendations.

Of course, we will be dealing with some other issues, but that is still being worked on in terms of our work program, and there will be more about that later.

Let me now begin on this morning's program, which has three witnesses, who will appear and start the information flow on autism. As this is the first session on the subject and some are more knowledgeable than others about it, a sort of an Autism 101 or a primer might be helpful in the course of the testimony.

First, from Health Canada, we have Gigi Mandy; from the Canadian Institutes of Health Research, we have Dr. Rémi Quirion; and from the Ministry of Social Development Canada, Caroline Weber.

Caroline Weber, Director General, Office for Disability Issues, Social Development Canada: It is the new and improved Human Resources and Social Development Canada.

The Chairman: The new and improved. Thank you very much. We will start with Gigi Mandy from Health Canada.

Gigi Mandy, Acting Director General of Intergovernmental Affairs Directorate, Health Canada: Good morning. I am pleased to be with you today to discuss the federal role with respect to autism, particularly in the coverage of treatments for Autism Spectrum Disorders, or ASD.

First, I would like to note that the federal government is aware of the challenges faced by those with autism and their families and of the difficulties regarding support and provision of accessible programs and services. ASD is certainly a very important issue.

Although provincial and territorial governments have the primary responsibility for matters related to the administration and delivery of health care services, the federal government is also involved in ASD, for example, by funding research, providing access to on-line information, through tax benefits and measures, amongst other things.

On the research side, the Canadian Institutes of Health Research is the government's lead agency responsible for funding university-based health research. My colleague from the Institute of Neurosciences, Mental Health and Addiction is here this morning to provide information on how that institute is helping to support Autism Spectrum Disorder research.

I should also like to mention that the Public Health Agency of Canada is also involved in ASD research through the funding it provides to the Centres of Excellence for Children's Well-Being, particularly the centres for early childhood development and special needs. The public health agency also funds the Canadian Health Network, which is a national, bilingual, Internet-based health information service that works in collaboration with expert associations and organizations to provide consumer-focused, on-line resources on various issues such as autism. If you have any questions on these activities, I would be pleased to ensure that you get more information on them.

My colleague Caroline Weber from Human Resources and Social Development Canada will address in her presentation some of the tax measures for people with disabilities that would also be available to families of children with autism.

As you know, the federal government provides funding to the provinces and territories in support of their health care systems through the Canada Health Transfer. This transfer is, of course, subject to the requirements of the Canadian Health Act. The act establishes the criterion and conditions related to insured health services and extended health care services that the provinces and territories must meet to receive their full share of the transfer under the Canada Health Transfer.

The aim of the act is to ensure that all eligible residents of Canada have reasonable access to insured health services on a prepaid basis without direct charges at the point of service.

Senator Nancy Ruth: Do we have the document you are reading from? If so, what page are you on? I see a number of us trying to find it. I had the beginning of it on the document that looks like this.

Ms. Mandy: Yes. I have just decided to skip the portions on the tax measures because Ms. Weber will address those.

Senator Nancy Ruth: You are on which page now?

Ms. Mandy: That is a very good question, because I am working from a different version. I can find it for you. I am sorry, but that version does not match mine.

The Chairman: We sometimes get documents, but witnesses are not obliged to follow the documentation. It does not always work that way. Carry on, please

Ms. Mandy: I am sorry about that.

As I was saying, the aim of the Canada Health Act is to ensure that all eligible residents of Canada have reasonable access to insured health services on a prepaid basis and without direct point of service charges.

Under the comprehensiveness criterion of the act, provincial and territorial health plans must ensure coverage of all insured health services, which are defined under the act as medically necessary, physician services, hospital services and surgical dental services requiring a hospital for their proper performance. The act does not list specific conditions for which treatment must be covered by provinces and territories, nor does it outline in any great detail what services are considered to be medically necessary. Rather, the act defines in very general terms a minimum range of service or a basket of service that must be insured on a national basis in Canada. Again, services to be insured must meet several criteria. They have to be medically necessary, provided by a physician or in a hospital, and, in addition, in the case of surgical dental services, must require the hospital for their proper performance.

As you know, services such as intensive behavioural therapy services for Autism Spectrum Disorders are not covered by the Canada Health Act. However, there would be nothing under the scope of the Canada Health Act that would prevent provinces and territories from providing or funding these services if they wished to do so.

At the provincial and territorial level, children and/or adults with Autism Spectrum Disorders have a range to a wide variety of services and benefits. With respect to the intensive behavioural therapies, such as ABA or applied behavioural analysis, or IBI, intensive behavioural intervention, provinces and territories may provide funding through different approaches. Some have publicly funded programs. Others offer direct support to parents to help them defray the costs of purchasing these services. Others provide support to non-profit organizations, which then, in turn, provide these services to parents and individuals with ASD. Again, because these services are not subject to the provisions of the Canada Health Act, provinces and territories can provide these services on their own terms and conditions.

Beyond these services and depending on where they live, children with ASD and their families may also have access to a variety of other supports. They can include supports through the educational system, such as supports to school boards for special programs for children with disabilities, which would also capture children with ASD. Many provinces have autism consultants to work with the schools and teachers to create a positive educational environment. Many high schools have special ASD units that address the special needs of these students while helping to integrate them into the general school population. There is also access to occupational and speech therapies. They provide individual learning plans for children with special needs. They provide guidance and counselling as well.

Under the social services rubric, services can include respite care for the parents and guardians of these children, recreational programs, summer day camps, and crisis intervention supports to help families cope with the stress and crises that may arise in dealing with children with these problems.

Provinces and territories may also provide public assistance to adults with autism in a variety of areas, including post-secondary educational supports, vocational training, job placement services, workplace supports, social and life skills training, affordable housing registries, home support services, et cetera.

I was asked to address the recent court cases related to autism. Recently, parents have resorted to the courts to try to obtain provincial funding for treatment for Autism Spectrum Disorders. Families of these children successfully sued for public funding of behavioral therapy services in Alberta in 1996. The Alberta Court of Queen's Bench ordered the province to fund 90 percent of the costs of a behavioural therapy programs in this decision. In a Supreme Court of Canada case in 2004, known as the

Auton decision, British Columbia was successful in appealing the lower court's orders that they had to fund IBI services.

B.C. had appealed rulings that had essentially said that their failure to fund intensive behavioural therapy for autistic children under the their provincial health care plan, had violated section 15, equality rights, of the Charter and that such a violation could not be considered a reasonable limit under section 1.

The B.C. Court of Appeal decision raised significant legal and policy issues for governments, including the question of government's ability to make decisions about what services to fund publicly within their health and social programs, as well as the question of judicial encroachment on an area that had been traditionally within the purview of legislatures. Because of these issues, seven provincial Attorneys General, as well as the federal government, intervened before the Supreme Court in support of British Columbia.

On November 19, 2004, the Supreme Court allowed B.C.'s appeal and overturned the lower court decisions. In the unanimous decision, Chief Justice McLachlin held that choosing not to fund these services, which it noted were neither hospital nor physician services, was not discriminatory. She noted that neither the Canada Health Act nor the B.C. provincial health legislation promised to fund all medically required treatments and that the province's health insurance plan was "by its very terms, a partial health plan."

However, it was important in another aspect in that it was during the *Auton* legislation that the British Columbia government implemented their package of financial support of up to \$20,000 per year per autistic child up to age 6 and then \$6,000 per year for children age 6 to 18.

Earlier this year, the Ontario Court of Appeal decision in the *Wynberg* case came down. At issue in this case was whether, having committed funding to these services through a special program for young children under the Ministry of Children and Youth Services, the Ontario government was violating the rights of children by imposing a cut-off age of 6. The court found that the age cut-off did not in fact violate the rights of children with Autism Spectrum Disorder and that it was a product of a difficulty policy choice.

Again, the court upheld the right of the provincial legislature to make policy and funding decisions.

Again, since the court decision, Ontario has implemented a wide range of new supports for children with autism and their families that include investing an additional \$8.6 million to provide IBI to more than 120 additional children with autism, regardless of their age; investing money in more training for teachers' assistants to work with students in the system; additional support services for children and youth with autism and their families, including parent support networks, training, resource materials and access to consultation with Autism Spectrum Disorder consultants; and also additional funds to help youth with Autism Spectrum Disorder make a successful transition to their teenage years through additional behavioural supports, crisis intervention and life skills counselling.

Ontario has reduced significantly the number of children waiting for assessment for this disorder.

I would note that since the *Auton* decision there have been numerous calls for the federal government to amend the Canada Health Act to have services to treat persons suffering from Autism Spectrum Disorders deemed medically necessary under provincial and territorial health insurance plans.

Referring to specific services in the Canada Health Act would be incompatible with its overall structure and intent. The Canada Health Act references insured services and medical necessity, but as I mentioned before, it does not define specific services for which treatments must be provided.

All provinces and territories have mechanisms in place to examine the insured status of health services. They consult with members of the medical profession to determine what services are medically necessary and should be covered under their plans. These consultations have proven in the past to be an effective way of ensuring that Canadians do receive appropriate care.

I hope this broad overview of the federal role in the area of Autism Spectrum Disorders and the provincial coverage has been helpful and I would like to thank the committee for their invitation to appear here today.

The Chairman: Thank you very much, Ms. Mandy. I should also note that here with Ms. Mandy is Serge Lafond, Acting Director of the Canada Health Act Division and will be available to answer questions as well on behalf of Health Canada.

I would now like to turn to Dr. Rémi Quirion, from the Canadian Institutes of Health Research.

Rémi Quirion, Scientific Director, Institute of Neurosciences, Mental Health and Addiction, Canadian Institutes of Health Research:

I know many of you from your work with Senator Kirby and Senator Keon on mental health file. I was very impressed by the committee and I really hope that some of the recommendations in the report will be put in place sooner rather than later.

That being said, as you know, the Institute of Neurosciences, Mental Health and Addiction funds support for autism-related research in Canada. We do not do that in a vacuum. It is done in partnership with other institutes: The Institute of Child and Youth Health, the Institute of Genetics, the Institute of Health Services Research; the Institute of Population Health. We do it also in partnership with other federal organizations: Health Canada, the public health agency of Canada. We also do it in partnership with provinces, with funding bodies in provinces, like in Quebec with the Fonds de la recherche en santé du Québec and also with voluntary organizations in Canada and in the United States.

I think one of the key challenges in the field of autism and Autism Spectrum Disorder is that there are a lot of unknowns. We know very little about the disease process and what we know is not well understood. I would argue that research is critical to uncover the mystery of Autism Spectrum Disorder and to develop truly evidence-based standards for diagnosis and treatment.

Today I will give a few examples of research funded by CIHR and partners and share some thoughts and ideas as to the role of the federal government in that regard.

What about CIHR funding of autism-related research in Canada? In 2005 and 2006, CIHR was funding approximately \$3.5 million in research focusing on autism in Canada. Since 2000 and the creation of CIHR, we have added to the research funding about \$15 million. It is funding that goes to various university and teaching hospitals across the country.

I would just like to give a few examples. One is a group at McGill University, in partnership with University of Montreal, the group of Eric Fombonne, the chair of child psychiatry. He and his team received a grant from CIHR to train the next generation of scientists. As I said, we have little evidence on the cause of the disease, but we also lack the proper expertise in the field.

These types of training programs are not the usual ones. When I did my Ph.D. in neuroscience at the University of Sherbrooke, I focused on one topic only.

Now, in the training program that Dr. Fombonne and his colleagues have, there will be students that work on the genetics of autism, others that work on IBI, and others that work on the social aspect. One unique feature is that they talk to each other. Each student has to spend two weeks every year with a family with an autistic kid. It brings home the message. They not only work in autism, they see real cases. I think this is extremely powerful and hopefully the next generation of experts in the field will have a more global understanding of disease and disease processes and treatments than the one we have now.

This initiative is to the tune of about \$2.9 million and it is in partnership with the Fonds de la recherche en santé du Québec and the U.S.-based voluntary organization Autism Now.

Dr. Fombonne is starting a research program on autism in Aboriginal people.

Why will that be? We have no idea. We need to do more research on that and Dr. Fombonne is one of the world leaders in the field of autism research.

Another team at Queen's University, Dr. Jeanette Holden, has a team grant from CIHR; one is a training grant, a bit like Dr. Fombonne has, and also a military disciplinary team that includes families, patients and scientists from across the country, from B.C. to the Maritimes, and also from the U.S.A. They are trying to understand the cause, genetic background and the impact of society on the incidence of the disorder.

There is another team at Queen's University, Dr. Hélène Ouellette-Kuntz, that created a national epidemiological database for the study of autism in Canada. It is called NEDSAC and is monitoring the occurrence of Autism Spectrum Disorder among children under the age of 15 that live in various regions and cities across the country. Included are cities and regions in B.C., Alberta, Manitoba, southwestern Ontario, Prince Edward Island, Newfoundland and Labrador.

They have a diagnostic clinic; and government departments and community agencies are participating in NEDSAC. Its goal is to determine if Autism Spectrum Disorder is really increasing. Is the incidence increasing over the past decade? Some data suggests yes, but we need more research to know whether it is indeed the case.

There is another program co-led by Dr. Steve Schechter, at the Sick Children's Hospital, University of Toronto and Dr. Peter Szatmari at McMaster University. These are two of the world leaders in the field of autism and Autism Spectrum Disorder. They work on that and they also work on evaluating the effectiveness of IBI in the treatment of various forms of Autism Spectrum Disorder – again, one of the world's leading teams in the field.

There is another group based in Edmonton at the University of Alberta, in partnership with Brian Cole from the University of Lethbridge. They study interaction between genetic markers and environment – environment defined in the sense of social environment that could lead eventually to the development of Autism Spectrum Disorder.

Dr. Susan Bryson at Dalhousie University in Halifax holds the John and Jack Craig chair in autism research at Dalhousie. She is focusing on treatment, developing novel approaches to treatment of autism and Autism Spectrum Disorder; and this is again one of the world leaders in this field. Then have you the team of Laurent-Motrin at the University of Montreal and Laurent is especially focusing on highly functional autistic adults, especially Asperger type. He involves these kinds of patients in his research project and one of them is doing a Ph.D. with Laurent at the moment.

There is a lot of excellence in research in the country and some of the world leaders. These are only a few examples of projects that are helping us to understand the cause of the disease and hopefully come up with better treatment.

It is a start. We need to do more. It is part of the challenge for families, caregivers, health and social service professionals and government that much is unknown regarding Autism Spectrum Disorder. Too often still, there is a school of thought that is not truly based on evidence. Then there is a lot of pressure at various levels to focus on one aspect of treatment that have not been fully demonstrated to be truly effective. So research is key and we must be evidence-based so that we can put in place proper policy.

Federal role in autism research: Of course, research is a key federal role and the Canadian Institutes of Health Research is keen on being involved in supporting or adding more support in the field of autism research for Canada.

We cannot do it alone. It needs to be done in partnership with provinces and with voluntary organizations. One of the ways we do business is to get together to organize workshops with voluntary organizations to try to highlight the key concerns of families, caregivers, health care professionals and scientists in a given field. We did that with the Autism Society of Canada five years ago, and we came up with various priorities. Maybe it is time to do it again. If it is the wish of the community we are certainly willing to do so.

In closing, thank you again for all the work you do, and hopefully that will, at the end of the day, help people suffering from autism in Canada.

The Chairman: Thank you very much, Dr. Quirion. Finally, we have Carolyn Weber from Human Resources and Social Development Canada.

Caroline Weber, Director General, Office for Disability Issues, Social Development Canada: Thank you for this opportunity to present to this committee. It always is an honour.

(French follows, Ms. Weber continuing – J'aimerais vous faire part)

02-11-06/DQ (après anglais)(Mme Weber)

J'aimerais vous faire part de quelques statistiques à propos des personnes handicapées et des remarques au sujet du rôle du gouvernement fédéral.

(Mrs. Weber : I am going to flip you through...) (après anglais)

(Following French, Ms. Weber continuing after – gouvernement fédéral)

I will flip you through some statistics fairly quickly. We run, with the census, something called the Participation and Activities Limitation Survey, so we have data from 2001 on people with disabilities. I always find this information helpful and useful.

In 2001, 12.4 per cent of the population in Canada identified themselves as living with a limitation that could be called a disability; it is about 3.6 million Canadians at that time. They were comprised of 1.9 million working age adults and about 181,000 children.

When we look at what kinds of disabilities people report, we see mostly mobility and pain, followed by things like hearing, visual, psychological, learning, memory, speech, developmental. If I break these down in some statistics for you, for Canadians 15 years and older, 72 per cent of the people with

disabilities reported that they had mobility-related disabilities. Hearing accounted for 30 per cent, visual impairment for 17 per cent, and developmental disabilities, which would include autism and Autism Spectrum Disorder, which accounts for about 4 per cent of adult Canadians with disabilities.

I also want to note, though, that the reported rate for developmental disabilities among young people is much greater. We see 30 per cent of school-age children with disabilities, in the age range of five to 14, self-identified by their families as having a developmental disability.

I have not brought a definition of autism for you. It is clear that autism is a disabling condition that interferes with communication and social interaction, but the degree of disability may change over time and varies, depending on many factors such as the pervasiveness of the condition, the stage of development, and the effectiveness of treatment, interventions or perhaps the environment.

Regarding the role of the Government of Canada in supporting people with disabilities, in 2004-05, the Government of Canada invested an estimated \$7.6 billion in income support, tax measures and programs for people with disabilities. I use that number because it is hard for me to break down the 2005-06 numbers. We always wait a year so that we can figure out what all of our programs are and add up the numbers. I can give you the most precise numbers for 2004-05.

In 2004-05, it was a 38 per cent increase over previous funding levels over approximately the last eight years.

The federal role with respect to disability generally has largely been the provision of income support through mechanisms such as the Canada Pension Plan, disability component, and the veteran's disability pension program. Those two alone account for about 71 per cent of our spending in the federal government on disability issues.

Tax measures represent the next largest federal investment in income support for people with disabilities. We have measures there such as the disability tax credit, the medical expense tax credit and the Child Disability Benefit.

In Budget 2006, the Government of Canada introduced new measures to help families deal with the costs of caring for family members with disabilities, including those with autism. Specifically, the annual Child Disability Benefit maximum was increased to \$2,300, up from \$2,044, effective as of July 2006.

The Child Disability Benefit eligibility was extended to medium and high-income families who are responsible for caring for a child eligible for the disability tax credit, also effective July 2006. The maximum refundable medical expense supplement was increased to \$1000 from \$767. In terms of providing disability related supports and services to persons with disabilities, the Government of Canada's primary role is providing block funding to the provinces and territories through the Canadian Social Transfer and the Canadian Health Transfer. In 2005-06, these transfers amounted to more than \$15.5 billion.

It is important to note for the purposes of your study that the Government of Canada has no national strategy to address the treatment of autism. Jurisdictionally, provinces and territories are responsible for the delivery of supports and services for people with disabilities, including those with autism.

Within Human Resources and Social Development Canada, while we have no programs specifically targeted to the needs of individuals with autism, we do have programs that help to advance knowledge in general and sometimes knowledge about autism and that also support families and individuals living with these conditions.

Through the Social Development Partnerships Program, the disability component, which is an \$11-million-per-year grants and contributions program, we provide funding to national, non-profit disability organizations that are focusing on cross-disability issues and that are actively engaged in representing the needs and concerns of Canadians with disabilities. This program along with the organizations it supports, aims to generate increased opportunities for people with disabilities to participate in their communities.

Through this funding in part we support the Autism Society of Canada, which is an organization that works on a national basis to address issues and concerns common to the provincial and territorial autism societies that provide direct support to individuals and families affected by autism spectrum disorders. Since 1999, the Autism Society of Canada has received grant funding from us for \$65,000 per year on an annual basis to help the organizations in the areas of governance, policy and program development, community outreach, organizational administration and management. They also received in 2003 an additional grant of \$20,000 to help fund some publication and dissemination of a white paper outlining a strategic plan for the development and implementation of an autism agenda.

Another recipient of funding through the Social Development Partnerships Program is the Miriam Foundation, which received \$157,000 between 2002-04 to create a learning centre for autism and developmental disability. This project resulted in the creation of a training centre to ensure best practices and service delivery and to increase social inclusion, integration and participation of people with autism and developmental disabilities. Currently, the Miriam Foundation is receiving \$37,570 to enhance communication and information sharing amongst organizations, institutions and groups across the country.

I will move on to another project because it is interesting in light of Dr. Quirion's intersecting remarks on some uncertainty about effective treatment. Through the larger project of Social Development Partnerships, with \$11 million in funding, without the disability components, there was money provided to the Canadian Association of the Deaf to provide sign language as an aid to help children with communication disabilities to better integrate in society. The project examined how sign language could be a potential communication tool for both deaf and non-deaf children including children with autism. As a result of this research, they concluded that there was great potential and they produced some dissemination materials to promote this as a possible way of improving communication and providing communication skills to autistic children who have difficulties communicating. I thought that was a neat project, actually, that took a particular aspect of one group of people with disabilities and identified it as perhaps a solution -- taking sign language as a communication skill for another group whose disability impairs their communication ability. I thought that was a very innovative project.

We have a variety of other programs, such as the Opportunities Fund for People with Disabilities, which is designed to assist people with disabilities to prepare for, find and maintain employment. The program does not specifically target people with autism or autistic spectrum disorder but, certainly, individuals with ASD have access to it. The Opportunities Fund eligibility is defined by self-identification so it requires no medical certificate. People can go to a service centre and just say that they have a disability and need assistance.

In addition, we also provide federal funding to the provinces to support programs and services eligible to people with disabilities through the Labour Market Agreements for Persons with Disabilities. Given that these programs and services are provincially determined, specific services differ across the country but, generally speaking, are accessible to people with disabilities.

I would like to thank the committee for the invitation to appear today. I am pleased to answer any of your questions.

The Chairman: I thank all of the witnesses for their presentations. I would ask senators to enter into dialogue with you and ask their questions. We will begin with the senator who proposed this matter before the Senate, Senator Munson, followed by Senators Cochrane, Callbeck, Nancy Ruth and Keon.

Senator Munson: Welcome to the committee. From my perspective, we are in a crisis with families who have autistic children. We have statistics from Statistics Canada that show one in 450 Canadians and other statistics the Autism Society of Canada and others that show one in 190 young people are autistic. It is still a mystery. As you talk and we listen to statements here about medical research, which is all very good, we will wake up tomorrow morning and find out there is another autistic child in this country.

From my perspective, there should be no borders when it comes to autism in dealing with this condition. There is not a level playing field in this country. There are different treatments for different people in different provinces. For example, we have a Canadian Diabetes Strategy, a Canadian Strategy for Cancer Control, a Federal Initiative on HIV/AIDS, a Canada Drug Strategy, a Canada Prenatal Nutrition Program, and a Community Action Program for Children. This brings me to the need of a national strategy. How that plays itself out, I do not know.

I would like to ask the witnesses if they agree that there should be a national strategy led by the federal government and bringing the provinces and territories together to sit down and hammer out a strategy, whether it is an envelope of money from Health Canada that has to be specifically directed towards dealing with autism. I would invite the witnesses in any order to respond.

Ms. Mandy: Certainly, the federal government recognizes that it is an important issue. However, we need to recognize that it is only one of many important issues. If you talk about developmental disorders, autism is only one of those. Where do you draw the boundaries and how do you decide how wide you would make a national strategy? Autism and children with autism are certainly a very well-organized group. Parents are very vocal and they have had a lot of success in lobbying in court cases. However, is this the case of the squeaky wheel getting the grease? There are other developmental disorders that are not within the autism spectrum that also pose the same types of difficulties for the children and for their families. How do you define where you would draw the boundaries?

Dr. Quirion: I agree that there is a crisis and that governments and families together must try to find a solution.

The numbers are very significant: One in 400 and one in 200. Those figures are very high, and it is true we do not have a national strategy.

If I put my mental health hat on for a few minutes, we still do not have a national strategy. The statistic there is one in five. That is dramatic.

Yes, we must do something, but what is the best way to accomplish this? Is it a national strategy? Is there some other way we could tackle issues? I am not sure. What I am sure of is that other fields such as mental retardation and mental health altogether are in crisis mode.

Ms. Weber: At the Office for Disability Issues, we tend to try to look at these things from a generalized perspective. Therefore, we would not actually recommend a specific strategy on a specific disorder or condition. We would tend to recommend a more generalized strategy for a class of issues. Again, developmental disorders are still a rather small proportion of what we are seeing. There may be large increases.

I would note that some of the definitions of the things we are talking about are very recent. I do not know because I am not a researcher or a scientist, but I know that the definition for Asperger's, for example, according to the DSM was only available in 1995.

I do not know whether the increase that is being cited is due to a rising incidence or an improved ability to diagnose and detect. Sometimes I think that many of these people we are identifying are people who used to be just different, and now we are figuring out more specifically how to categorize and classify.

I know that graduates of MIT who intermarry tend to have a much higher incidence of children with autism than what appears to occur in the rest of the population.

I also know there are large differences between jurisdictions on many issues. If you are an individual who needs a wheelchair and you want to go from a particular province -- I forget all the exact rules because I do not use a wheelchair, but our stakeholders do try to inform me.

I think there is an example of a professor who wanted to go from Manitoba to Alberta for a sabbatical leave. The province of Manitoba claimed that they owned her wheelchair, and when she wanted to go away for one year only to Alberta, she had to give them back her wheelchair.

Wheelchairs are very individualized pieces of equipment. Some provinces will buy you the wheelchair you want, some provinces will never buy you the wheelchair you want and other provinces will tell you that only if you are on social assistance will they buy you a wheelchair and you can choose from one of three models when there are 200.

There are huge variations in everything we do with respect to people with disabilities across the country. Autism is a fine example of those variations.

Senator Munson: There is a great deal of confusion out there. You mention Alberta. We were just in Alberta with the Standing Senate Committee on Human Rights.

In the autistic community, there are people leaving their homes in different parts of the country thinking if they go to Alberta they will get better treatment. We discovered in Alberta that you have to go through a lot of bells, whistles and hoops to receive that treatment.

I come back to the same issue about the need for a national strategy, and I hope as a committee we can come to a consensus.

In the United States, the Senate unanimously passed recently a combatting autism bill establishing \$920 million towards autism treatment, education and research. How do we compare as a nation?

The Chairman: Which witness wants to tackle that question?

Senator Munson: I notice you added up a lot of figures in terms of research, which I think is commendable. It is wonderful to see that, but when we add up what we are paying as a federal government to the provinces, do we compare?

Dr. Quirion: I do not have the figures, but usually with disorders related to the brain -- there are many different ones -- we are well below the average in the United States. That includes autism, but it also includes schizophrenia and depression.

They have had a national strategy for many years on mental health in the United States, and we do not. The investment they are making now in autism research and supporting services for autistic children are great. Maybe we could learn from that.

Senator Munson: I totally agree. Other than direct funding, you talked about tax breaks and current tax relief measures under the Income Tax Act. You talked about the medical expense tax credit and disability tax credit.

Can you explain whether or not families with autistic children can claim these tax relief measures? Can that be used towards ABA/IBI therapy?

Ms. Weber: I always try to defer to finance with respect to these types of inquiries. I could undertake to provide to you a whole list of tax credits for people with disabilities, and I could provide you the eligibility definitions, if that will be more helpful.

My understanding is that the answer would simply be yes. Just to be sure and to give you the exact information, I would be happy to ensure we provide that information to you.

Senator Pépin: You mentioned earlier that the tax rebate went from \$700 to \$1,000. How much do you think a tax rebate should be worth? \$1,000 is nothing when you know the cost of treatment.

Ms. Weber: You are absolutely right. I was trying to give you precise numbers to deal with in terms of just three tax credits that had changed. Again, there are more.

There is a disability tax credit and there is the Child Disability Benefit, which is almost \$200 per month up to \$2,300. There is a long list, so I think it would be better for your purposes if I provided the whole list. There are eight different tax measures that I have, and I can get you the eligibility requirements for them. I only mentioned three in my speaking points.

Senator Pépin: I am thinking that if someone has children suffering from dyslexia and deficit attention disorder, they do not provide any sort of tax rebate for those disorders, and the consultations and treatments cannot even be paid for by the government. We have that in Quebec.

(French follows) Senator Pepin... C'est ainsi au Québec. Je ne...

Gs/02-11-06 (après anglais)(Sén. Pépin)

C'est ainsi au Québec. Je ne veux pas faire de comparaison entre les deux maladies, mais les parents disent devoir payer des consultations mais ne peuvent pas les déduire de l'impôt.

Madame Weber: Je sais qu'il y a une différence entre le système d'impôt du Québec et celui du gouvernement fédéral, mais je ne la connais pas.

Le sénateur Pépin : D'accord.

(Sen. Callbeck : You mentioned all these tax credits ...) (anglais suit)

(Following French) Ms. Weber

Senator Callbeck: You mentioned all these tax credits. I would like to get your opinion as to how effective you feel they are in dealing with the financial situation of families that have a child with autism.

Ms. Weber: I have not done that analysis in terms of the costs. Certainly, autism in that extreme I would suspect is very costly. These tax credits probably do not go as far as the costs incurred.

The other thing to remember, of course, is that these benefits usually accrue to someone with an income. People who are in low income situations or on social assistance are facing a very different reality.

With that said, if you are talking about autistic spectrum disorders, there is a wide range there. I think we would need to do a fair bit of analysis to figure out what people are spending or what costs they are incurring in terms of dealing with this.

Senator Cochrane: This is a supplementary to Senator Munson's question. There have been calls for the federal government to amend the Canada Health Act, to have services to treat persons suffering from Autism Spectrum Disorders deemed medically necessary.

When you come to tax breaks and the term "medically necessary," where do they fit in? How can a family apply that term, "medically necessary," to tax breaks? Will there be umpteen questions asked by the parents? Mr. Lafond, you are from Health Canada.

Mr. Lafond: Yes.

Senator Cochrane: The term "medically necessary" really bothers me. We must help the families.

Mr. Lafond: I agree with you. "Medical necessity," either in the federal legislation or even in provincial legislation, is a term that is not always easy to define. You will not find good definitions of this term. We do not have one in the federal legislation. We generally defer to the provinces. The idea is that "medical necessity" should be defined not necessarily by a government or by a funder but through a process where not only the government is involved but the medical profession as well. This is the approach that should be taken. It is not a simple term to define. I agree with you that when it comes to specific services such as the treatment for autism, it may be even more difficult because sometimes you deal with situations that do not seem to be clearly medical. There might be some social issues involved.

Senator Cochrane: How will these parents get the tax breaks?

Ms. Weber: Again, I am not from the Department of Finance so I cannot adequately answer your questions, but for some of these things, for example, medical expenses, you just need to show the prescription or the receipt for the materials or supplies that you got, which usually required a prescription from a doctor.

I can supply you with the eligibility. You are using "medical necessity" in the context of the Canada Health Act, which is different from the way it is used in the context of the Income Tax Act.

Senator Cochrane: Could you supply us with those figures?

Ms. Weber: I can supply you a chart of the tax benefits and the definitions of eligibility that exist under the Income Tax Act.

Senator Cochrane: There is currently no national program in Canada, as Senator Munson has specified, for financing any treatment for autism, in particular, applied behavioural analysis, or ABA, and intensive behavioural intervention, which is IBI, although most provinces and territories provide some funding for such therapy. I personally know of a family in B.C. with two little boys who have autism who say their lives have changed as a result of the ABA.

While the province provides some funding -- \$20,000 -- the family covers the rest of this expensive therapy.

Could you give us a sense of the annual cost associated with such therapies? Have you no idea?

Ms. Mandy: We have some idea that the figures may range, but again, it is very dependent on the needs of the child and the severity of the condition. They can range over \$50,000 a year quite easily if the child is receiving, say, 40 hours a week of one-on-one intensive behavioural therapy of the type that you described. Other than that, no, I cannot give you an idea.

The Chairman: The figure \$60,000 has been advanced as a possible average.

Senator Cochrane: Could you tell us how provincial and territorial programs compare and differ?

Ms. Mandy: I cannot tell you in any great detail. We have compiled some information in that regard. I do not have all the details at my fingertips, but I would be happy to provide what we have and what we know about those programs.

Senator Cochrane: Can you provide information for each province?

Ms. Mandy: We have done research and we have compiled a document that lists what we know each province does provide.

Senator Cochrane: I think that would be helpful.

Ms. Mandy: We would be happy to provide that.

Senator Cochrane: Models are very important. Does one province stand out as a model in the delivery of treatment and in the support services of autism? Do you have a model that we can tap into and say, yes, this works; this is an example?

Ms. Mandy: Provinces take different approaches to it. Some people might hold up the Province of Alberta as a model. As I said, they were affected by a court decision back in 1996 that said they had to fund these services. Because of that, they may be considered to be further along that road in the development of programs. Whether they are the best programs or the most effective programs, I do not know.

Senator Cochrane: In my province, there has been a program for the past number of years whereby an individual comes in one-on-one to help the child and do special things with that child, but I do not know the results of that program. It would be interesting to have that information.

Do you have any idea how many children have access to therapy in each of the provinces? You do not. How many children cannot get access? That is another concern that I have. Is there a move afoot to help the parents? No one can answer that one.

The Chairman: The additional information the senator asked for is well warranted. Please provide whatever you can to try to answer Senator Cochrane's questions, which are all legitimate.

Senator Callbeck: I was wondering about the waiting lists. Someone spoke here about them and just how large they are and how one province differs from the others in this regard.

Is there a shortage of the autism specialists that provide the treatment? What about the training that a person has to take to become an autism specialist? How long is it? Can you provide any information on that?

Mr. Quirion: Again, it is not easy to answer that. There are no national guidelines, so it depends on each province. Often, to become a specialist, there is added training after a certain type of training. You work with a doctor and his team to learn the various treatments that the team focuses on. Again, there is the problem that not every expert agrees that all these treatments work effectively with an individual child. Depending on the child, some approaches may work better than others. There is still a lot of need for evidence-based data that, unfortunately, we do not have. We need to train more people, at least in Quebec.

Senator Callbeck: The training could be different in every province?

Mr. Quirion: Yes.

Senator Callbeck: There is no standard?

Mr. Quirion: In the province of Quebec, it is not the same as if you are based in the McGill Montreal network compared to the Quebec City network.

Senator Callbeck: How long does it take?

Mr. Quirion: In Montreal, it will be about a year, but I do not know in other provinces.

Senator Callbeck: Is there a real shortage in Canada of these people?

Mr. Quirion: I would think so. There is a shortage in Quebec and I would think in other provinces as well.

(French follows -- Sen. Champagne: Depuis que je sais...)

JL/02-11-06 (après anglais)

Le sénateur Champagne : Depuis que je sais que nous allons étudier ce problème, j'ai porté plus attention à ce qu'on peut lire ou voir à la télévision à ce sujet. Au cours des dernières semaines, j'ai vu quatre reportages différents, soit deux aux États-Unis, un au Canada et un sur la chaîne TV5, où on parlait des différents moyens d'aider les jeunes qui souffrent d'autisme. Dans les quatre reportages, on prenait une optique différente.

Quelles que soient les sommes faramineuses que l'on investisse, le domaine de la recherche est sans doute celui qui mériterait le plus cet argent dans le but de trouver un remède. En s'y prenant chacun à sa façon sans arriver à des résultats probants ne mène nulle part. Alors que faire, à votre avis?

M. Quirion : Je suis d'accord que nous sommes devant un défi. Comme le sénateur Munson le mentionnait, plusieurs familles d'enfants autistiques souffrent. Malheureusement, il est encore très tôt, en terme de recherche, pour dire qu'une approche est plus efficace qu'une autre avec certains types d'enfants autistiques. Il manque encore beaucoup d'information.

(Mr. Quirion: There is no gold standard, whether we like it or not...) (anglais suit)

(Following French -- Mr. Lafond continues).

There is no gold standard, like it or not. We need to find out more about what works with one type of child compared with another. In the States, there are various powerful voluntary organizations, such as Autism Now, Speak Autism, and so on, which are often started by a family member. They believe in one way to treat children. Maybe it works for their children, but not necessarily for others. That is a big challenge in the field. We do not have the gold standard. It is unfortunate, but that is the reality.

Senator Keon: Following along that line of thinking, Mr. Quirion, in my other life I had a lot of experience with getting drugs and procedures listed for payment. It really boiled down to the need to have solid evidence that it was effective. The thing that troubles me about autism -- and maybe Mr. Lafond can lead on the answer, but I would like you all to join in, and you in particular, Dr. Quirion -- is that it is not at a stage of maturity and definition, and so forth, from a scientific point of view, where there is evidence that I know of, from an epidemiological point of view, from a clinical trial point of view, to say what really is effective in various circumstances.

This comes back to the Canada Health Act, which applies. You have to come down to the provinces and say: Yes, this is an essential service; and yes, Ontario, you must list this and you must pay for it.

The bottom line is: Where are we with this right now? Mr. Lafond, perhaps you could lead off. Dr. Quirion, you have scientific knowledge available through your institute, so perhaps you could help us, too, and the others could please join in.

Mr. Lafond: The point that you made is certainly an important one. Before listing, a decision can be made that coverage will be provided, especially under the parameters of a national program or provincial program that is universal. You need solid evidence and a good understanding of the condition and what will happen and whether you can provide coverage for these services, whether the resources are available, the human resources are there, whether the treatment plans can be implemented. That is one of the challenges the provinces are facing. As far as we are concerned, we are not at the federal level generally negotiating these services with the provinces. It has never been the intent or the approach of the Canada Health Act since 1984 to identify specific services and then go to the provinces and say: We feel now that these services should be covered. This decision needs to be made at the provincial level, again in conjunction with the stakeholders, the professionals, the medical doctors, and other health professionals.

In this case, more research needs to be done to develop this evidence. The federal government is quite involved in trying to support this. Whether we are at the point where provinces could be in a position to make that decision, I am not sure we are there yet. I think they are providing services on their own terms and conditions. This is something we see quite often in different provinces. Eventually, this could lead to a more across-the-board approach.

Ms. Mandy: Of the provinces that are providing services, they are equally split between ones providing them under the auspices of the Ministry of Health and other provincial ministries, such as social services or family and children's services. It very much speaks to the nature of neither the services that are provided that, as I said, are neither physician nor hospital services. There are a lot of social skills training and is a lot of educational supports and whatnot. Classifying these as particular types of services is also difficult. Provinces have made different choices as to how and under the ministries they will provide the services.

Mr. Quirion: To add a bit more to what I have said, as you mentioned, evidence is still lacking. We want to help and you want to help. Of course, it is traumatic on families who have an autistic child. Research, unfortunately, often takes time. We need to do the research and to provide the evidence.

Over the next few months, we could have some kind of workshop like that. I am sure you will meet with many of these experts, but they could include voluntary organizations in Canada, well-established

experts from McGill, from the University of Montreal and from McMaster. We could bring these people together and brainstorm and discuss in detail the evidence that this behavioural approach works, under which conditions, and what type of child and where it might do some harm. There are some adults who suffer from autism that believe that some of the treatments can do harm. Maybe it is rare, but it needs to be taken into consideration. Having that kind of feedback from better experts than I -- that is, true experts who work with these children all the time -- could be helpful to your deliberations.

(French follows TAKE 1200 -- Sen. Pépin, Dr. Quirion, je comprends...)

AD / 02-11-06 (après anglais)

Le sénateur Pépin : Je pense qu'on manque d'évidences pour prouver l'efficacité de certains traitements et pour déterminer lequel convient le mieux aux enfants, selon leur âge -- et même chose pour les adultes. Cependant, si on a la preuve de l'efficacité de certains traitements, est-ce qu'on peut comparer cela par rapport aux coûts, à savoir combien d'argent les gouvernements devraient octroyer et est-ce qu'on serait capable de balancer les deux?

M. Quirion : Si on avait les évidences, comme par exemple le traitement A fonctionne très bien dans telles conditions et on obtient de bons résultats, il serait peut-être plus facile de convaincre les provinces. On pourrait évaluer que cela va coûter 60 000 dollars par an, par enfant, et en bout de ligne, on améliore énormément la qualité de vie de l'enfant et de sa famille. De plus, on sauve des coûts associés aux services de santé qui surviendraient plus tard dans la vie. On pourrait avoir plus de données probantes. Présentement, je pense qu'on ne les a pas.

Le sénateur Pépin : Est-ce à cause d'un manque de perspective, d'un manque de fonds ou de personnel?

M. Quirion : C'est un peu comme en santé mentale ou pour d'autres maladies neurologiques comme les maladies du cerveau. On commence un tout petit peu à comprendre comment fonctionne notre cerveau. C'est une boîte fabuleuse, mais on est encore tôt dans notre connaissance de l'autisme et des maladies associées à l'autisme. On voudrait aller beaucoup plus vite. L'incidence semble augmenter d'après certaines données épidémiologiques. Il faut faire quelque chose, mais on manque de données.

Le sénateur Pépin : Cela veut dire qu'il faut donner davantage d'argent, que ce soit de la part du gouvernement fédéral ou des gouvernements provinciaux. Vous avez mentionné dans votre présentation qu'il y avait un bagage génétique. Actuellement, vous en êtes encore au début de la recherche. Tantôt, il y a une de vos collègues qui a mentionné qu'il y avait deux personnes qui venaient de la même université, qui se sont mariées et qui ont eu des enfants autistes. Est-ce qu'on en sait suffisamment pour dire que les cas sont concentrés plus dans une certaine région, ou certaines villes, ou il faut encore faire de la recherche?

M. Quirion : Il faut faire attention, c'est encore tôt. Il y a plusieurs différences, il y a un spectre, mais certaines évidences semblent suggérer que l'incidence est un peu plus importante chez deux personnes ayant un QI très élevé. Pourquoi? On ne le sait pas.

Le sénateur Pépin : Il faut alors continuer à vous donner les moyens de poursuivre vos recherches.

(Sen. Munson : Dr. Quirion, I would like to take you...) (anglais suit)

NP November 2, 2006

(Following French, Sen. Pepin, poursuivre vos recherches.)

Senator Munson: I have a short supplementary. Dr. Quirion, I would like to take you up on your offer. The workshop concept about which you spoke is a very good idea. Would you organize it and bring all these people to Ottawa to brainstorm? It is that urgent.

Mr. Quirion: With your help and support, we could organize it. Certainly, it will involve voluntary organizations. The way we do business, it is usually not just us; it must include the base as well. I am sure they will be willing to be associated with us. I talked about this with a member of Autism Society Canada a month ago.

The Chairman: It might be something useful for us to do. I am sure that we will be hearing from some of the people Dr. Quirion mentioned anyway. It might be useful to do it in that framework.

Senator Fairbairn: I am glad you are here today and that we are on television. People do watch. This is an issue that so many Canadians do not know much about or find it difficult to understand.

The questioning today comes down to two major areas: Should the federal government make a decision about expanding treatment to all of the children in this country who need it? If so, do you have any idea how much money that would cost?

The area involves medical professionals. This is an incredibly difficult issue, not just for us, but for people in the medical profession as well. If we, as a country, all of us together, decided to institute a widespread national program for this, would we have the specialists, the therapists? Would we have enough personnel to make this possible?

How long would it take for therapists with a specialty to deal with this condition? How long would it take to get a person through whatever medical school might be required?

You are nodding your head vigorously.

Mr. Quirion: Senator Callbeck mentioned several things. There is much variability among provinces, medical schools and health care professionals in terms of exposure and training to recognize and to treat or supervise treatment of people suffering from autism. I do not think there is any national guideline in that regard. They are exposed to it, but there is probably still too little training in this area in medical schools. We need to think about that as well and ask an expert such as Eric Fombonne and others what it would take to ensure that you have a baseline, at least of clinical knowledge, across the country for the health care professional. What would it take and what would be the role of the federal government in that regard? That is something that needs to be discussed.

Maybe my colleagues have other answers.

Senator Fairbairn: Again, how long would it take to train a committed individual who wanted to treat autism? How long would it take to train them? Would you have to have a doctorate? Would you have to have some kind of medical certificate and then build on top of it?

Mr. Quirion: Usually it involves a health care professional. It does not need necessarily to be a medical doctor. There will be a medical doctor on the team, but there could be other specialties. As to how long it takes, I give the example of a team in Montreal. It takes usually about a year, but they go in depth. I am sure it will not take that long for every professional. It depends how focused you want to be. If you include various research components into the training program, then of course it will take more time.

Senator Fairbairn: It will also take more money.

The Chairman: Ms. Mandy, from your response to one of the first questions of Senator Munson I got the impression that a national autism strategy was perhaps not warranted in and of itself without a broader category. Yet we do have national strategies for diabetes, cancer control, HIV/AIDS, Prenatal Nutrition Program, et cetera.

I want to get a clear understanding of why this would not fall into a category that warrants a national strategy. To amplify that a little further, particularly when we have people dealing with tremendous emotional and financial challenges in this, this cost of \$60,000 which is not being reimbursed by the provinces in sufficient amounts, and the very kind of things you talked about today in terms of research and the lack of certain information. Is this not the kind of thing that really would fit into national strategy development?

Mr. Mandy: I was not meaning to suggest it would not. I was trying to suggest that it is always very difficult as to where you draw the lines and how would you go. When we were looking at some things within Health Canada, various people were saying why are you focusing on autism? What about pervasive developmental disorder? It does not fall within that spectrum, but often parents use similar types of treatments. The intensive behavioural intervention, they are facing the same types of funding challenges as parents of autism are, so why would you just look at autism? Why not at least broaden it to developmental disorders?

Then if you look at developmental disorders then you get people asking what about all children with special needs? What if we have a child who has a need for dietary supplements or special equipment, et cetera? There are many competing demands out there and can you really focus just on one group? That is all I was trying to suggest. These are always choices that have to be made. I am not suggesting autism is not important, but that there are other families with similar needs, challenges, funding problems that would also want similar treatment. Maybe we need to be able to look at that as well.

The Chairman: In terms of the cost of this, because this is a big issue, we have been considering a catastrophic drug treatment program. It is not the same category, but there are catastrophic costs involved here for a lot of people. Would that not warrant that kind of federal intervention, similar to the drug program that is being proposed?

Ms. Weber: If you want to compare this to diabetes and cancer, you are talking about a very different scope. You are talking about a very different proportion of the population. Diabetes and cancer are affecting lots of people and are our number two and three killers. Autism is not that, so it is on a very different scale.

The other issue here is, as has been evident in Dr. Quirion's remarks and I tried to allude to it as well, we do not know a lot. In terms of the time it takes to accumulate knowledge and understanding, we have only recently even begun to identify autistic spectrum disorders as a real category of disorders. All of the interventions around treatment have suggested that we do not know how to treat this, which then interferes with what can be required or prescribed or even trained up to, because we do not all agree; there is not a known solution to this. It is partly due to the huge variations in this spectrum disorder. It is probably due in part to the need to customize and tailor the responses.

The thing that stops us from embracing this wholeheartedly is partly the scope. If you wanted to generalize a bit more, there are larger groups that you might be able to deal with as a class of issues. I know that is not always popular and not always successful because it is hard to attract specific attention for it.

Also there really is not much known about what is really effective or even whether we have an epidemic, again because of the definitional issues and our increasing ability to identify and even diagnose that there is a particular situation.

The numbers are all over the map. You would like to know a lot more about this issue, and about all of the different kinds of things that people are trying to do to address this series of problems, but I do not think we know the answer.

The Chairman: Given what you do and do not know, what do you think would be the one or two issues this committee could tackle that would help shed more light on this whole matter and to lead towards something useful and productive? I would like you all to respond to that.

Ms. Weber: As I sit back and listen to the discussion, I think that the call for research is really the most pressing. That is not always a popular response because it seems like it is more of a delay. Again, it has taken a long time to even get to the point where we are identifying these spectrums. We do not know what the treatments are. We have people who are strong advocates of particular treatments but there is huge variation out there. There is no treatment plan or guideline that says thou shalt do this when your child is diagnosed with autistic spectrum disorder or Asperger's or anything within that category.

Dr. Quirion: I will be biased. I agree there is need for more research and providing the evidence. At the end of the day, I think that since it is such a broad spectrum of disorder that it may be a little bit like hypertension. In 10 or 20 years' time we will look back and say, yes, this form of autism we treat with drug A, as we do with hypertension if it is related to kidney or the heart or blood vessels. We know very little, so we need more research.

Another aspect that could be useful and provided to you fairly easily is having some kind of better data on what each of the provinces in Canada are doing on that front. That will probably be fairly easy to obtain and useful for us to know.

Senator Munson: We did not know about different forms of diabetes, we did not know about different forms of cancer, but it did not stop the country from exploring new ways and means of treating these particular diseases and having a national will to come to some kind of solution and getting things done.

The Chairman: Let me thank the four of you for coming today and for your contribution. This is the beginning for us, and we look forward to getting more data on some of the questions that were asked. We are interested in learning what the provinces are doing, and anything else you can provide us would be most helpful.

We will adjourn the public session, but I do need some time with committee members in camera to deal with future business items. With that I will adjourn the public portion.

The committee continued in camera.