

Pantazopoulos, Dimitri PREM:EX

From: Maranda, Pierrette IGRS:EX
Sent: Thursday, June 30, 2011 10:11 AM
To: Pantazopoulos, Dimitri PREM:EX; Sharma, Rishi ENV:EX; Myers, Tobie A MEM:EX
Subject: RE: Snowtel...

Will do

-----Original Message-----

From: Pantazopoulos, Dimitri PREM:EX
Sent: Thursday, June 30, 2011 10:10 AM
To: Maranda, Pierrette IGRS:EX; Sharma, Rishi ENV:EX; Myers, Tobie A MEM:EX
Subject: Snowtel...

The premier has heard a lot this week from her counterparts in the US about the poor coordination between Canada and the border states in sharing information related to snowfall and runoff/ flooding. They want to work in a more coordinated manner to share info that would be helpful in flood management.

The questions we have are...

1. What do we gather wrt snowtel information and how does this compare with the data being shared in NW US states? I presume bc hydro and Environment gather some of this info.
2. How can we work better to share the information?

Can you folks do some digging around on this and let me know what you find out?

Pantazopoulos, Dimitri PREM:EX

From: Pantazopoulos, Dimitri PREM:EX
Sent: Thursday, August 18, 2011 10:18 AM
To: 'Novak, Ray'
Subject: Scanned PM letter

Original letter to follow by mail and similar letters being sent to all Western MPs,
Cheers,
dp



S16

Pages 3 through 4 redacted for the following reasons:

S13, S16

Pantazopoulos, Dimitri PREM:EX

From: Maranda, Pierrette IGRS:EX
Sent: Monday, August 8, 2011 4:05 PM
To: Pantazopoulos, Dimitri PREM:EX
Cc: Haney, Donald IGRS:EX
Subject: FW: Study on strengthening Australia-Canada trade and investment linkages [SEC=UNCLASSIFIED]
Attachments: BC Qld media release draft August 2011 REV new.doc

Dimitri:

I know that you sent Mike and me your changes. I wonder if it is too late for Mike and you to consider these.

The idea here is to profile the Premier as a national leader (reference to stronger Canada); and having a vision for the economy of BC; focus is also on regional economies to pave the way for using the New West Partnership as a model that could be also tested by Australian states).

Let's discuss at 4:30

-----Original Message-----

From: Maranda, Pierrette IGRS:EX
Sent: Tuesday, August 2, 2011 6:00 PM
To: Pantazopoulos, Dimitri PREM:EX
Cc: Chiarelli, Nina GCPE:EX
Subject: RE: Study on strengthening Australia-Canada trade and investment linkages [SEC=UNCLASSIFIED]

Dimitri:

Nina and I worked on the attached draft -- see suggested changes.

Nina indicates that the attached revised document tries to reflect standards of Gov Communic and Public Engagement. For instance, quotes are to be provided. We added one from PCC as an example.

Also:

- in 2008, Queensland provided significant funding to a cancer research alliance between Vancouver General Hospital and Queensland cancer research centre.
- There is also research interaction between UBC and Queensland National and International Research Alliance Program
- There is an MOU for research and scholarly collabor between SFU and Griffith Univ in Q.

So there is quite a focus on research collaboration between both jurisdictions.

-----Original Message-----

From: Pantazopoulos, Dimitri PREM:EX
Sent: Tuesday, August 2, 2011 2:43 PM
To: Maranda, Pierrette IGRS:EX
Subject: RE: Study on strengthening Australia-Canada trade and investment linkages [SEC=UNCLASSIFIED]

I just sent the press release to Mike and Shane for review and approval. Can you also ensure that this is ok so we can get back to HC Brown?

dp

-----Original Message-----

From: Maranda, Pierrette IGRS:EX
Sent: Tuesday, August 2, 2011 2:42 PM
To: Pantazopoulos, Dimitri PREM:EX
Cc: Chiarelli, Nina GCPE:EX
Subject: RE: Study on strengthening Australia-Canada trade and investment linkages
[SEC=UNCLASSIFIED]

IGRS as we did the 2008 Memo of Cooperation the NR is referring to.

-----Original Message-----

From: Pantazopoulos, Dimitri PREM:EX
Sent: Tuesday, August 2, 2011 2:37 PM
To: Maranda, Pierrette IGRS:EX
Subject: FW: Study on strengthening Australia-Canada trade and investment linkages
[SEC=UNCLASSIFIED]

Who should handle?

dp

-----Original Message-----

From: Justin.Brown@dfat.gov.au [<mailto:Justin.Brown@dfat.gov.au>]
Sent: Tuesday, August 2, 2011 2:36 PM
To: Pantazopoulos, Dimitri PREM:EX
Subject: Re: Study on strengthening Australia-Canada trade and investment linkages
[SEC=UNCLASSIFIED]

Dimitri - the Queensland Premier's office is interested in a joint statement. I've prepared the attached draft, to get the ball rolling on both sides. Who is the best person in your system for me to deal with on taking this forward?

regards

(See attached file: BC Qld media release draft August 2011.doc)

Justin Brown
High Commissioner

Justin
Brown/Pe
ople/DFA
TL

20/07/20
11 03:08
PM

Dimitri.Pantazopoulos@gov.bc.ca

To

cc

Subject

Study on strengthening Australia-Canada trade
and investment linkages [SEC=UNCLASSIFIED]

Dimitri

It was good to see you again on Monday.
The announcement launching the study by the CCCE and their Australian counterpart organisation is likely to happen in mid/late August. As discussed with the Premier, I will make contact with the Queensland government and let you know if they are happy to make a joint statement/announcement of support.

regards

Justin Brown
High Commissioner
Tel: 613 783 7600
Cell: S22
www.canada.embassy.gov.au

Pantazopoulos, Dimitri PREM:EX

From: Haney, Donald IGRS:EX
Sent: Tuesday, August 9, 2011 6:08 PM
To: Pantazopoulos, Dimitri PREM:EX
Cc: Maranda, Pierrette IGRS:EX
Subject: FW: Critical path for China mission
Attachments: Critical Path-2012 China Mission-Aug 8.doc

Dimitri – This is a very preliminary draft of a critical path for the proposed COF mission to China and India prepared by the COF Secretariat. Would you have any early thoughts about date range options in advance of the 2012 Summer COF meeting that might be suitable for Premier Clark's participation?

Many thanks,

Don

Pantazopoulos, Dimitri PREM:EX

From: Maranda, Pierrette IGRS:EX
Sent: Tuesday, August 2, 2011 3:47 PM
To: Pantazopoulos, Dimitri PREM:EX
Cc: Chalmers, Jennifer PREM:EX
Subject: PNWER Final report
Attachments: PNWER Final Report 2011 (3).docx

Outcomes report. Was also provided to Stacie Dley who will provide it to PS John Les.

I understand that PS Les wants to send it to PCC.

Pierrette

OUTCOMES REPORT

PNWER Annual Summit -- July 19-22, 2011
Portland, Oregon

Background:

- Theme: "A Toast to Innovation".
- 2011-12 President: State Representative Mike Schauffler of Oregon.
- Upcoming mid-year meeting: Victoria, November 16-19. Premier Clark is expected to make an appearance at the meeting.
- PNWER tour of capital cities to meet with Ministers and US Representatives (including Ottawa and Washington, DC): early 2012
- Next year's presidency and summit (July 2012) will be assumed by Saskatchewan.

Participation:

The BC government team included: Parliamentary Secretary John Les (Premier's representative to PNWER); Attorney General and former PNWER President Barry Penner; Parliamentary Secretary for Clean Energy to the Minister of Energy and Mines, John Yap; Parliamentary Secretary for Multiculturalism to the Minister of Social Development, Richard Lee; and MLA Bill Bennett.

Staff from IGRS supported PS Les. Staff from the Ministries of Energy and Mines; and Jobs, Tourism and Innovation were also in attendance.

Three NDP BC MLAs also attended: MLA Shane Simpson; MLA Scott Fraser; and MLA Katrine Conroy.

PNWER being a cross-border public/private partnership, representatives from the private sector were also in attendance.

Prominent Participants at the Summit:

Premier Brad Wall; Governor Kitzhaber of Oregon; Canada's Ambassador to the US Gary Doer; Canadian Consul General in Seattle Denis Stevens; Mayor of Portland Sam Adams; Kimberly Harris, CEO of Puget Sound Energy; various US State Representatives and Senators from the region; Alberta Minister for International and Intergovernmental Relations Iris Evans; and CEOs - Westport Innovations, Solar World, and Spectra Energy Transmission. Robert Gialloreto President of Tourism Victoria

Outcomes from BC's participation at the PNWER Summit:

- The video of Premier Clark was featured before 700 attendees inviting them to attend the PNWER Winter Meeting (Legislative Academy/Economic Leadership Forum) which will be hosted in Victoria, BC on November 16-19, 2011. Premier Clark is expected to make an appearance at the PNWER Winter meeting. PNWER has called on BC to help organize a Host Committee to assist with preparations for the PNWER Winter Meeting.
- PNWER adopted three Action Items/Resolutions championed by BC pertaining to the following priorities: Amtrak 2nd Train; Border Management; New West Partnership.
- BC's position as a key player in PNWER was enhanced, key contacts were made, and intelligence was gathered. In particular, IGRS organized two key meetings for the BC delegation: Simon Kennedy, Senior Associate Deputy Minister, Industry Canada (Canada's representative on the Canada-U.S. Beyond the Border Working Group established by PM Harper and President Obama on February 4, 2011); and Courtney Gregoire, Director of the National Export Initiative, US Dept of Commerce. Both meetings were successful towards advancing discussions of Canada-US trade and border management.
- BC's priorities were advanced on a number of files including but not limited to:
 - **Border and trade priorities** (BC pressed the key message that an open and secure Canada-US border facilitates the movement of people, trade and investment, and open and competitive US-Canada government procurement).
 - **Amtrak/2nd train:** calling on the Government of Canada to make it a permanent service. The BC Ministry of Transportation will be preparing a follow-up letter to the federal government pursuing the PNWER resolution.
 - **Green economy.**
 - **New West Partnership (NWP):** calling on PNWER to view the NWP as a model.
 - **Labour mobility.**
 - **Clean energy/clean technologies.**
 - **Columbia River Treaty (CRT).** Planning is underway for review of the CRT as the year 2014 approaches which is the earliest (10 years in advance of 2024) Canada or the US can give notice regarding changes to or termination of the CRT. The PNWER CRT symposium included a legislative roundtable discussion with states and provinces, officials from the Ministry of Environment, Environment

Canada, the Department of Fisheries and Oceans, Bonneville Power Administration and the US Army Corps of Engineers. The Columbia Basin Trust, Okanagan Nation Alliance, a US-based tribal organization and representatives from several universities also attended. BC presented an overview of the Treaty and indicated flood control and power generation remain important, despite the fact that other economic, environmental and social values need to be addressed. BC also indicated that a decision to terminate by either party should be taken carefully because it is unlikely the Treaty could be replaced.

- As the BC government lead to PNWER, PS John Les represented BC at the PNWER Executive Committee meetings and participated in a number of key sessions.
- AG Penner chaired session IV “Alternative Fuel Vehicles: Natural Gas Vehicles”.
- MLA Bill Bennett participated in the Regional Stakeholders Columbia River Treaty Roundtable as well as parts of the Legislative Energy Horizon Institute.
- Les MacLaren, Assistant Deputy Minister, Electricity and Alternative Energy Division, BC Ministry of Energy and Mines, delivered a presentation on BC’s perspective on the Columbia River Treaty.
- PS Les agreed with other PNWER leads from the region to submit an op ed on BC’s position on border issues.
- BC delegation participated in a photo opportunity along with Portland Mayor Sam Adams and Ambassador Doer to unveil a Vancouver sign in downtown Portland cultivating Canada-US relations.

BC’s ongoing involvement in PNWER:

- In order to advance BC’s priorities and regional collaboration, BC continues to participate in the work carried out by PNWER working groups throughout the year.
- PNWER’s working groups include: Border Issues; Trade and Economic Development; Energy; Invasive Species; Transportation; Disaster Resilience; Sustainable Development; Health Care; Tourism; Water Policy; Workforce/Northern Development; Cross Border Livestock Health; Environment; Agriculture; and Innovation.
- In addition, BC will be presented with other opportunities to advance key priorities at the following events: PNWER Winter meeting; the 2012 PNWER Annual Summit in Saskatoon.

PREPARED BY:

Claudia Fabbri, Manager, International Relations
Intergovernmental Relations Secretariat
(250) 387-1174
August 2, 2011

Pantazopoulos, Dimitri PREM:EX

From: Verloop, Marja D [VerloopMD@state.gov]
Sent: Wednesday, August 3, 2011 7:47 AM
To: Pantazopoulos, Dimitri PREM:EX
Subject: RE: Seeking Premier Clark's participation in a U.S.-Canada Innovation Conference

Thanks for the update. I look forward to hearing from you. Best, Marja

From: Pantazopoulos, Dimitri PREM:EX [mailto:Dimitri.Pantazopoulos@gov.bc.ca]
Sent: July 29, 2011 4:11 PM
To: Verloop, Marja D
Subject: RE: Seeking Premier Clark's participation in a U.S.-Canada Innovation Conference

Marja,
I have not forgotten you. We are still trying to work out the dates for some other travel.
I discussed this opportunity with the Premier and she was interested and grateful for the invitation.
I expect to have an answer within a week.
Thank you for your patience.
dp

From: Verloop, Marja D [mailto:VerloopMD@state.gov]
Sent: Thursday, July 14, 2011 2:02 PM
To: Pantazopoulos, Dimitri PREM:EX
Subject: Seeking Premier Clark's participation in a U.S.-Canada Innovation Conference

Dear Dmitri,

S22

S22 On behalf of United States Ambassador to Canada David C. Jacobson, I would like to solicit Premier Clark's participation in a Canada – United States innovation partnership conference slated for November 2, 2011 in Ottawa, Ontario.

The Embassy and our conference partners at Canada2020 hope that Premier Clark would agree to represent British Columbia on a panel with Governor of Michigan Rick Snyder and Mayor of Minneapolis R.T. Ryback to discuss policies and measures that can be adopted at the state/provincial/city level to foster and encourage innovation.

In addition to the panel on government policy to foster innovation we are arranging three other panels: one on financing innovation; one on university partnerships; and a panel on managing innovation, for which we already have secured the participation of senior executives from Xerox, Google and GE. Chancellor Birgeneau of the University of California at Berkeley has confirmed his attendance for the university panel, and UBC President Toope may join him to discuss the type of binational/regional collaboration we're seeking to promote.

Why is the U.S. Embassy supporting this one-day conference in Ottawa? Canada and the United States share the world's largest and most comprehensive trading relationship, which

supports millions of jobs in each country. **In 2010 total trade and investment was worth more than \$1 trillion. Our economies are inextricably linked and we both grow together. For example, with every rise of one percent in Canada's GDP, U.S. exports to Canada rise proportionally. One of every \$5 export dollars earned in the United States comes from exports to Canada.** Innovation is a key driver of growth and is important to both of our economies. This conference will be an opportunity to discuss innovation as a critical component of our shared economic success and how we can encourage further growth together. British Columbia is key to a North American innovation ecosystem, sharing strong ties with the Pacific Northwest and leading Canada in many areas of research and attracting innovative technologies and capital to the region.

Governor General David Johnston will deliver remarks, as will both Ambassador Jacobson and Canadian Ambassador Doer. I have attached the notional agenda. I do hope the Premier will agree to join us. The Ambassador specifically mentioned the dynamism and spark that Premier Clark would bring to the panel.

I look forward to talking with you further. Regards, Marja

Marja Verloop
Counselor for Energy and Environment
U.S. Embassy Ottawa
Tel: 613.688.5210
Fax: 613.688.3087
verloopmd@state.gov

Pantazopoulos, Dimitri PREM:EX

From: Maranda, Pierrette IGRS:EX
Sent: Wednesday, August 3, 2011 5:36 PM
To: Pantazopoulos, Dimitri PREM:EX
Cc: Dawes, Sandra IGRS:EX; Chalmers, Jennifer PREM:EX
Subject: COF Letters for Approval

Dimitri:

These draft letters are for the Premier's approval in terms of content. They are circulated to all provinces and territories for consideration by their respective Premier's offices. They will be finalised with the proper letterhead/logo shortly, and then be prepared for signing (they will be both in French and English).

The 3 notetakers (BC, Manitoba and Nova Scotia) debriefed DMS of IGR on the outcomes of the Premiers' discussions based on their notes. These are reflected in these draft letters. They also follow as the communiques (except for the meeting with the National Abor Leaders for which there no communiques). Wording has been negotiated with all jurisdictions at the officials' level to make sure the letters reflect sensitivities and nuances that are acceptable to all prov and territories.

Two issues were not included in the COF communiques: Environmental Assessment and a wish to have a First Ministers Meeting on the Economy (see last sentence of the letter to the PM referring to a meeting to discuss the economic outlook and other issues of national importance). These 2 issues were mentioned by Premiers in the room and Premiers asked note takers to include them in the letter to the PM about COF.

You will note there are 3 categories of letters:

- Category 1: Outcomes Letters to the PM and the Abor Working Group.
- Category 2: Mandate Letters to Ministers – Directions resulting from the Premiers' discussion asking for work to be undertaken in the coming year.
- Category 3: Thank you letters to Ministers for work done in the past year and reported out at the Vancouver meeting. These letters pertain to report backs agenda items of COF. These letters are form letters (more or less).

Can we get the Premier's agreement/sign-off on the content please. Letters should go out in August as some DMs are meeting in September (Health, for instance) – and the work of Finance and Health regarding the Premiers' meeting in January will need to start soon.

Many Thanks

Pierrette

Attachments:

Category 1 - 3 Outcomes letters: 2 letters to the PM and one to the Abor Affairs Working Group



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Category 2: Mandate Letters – Direction to Ministers: 3 letters: one re. Disaster Assistance; one on Health and Fiscal arrangements and one on Health innovations



s.16

Category 3: Thank You Letters to Ministers (Report Backs) – 7 letters (for letters)



s.16

Pages 18 through 39 redacted for the following reasons:

S16

Pantazopoulos, Dimitri PREM:EX

From: David Goldstein [dgoldstein@tiac.travel]
Sent: Thursday, August 4, 2011 5:54 AM
To: Pantazopoulos, Dimitri PREM:EX
Subject: BC Rail Service
Attachments: TIAC Letter of Support for Amtrak Cascades Vancouver Train Service.pdf

Dimitri,

Hope things are going well out there.

Wanted to flag an issue for you, I expect my provincial counterparts have raised this as well.

I am copying you on a letter to Minister Toews on the matter of the potential cancelling of the current customs pre-clearance for passenger rail in Vancouver.

As you may know, one of our greatest barriers to increased travel and tourism is the lack of competition in transportation – specifically with air transport.

While Amtrak is not a member of TIAC, the importance of the second train from Seattle has been tangible and has been extremely good for the BC economy.

This matter may be moving swiftly in Ottawa and I would hate for you (or the Premier) to be out of the loop. Last time we had this discussion, we have a great deal of support from Minister Strhal and Minister Day from BC.

Let me know if you are in Ottawa soon.

Regards,

David F. Goldstein

President and Chief Executive Officer /
Président-directeur-général
Tourism Industry Association of Canada /
Association de l'industrie touristique du Canada
116 rue Lisgar Street, Ottawa, K2P 0C2
613-238-8765 (direct)

S22

613-238-3818 (fax)
dgoldstein@tiac.travel / [@tiac_goldstein](https://twitter.com/tiac_goldstein) / www.tiac.travel

Keep up to date on tourism issues! Sign up for the TIAC Talk Newsletter!

Tenez-vous au courant des enjeux affectant le tourisme : Inscrivez-vous pour le bulletin l'AITC Parle !

Mark Your Calendars / Marquez vos calendriers

The Tourism Congress, TIAC's Annual Conference /
Le Congrès touristique, la conférence annuelle de l'AITC
November 22-24, 2011 / du 22 au 24 novembre 2011
Ottawa (Ontario) – Fairmont Chateau Laurier

Pantazopoulos, Dimitri PREM:EX

From: Maranda, Pierrette IGRS:EX
Sent: Wednesday, August 10, 2011 9:15 AM
To: Haakstad, Kim PREM:EX
Cc: Pantazopoulos, Dimitri PREM:EX; McCallum, Judy PREM:EX; Chalmers, Jennifer PREM:EX
Subject: Re: January Council of the Federation Meeting

We are checking with all the Premiers' Offices. Quebec indicated this morning that the week of Jan 23, Premier Charest is in Davos at the World Econ Forum. Could you let us know which dates in the week of the 16 might work for Premier Clark please.

Thanks,

Pierrette

From: Haakstad, Kim PREM:EX
Sent: Friday, July 29, 2011 12:32 PM
To: Maranda, Pierrette IGRS:EX
Cc: Pantazopoulos, Dimitri PREM:EX; McCallum, Judy PREM:EX; Chalmers, Jennifer PREM:EX
Subject: RE: January Council of the Federation Meeting

We of the 23rd is better for us as the BC Trucker Logger Association (TLA) AGM is the week before and is something the Premier will likely speak at and host a reception for. If the week of the 23rd doesn't work out I can look more closely at the week of the 16th and make it work, I just don't have all the TLA details yet.

From: Maranda, Pierrette IGRS:EX
Sent: Friday, July 29, 2011 11:22 AM
To: Haakstad, Kim PREM:EX
Cc: Pantazopoulos, Dimitri PREM:EX; McCallum, Judy PREM:EX; Chalmers, Jennifer PREM:EX
Subject: Re: January Council of the Federation Meeting

Kim: any dates we should stay away from before we canvass other premier's offices re their availability. We also need to check the availability of venues

From: Maranda, Pierrette IGRS:EX
Sent: Wednesday, July 27, 2011 02:59 PM
To: Haakstad, Kim PREM:EX
Cc: Pantazopoulos, Dimitri PREM:EX; McCallum, Judy PREM:EX; Chalmers, Jennifer PREM:EX; Brubacher, Kelly IGRS:EX
Subject: January Council of the Federation Meeting

Kim:
This may seem so far away, but it isn't.

Last week, Premiers decided to have a two-day Council of the Federation meeting in January in Victoria. (((The Victoria location may always be changed to Vancouver, etc.) but some Premiers identified Victoria for the meeting location. The first day is to focus on health innovation and the second day on fiscal arrangements renewal. Some Premiers indicated that in early January (first week) – they won't be available. Others indicated that being available in the second week may pose some challenges. I would therefore suggest that the first 2 weeks (up to Jan 13) be NOT considered,

Could you indicate to us which 2 days in January could be considered and we will canvass the other Premier's offices.

Postponing it to February creates some potential challenges as some Legislatures re-open or have a Throne Speech, and even a Budget.

This winter COF meeting is usually with NO social/community event; no family program.

Thanks,

Pierrette

Pantazopoulos, Dimitri PREM:EX

From: Haney, Donald IGRS:EX
Sent: Monday, August 22, 2011 7:53 AM
To: Chiarelli, Nina GCPE:EX; Pantazopoulos, Dimitri PREM:EX
Subject: QUESTION: Should PCC issue a statement? FW: STATEMENT BY THE PRIME MINISTER OF CANADA ON THE DEATH OF JACK LAYTON / DÉCLARATION DU PREMIER MINISTRE DU CANADA SUR LE DÉCÈS DE JACK LAYTON

Dimitri - You likely already know that Jack Layton passed away this morning. While the complexities of a COF release probably rule one out, there may be reason for the Premier to issue a statement on behalf of the BC government/British Columbians. I discussed this with Nina and Paul and we agree that

S13

S13

Thanks,

Don

-----Original Message-----

From: "Akers, Brayden" <Brayden.Akers@tc.gc.ca>
Date: Mon, 22 Aug 2011 10:05:13
To: Nina Chiarelli (personal)
Subject: FW: STATEMENT BY THE PRIME MINISTER OF CANADA ON THE DEATH OF JACK LAYTON / DÉCLARATION DU PREMIER MINISTRE DU CANADA SUR LE DÉCÈS DE JACK LAYTON

S22

From: Alerte-Info-Alert[SMTP:ALERTE-INFO-ALERT@PMO-CPM.GC.CA]
Sent: Monday, August 22, 2011 10:04:56 AM
Subject: STATEMENT BY THE PRIME MINISTER OF CANADA ON THE DEATH OF JACK LAYTON / DÉCLARATION DU PREMIER MINISTRE DU CANADA SUR LE DÉCÈS DE JACK LAYTON
Auto forwarded by a Rule

[Le texte français est immédiatement après le texte anglais]

Statement

August 22, 2011

For immediate release

STATEMENT BY THE PRIME MINISTER OF CANADA ON THE DEATH OF JACK LAYTON

Prime Minister Stephen Harper issued the following statement following the death of Jack Layton:

"I was deeply saddened to learn this morning of the death of Jack Layton.

"When I last spoke with Jack following his announcement in July, I wished him well and he told me he'd be seeing me in the House of Commons in the Fall.

"This, sadly, will no longer come to pass.

"On behalf of all Canadians, I salute Jack's contribution to public life, a contribution that will be sorely missed.

"I know one thing: Jack gave his fight against cancer everything he had. Indeed, Jack never backed down from any fight.

"To his wife Olivia, his family, and to his colleagues and friends, Laureen and I offer our heartfelt condolences. Our thoughts and prayers are with you during this most difficult time."

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PMO Press Office: 613-957-5555

This document is also available at <http://pm.gc.ca><<http://pm.gc.ca/>>

Déclaration

22 août 2011

Pour diffusion immédiate

DÉCLARATION DU PREMIER MINISTRE DU CANADA SUR LE DÉCÈS DE JACK LAYTON

Le Premier ministre Stephen Harper a fait la déclaration suivante à la suite du décès de Jack Layton :

« J'ai été très attristé ce matin par la nouvelle du décès de Jack Layton.

« La dernière fois que j'ai parlé à M. Layton, à la suite de son annonce en juillet, je lui ai souhaité bonne chance. Il m'avait dit qu'il me reverrait à la Chambre des communes à l'automne.

« Malheureusement, cela ne se produira pas.

« Au nom de tous les Canadiens, je salue la contribution de Jack à la vie publique, une contribution qui nous manquera beaucoup.

« Je suis convaincu d'une chose : Jack a tout donné dans sa lutte contre le cancer. En effet, il n'a jamais reculé devant l'adversité.

« À son épouse Olivia, à sa famille et à ses collègues, Laureen et moi adressons nos plus sincères condoléances. Nos pensées et nos prières les accompagnent pendant ces moments difficiles. »

- 30 -

Service de presse du CPM : 613-957-5555

Ce document se trouve également à l'adresse : <http://pm.gc.ca>~~<http://pm.gc.ca/>~~

Pantazopoulos, Dimitri PREM:EX

From: Ouellette, Marc-Andre IGRS:EX
Sent: Monday, August 22, 2011 8:57 AM
To: Haakstad, Kim PREM:EX
Cc: Haney, Donald IGRS:EX; Maranda, Pierrette IGRS:EX; Pantazopoulos, Dimitri PREM:EX; Collins, Mark A IGRS:EX
Subject: _Halfmasting_BC_RevisedMay08.doc



_Halfmasting_BC_
RevisedMay08.d...

Here is our policy and procedure regarding half masting in BC,

There are no specific entry for the Leader of the official opposition (federal) but the Premier could invoke section 12



**POLICY MANUAL
OFFICE OF PROTOCOL
GOVERNMENT OF BRITISH COLUMBIA**

British Columbia Rules for Half-Masting – see separate policy for half-masting at offices abroad

Procedures:

Flags are flown at the half-mast position as a sign of respect and mourning for an individual of precedence.

The position of the flag, when flying half-mast will depend on its size, the length of the flagstaff and its location. As a general rule, the centre of the flag should be exactly halfway down the flagstaff or pole. The flag must be lowered at least to a position recognisably “half-mast” to avoid the appearance of a flag that has accidentally fallen away from the top of the mast/staff owing to a loose flag rope.

The flag is brought to the half-mast position by first raising it to the top of the mast/pole and then immediately lowering it slowly to the half-mast position.

On occasions requiring that one flag be half-masted, all flags flown together should also be half-masted. Where the direction is to lower the National (Main) Flag and only the Provincial Flag is flying, the notice shall apply to the Provincial Flag. Flags will only be half-masted on those flagpoles fitted with halyards and pulleys. Some buildings fly flags from horizontal or angled poles, without halyards, to which flags are permanently attached; flags positioned as such will not be half-masted.

Flags are not normally half-masted in British Columbia for the death of a current or former foreign or Commonwealth Head of State or Government as they are recognised by Federal jurisdiction; nor for Federal Ministers, Senators or Members of Parliament who are not from British Columbia. (However, the Premier has discretionary provisions in these cases.)

As soon as the Department of Canadian Heritage is advised of the death of a person mentioned below, or of a person whom it is desired to honour, they will inform all federal agencies and the British Columbia Office of Protocol. The Protocol office will then inform, by E-mail and if necessary, by phone or facsimile, all Province of British Columbia offices, Crown Corporations and Agencies, Courts and other Government Institutions through the British Columbia Buildings Corporation, which provides direction to BLJC WSI (Brookfield Lepage Johnson Controls Workplace Solutions Incorporated).

In regards to half masting the **Canadian Flag**: it is at the discretion of whomever owns the flag pole and/or the property on which the flag pole resides.

Statutory Holidays, Heads of State Visits and Death of the Sovereign:

During periods of half-masting, the flag is raised to full-mast on all Provincial Government buildings including the Legislative Building on the following legal holidays Victoria Day, Canada Day and British Columbia Day. It is also raised to full-mast at the Legislative Building while a Head of State is visiting British Columbia. These procedures do not apply while flags are half-masted for the death of the Sovereign when they are only raised to full-mast for the day on which the accession of the new Monarch is proclaimed.

Flags will be flown at half-mast at all provincial government buildings, Crown corporations and agencies, courts and institutions in British Columbia on the following special days and in the case of the death of certain people as indicated below:

Special days flags are half-masted:

<ul style="list-style-type: none"> • April 9 – Vimy Ridge Day (<i>at Leg only</i>) • April 28 – Workers' Mourning Day • June 23 – National Day of Remembrance for Victims of Terrorism • Last Sunday in September – Police and Peace Officers' National Memorial Day • November 11 – Remembrance Day • December 6 – National Day of Remembrance and Action on Violence Against Women 	<p>Location: Within the Province of British Columbia on all Provincial Government Buildings, including the Legislative Building</p> <p>Duration: From sunrise to sunset on the designated day. Same for Police and Peace Officer's National Memorial Day and Remembrance Day unless half-masting occurs near cenotaph or place where remembrance or memorial is being observed, then half-masting can occur at 11: 00 am or according to the prescribed order of service, until sunset.</p> <p>Discretion: no Initiated by: the Federal Government</p>
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Days the Union Jack is flown (should be 4.5X9)

<ul style="list-style-type: none"> • Dec 11 – Anniversary of the proclamation of the Statute of Westminster • The second Monday in March – the date of the official observance of Commonwealth Day* 	<p>Location: Where physical arrangements allow, be flown along with the Provincial and Canadian flag thin the Province of British Columbia at the Legislative Building only on Courtesy Flagpole #4 *Exception is Commonwealth Day in which it should be flown within the Province of British Columbia on all Provincial Government Buildings, including the Legislative Building</p> <p>Physical arrangements means the existence of at least two flag poles. The Canadian flag will always take precedence and will not be replaced by the Union Jack. Where only one pole exists, no steps shall be taken to erect an additional pole.</p> <p>Duration: From sunrise to sunset on the designated day.</p> <p>Discretion: no Initiated by: the Federal Government</p>
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Deaths where flags are half-masted:

	EVENT	HALF-MASTING PROTOCOL FOR BC
1	<ul style="list-style-type: none"> • Death of a Sovereign • Death of the Sovereign's spouse, heir to the Throne and heir of the Sovereign's heir to the Throne • Death of the current or a former Governor General • Death of the current or a former Prime Minister • Death of the Chief Justice of Canada • Death of a Federal Cabinet Minister from a British Columbia Constituency 	<p>Location: Within the Province of British Columbia on all Provincial Government Buildings, including the Legislative Buildings.</p> <p>Duration: From the time of notification of death until sunset on the day of the funeral or from the time of notification of death until sunset the following day and from sunrise to sunset on the day of the memorial service.</p> <p>Discretion: no</p> <p>Initiated by: the Federal Government</p>
2	<ul style="list-style-type: none"> • Death of a member of the Royal Family other than those related in the first degree to the Sovereign 	<p>Half-masting not explicitly recommended but general discretionary powers of Prime Minister could be invoked when necessary.</p> <p>Discretion: yes (Prime Minister then Premier*)</p> <p>Initiated by: the Federal Government</p>
3	<ul style="list-style-type: none"> • Death of the current or a former Lieutenant Governor of British Columbia • Death of the current or a former Premier of British Columbia • Death of the Chief Justice of the Appeal Court British Columbia • Death of the Chief Justice of the Supreme Court of B.C. • Death of serving Speaker of the Legislative Assembly • Death of a member of the Executive Council of the 	<p>Location: Within the Province of British Columbia on all Provincial Government Buildings, including the Legislative Building.</p> <p>Duration: From the time of notification of death until sunset on the day of the funeral or from the time of notification of death until sunset the following day and from sunrise to sunset on the day of memorial service.</p> <p>Discretion: no</p> <p>Initiated by: the Provincial Government</p>

	<p>Government of British Columbia</p> <ul style="list-style-type: none"> Death of the Leader of the Opposition of British Columbia 	
4	<ul style="list-style-type: none"> Death of a member of The Queen's Privy Council for Canada** residing in British Columbia Death of a Senator from British Columbia Death of a member of the House of Commons from a British Columbia constituency 	<p>Location: On all provincial buildings and establishments in the community of his or her place of residence (riding in the case of a member of the House of Commons), excluding the Parliament Buildings if the place of residence is Victoria.</p> <p>Duration: from the time of notification of death until sunset on the day of the funeral or from the time of notification of death until sunset the following day and from sunrise to sunset on the day of the memorial service. At the Legislative Building only from sunrise to sunset on the day of the funeral or memorial service.</p> <p>Discretion: no</p> <p>Initiated by: the Federal Government</p> <p>Note: Decision to half-mast at the Legislative Building should be reviewed as well as half-masting everywhere in the community or just a place of residence (i.e. office in that community)</p>
5	<ul style="list-style-type: none"> Death of a senior representative within the Province of British Columbia, of the house of faith. 	<p>Location: Only at place of residence on buildings owned by the individual house of Faith.</p> <p>Duration: From the time of notification of death until sunset on the day of the funeral or from the time of notification of death until sunset the following day and from sunrise to sunset on the day of memorial service.</p>

		<p>Note: Flags are not half-masted on any Province of British Columbia Building or at the Legislative Building.</p>
6	<ul style="list-style-type: none"> • Death of a Justice of the Court of Appeal of British Columbia • Death of a Puisne Justice of the Supreme Court of British Columbia • Death of the Chief Judge of the Provincial Court of British Columbia 	<p>Location: Provincial Government buildings at the place of residence only where Justice presided.</p> <p>Duration: From the time of notification of death until sunset on the day of the funeral or from the time of notification of death until sunset the following day and from sunrise to sunset on the day of the memorial service.</p> <p>Discretion: no</p> <p>Note: Flags are not half-masted on any other Province of British Columbia Building or at the Legislative Building.</p>
7	<ul style="list-style-type: none"> • Death of a Member of the Legislative Assembly in office 	<p>Location: At the Legislative Building and at Provincial Government buildings in the member's constituency.</p> <p>Duration: From the time of notification of death until sunset on the day of the funeral or from the time of notification of death until sunset the following day and from sunrise to sunset on the day of the memorial service</p> <p>Discretion: no</p> <p>Initiated by: the Provincial Government</p>
8	<ul style="list-style-type: none"> • Death of the Commander Maritime Forces 	<p>Location: Flag to be flown half-mast at the Discretion of the Armed Forces Command.</p> <p>Note: Flags are not half-masted at the Legislative Building or at Provincial Government Buildings.</p> <p>Initiated by: the Federal Government</p>

9	<ul style="list-style-type: none"> Death of a member of the Canadian Forces <p>CF Policy - A. All flags within the task force to which a member is assigned at the time of death shall be half-masted from the day of death until sunset the day of the funeral b. All flags at the home base/station of the member shall be half-masted from the day of death until sunset the day of the funeral c. All flags within the environment (sea, land or air) to which the member was assigned shall be half-masted from sunrise to sunset on the day of the funeral and d. All flags at ndhq (101 colonel by drive only) shall be half-masted from the day of death until sunset the day of the funeral</p>	<p>Location: Provincial Government buildings at the place of residence only where the member resided.</p> <p>Duration: From sunrise to sunset on the day of the memorial service taking place in B.C.</p> <p>Discretion: no</p> <p>Note: Flags are not half-masted on any other Province of British Columbia Building or at the Legislative Building.</p>
10	<ul style="list-style-type: none"> Death of a Mayor of a City or Municipality within British Columbia 	<p>Location: At Provincial Government Buildings within the city or municipality, excluding the Legislative Building if the city is Victoria.</p> <p>Duration: From the time of notification of death until sunset on the day of the funeral or from the time of notification of death until sunset of the following day and from sunrise to sunset on the day of the memorial service.</p> <p>Discretion: no</p> <p>Initiated by: the City/Municipality</p>
11	<ul style="list-style-type: none"> Death of one of the Chancellors of a B.C. 	<p>Location: At the University only.</p>

	University (5)	<p>Duration: From the time of notification of death until sunset on the day of the funeral or from the time of notification of death until sunset of the following day and from sunrise to sunset on the day of the memorial service</p> <p>Note: No half-mast at Province of British Columbia Buildings or at the Legislative Building.</p> <p>Initiated by: the University.</p>
12	<ul style="list-style-type: none"> Death of a special person as designated by the Premier of British Columbia and in instances not provided for and which warrant half-masting for "special consideration" 	<p>Location: The Premier of British Columbia* may determine to have flags at half-mast (for this one occurrence only) at either all Provincial Buildings or at the Legislative Building only.</p> <p>No anniversary of this occurrence.</p> <p>Duration: From the time of notification of death until sunset on the day of the funeral or from the time of notification of death until sunset of the following day and from sunrise to sunset on the day of the memorial service.</p> <p>Discretion: yes (Premier)</p> <p>Initiated by: the Provincial Government</p>
13	<ul style="list-style-type: none"> Death of a current or former Commonwealth Head of Government or State Death of a current or former Head of State other than the Commonwealth of Countries 	<p>Flags are not normally half-masted in British Columbia for the death of a current or former foreign or Commonwealth Head of State or Government as they are recognised by Federal jurisdiction.</p> <p>Discretion: yes (Premier)</p>
14a)	<ul style="list-style-type: none"> Death of a senior permanent officer of the Legislature, while in service of the Legislative Assembly of British 	<p>Location: The main flag pole at the Legislature only.</p> <p>Duration: From the time of notification of death until sunset on the day of the</p>

	Columbia	<p>funeral or from the time of notification of death until sunset of the following day and from sunrise to sunset on the day of the memorial service.</p> <p>Discretion: yes (Speaker on behalf of the Legislative Assembly)</p> <p>Initiated by: the Legislative Assembly</p>
14 b)	<ul style="list-style-type: none"> Death of an employee, while in the service of government, of the Province of British Columbia 	<p>Location: On those buildings and establishments affiliated to the concerned Ministry, Agency, Crown Corporation in British Columbia and at the place of work of the employee.</p> <p>Duration: From the time of notification of death until sunset on the day of the funeral or from the time of notification of death until sunset of the following day and from sunrise to sunset on the day of the memorial service.</p> <p>Discretion: yes (Minister)</p> <p>Initiated by: the Provincial Government</p>
15	<ul style="list-style-type: none"> Death of a City/Municipal Councillor 	<p>Location: At Discretion of the Mayor of the City/Municipality. Generally, for a serving councillor flags are half-masted the place of residence for that councillor (City/Municipal Hall) only.</p> <p>Half-masting for the death of former Mayors or Councillors is at the Discretion of the serving Mayor and Council. It should be noted that a decision to half-mast in a particular situation can set precedence and should be carefully reviewed.</p>
16	<ul style="list-style-type: none"> Death of an accredited head of consular post in Vancouver while in British Columbia (i.e. Consul General) 	<p>Location: At the Legislative Building only.</p> <p>Duration: From sunrise to sunset on the day of the funeral/memorial service or, should there be no such service</p>

		<p>scheduled, on the day that the remains depart Canada. (Should a service be scheduled on a date different from the one that will witness the departure, half-masting would take place on the day of the service and not on the day that the remains depart Canada.)</p> <p>Discretion: yes</p> <p>Initiated by: the Provincial Government</p>
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Notes:

No half-masting for former members of Executive Council of British Columbia, for former leaders of the opposition of British Columbia, or for former Chief Justices of the Appeal or Supreme Courts of British Columbia.

*** In areas where the Premier has discretion, the process for making a recommendation to the Premier is by the Director and Chief of Protocol through the Deputy Minister of Intergovernmental Relations.**

**** The Queen's Privy Council for Canada** – On the advice of the Prime Minister, the Governor General appoints new ministers to the Queen's Privy Council before they are sworn in as ministers. The Prime Minister of the day may choose to recommend the appointment of other persons of distinction as a special form of honour. The Queen's Privy Council for Canada thus includes not only members of the present ministry (cabinet) but also former ministers and other distinguished persons.

Should a half-masting need to be commenced on a weekend or statutory holiday, in addition to an e-mail being sent out by the Protocol and Events Branch, Security at the Parliament Buildings 387-5516 (Brian Harlow's contact numbers: direct 360-7988; home 479-7462) and at Government House 387-2079 will be telephoned. Flags are permitted to be lowered on the Friday evening prior to the half-masting date and raised again on the Monday morning in order to avoid high overtime costs.

Final version signed off by:

_____original signed by_____



**Garry Curtis, Senior Advisor Strategic Services, Intergovernmental
Relations Secretariat**

_____ original signed by _____

Virginia Greene, Deputy Minister, Intergovernmental Relations Secretariat

**Original dated June 11, 2004
Updated January 31, 2007**

Pantazopoulos, Dimitri PREM:EX

From: Ouellette, Marc-Andre IGRS:EX
Sent: Monday, August 22, 2011 9:06 AM
To: Pantazopoulos, Dimitri PREM:EX; Haakstad, Kim PREM:EX
Cc: McDonald, Mike PREM:EX; Maranda, Pierrette IGRS:EX; Haney, Donald IGRS:EX
Subject: Re: Flags...

Flag at leg. Building being lowered now!

----- Message d'origine -----

De : Pantazopoulos, Dimitri PREM:EX
Envoyé : Monday, August 22, 2011 08:41 AM À : Ouellette, Marc-Andre IGRS:EX Cc : McDonald, Mike PREM:EX; Maranda, Pierrette IGRS:EX Objet : Flags...

Noted in the earlier email, but in case you missed.

We would like for the flags to be lowered in recognition of the passing of Mr. Layton.
Also, please advise wrt to what is your recommendation wrt funeral. Who should represent BC?

Pantazopoulos, Dimitri PREM:EX

From: McCallum, Judy PREM:EX
Sent: Wednesday, August 24, 2011 8:10 AM
To: Maranda, Pierrette IGRS:EX
Cc: Pantazopoulos, Dimitri PREM:EX
Subject: RE: BC-WA Joint Cabinet Meeting

ok --- will leave the zeroing in on an October date with you/Dimitri/Kim/Brent.

From: Maranda, Pierrette IGRS:EX
Sent: Tuesday, August 23, 2011 9:09 PM
To: McCallum, Judy PREM:EX
Cc: Pantazopoulos, Dimitri PREM:EX
Subject: Fw: BC-WA Joint Cabinet Meeting

Judy: I replied to Brent from WA State the same day he wrote to U and me.
He knows that early Nov is a no-go.

From: Heinemann, Brent (GOV) [<mailto:Brent.Heinemann@GOV.WA.GOV>]
Sent: Wednesday, August 10, 2011 08:07 AM
To: Maranda, Pierrette IGRS:EX
Subject: RE: BC-WA Joint Cabinet Meeting

Thank you!

From: Maranda, Pierrette IGRS:EX [<mailto:Pierrette.Maranda@gov.bc.ca>]
Sent: Wednesday, August 10, 2011 8:05 AM
To: Heinemann, Brent (GOV)
Subject: Re: BC-WA Joint Cabinet Meeting

Hi Brent:

She plans to be away Nov 3-14 (plus or minus 1 day). We are working on a trip to Asia a
on these days. So Oct would be better for us.

Pierrette

From: Heinemann, Brent (GOV) [<mailto:Brent.Heinemann@GOV.WA.GOV>]
Sent: Wednesday, August 10, 2011 08:00 AM
To: Maranda, Pierrette IGRS:EX
Subject: BC-WA Joint Cabinet Meeting

Good morning, Pierrette!

You had mentioned the Premier will be traveling overseas in October. What dates should we avoid
proposing for our annual BC-WA meeting, please?

Thank you and best regards,

Brent

Pantazopoulos, Dimitri PREM:EX

From: Ouellette, Marc-Andre IGRS:EX
Sent: Wednesday, August 24, 2011 2:46 PM
To: Dley, Stacie PREM:EX
Cc: Haakstad, Kim PREM:EX; Pantazopoulos, Dimitri PREM:EX
Subject: RE: Jack Layton funeral

The DFAIT Protocol Office will be issuing the official state funeral invitations to Premiers, Lieutenant Governors and Commissioners shortly. It is extremely important that RSVPs be made in direct response to the invitation itself, as instructed. This will ensure that the Premier/Lieutenant Governor/Commissioner and his/her guest (if applicable) are added to or deleted from the official guest list and seating plan.

FYI The LG of BC and Her Honour will attend.

From: Dley, Stacie PREM:EX
Sent: Wednesday, August 24, 2011 10:01 AM
To: Ouellette, Marc-Andre IGRS:EX
Subject: Jack Layton funeral

Hi Marc- Andre,

Do you have details/direction for John Les who is attending Jack Layton's funeral on behalf of the Premier?

Thanks,
Stacie

Stacie Dley | Communications Coordinator

Office of the Premier | Government of British Columbia
T: 250.952.7250 E: stacie.dley@gov.bc.ca

Pantazopoulos, Dimitri PREM:EX

From: Haakstad, Kim PREM:EX
Sent: Wednesday, August 24, 2011 2:51 PM
To: Ouellette, Marc-Andre IGRS:EX; Pantazopoulos, Dimitri PREM:EX
Subject: Fw: Invitation to the State Funeral for the Hon. Jack Layton

Is LG her rep? Or John still good to go?

From: Ross, Kara L PREM:EX
Sent: Wednesday, August 24, 2011 02:41 PM
To: Haakstad, Kim PREM:EX
Cc: McCallum, Judy PREM:EX
Subject: Invitation to the State Funeral for the Hon. Jack Layton

Hi Kim,

I rec'd a phone call from Carrie from the Office of Protocol / Foreign Affairs. She was calling on behalf of the Government of Canada and the Layton Family to invite PCC and one guest to the State Funeral for the Hon. Jack Layton. If PCC is unable to attend two representatives can attend on her behalf.

Date: Saturday, Aug 27th, 2011
Location: Roy Thomson Hall, 60 Simcoe Street, Toronto
Time: 2pm / Reception to follow
Dress: Business Attire
Contact: Carrie S22

Once/If PCC/representatives have confirmed they will send an email with complete details.

Thanks,

Kara Ross
Scheduling Clerk
Office of the Premier
Phone: (250) 387-1688 Fax: (250) 356-5972
Email: Kara.Ross@gov.bc.ca
<http://www.gov.bc.ca/premier>

 Please consider the environment before printing this email.

From: Fairley, Bryant D IGRS:EX
To: Brubacher, Kelly IGRS:EX;
cc: Maranda, Pierrette IGRS:EX;
Subject: Re: Dimitri
Date: Thursday, June 16, 2011 9:30:06 AM

Ok
Bryant

Bryant Fairley
Executive Director, US Relations & Partnerships
Intergovernmental Relations Secretariat
Office of the Premier
My PH: 250 387-1134
My CELL: S17
My Office: 548 Michigan Street, Victoria, BC

From: Brubacher, Kelly IGRS:EX
Sent: Thursday, June 16, 2011 09:29 AM
To: Fairley, Bryant D IGRS:EX
Cc: Maranda, Pierrette IGRS:EX
Subject: FW: Dimitri

Hi Bryant,

The WGA call with Dimitri will be at 10am today.

Thank you,

Kelly

From: Brubacher, Kelly IGRS:EX
Sent: Thursday, June 16, 2011 9:29 AM
To: Maranda, Pierrette IGRS:EX
Subject: Dimitri

Hi Pierrette,

Dimitri will give you a call at 10am on your polycom phone.

Thank you,

Kelly Brubacher | Executive Coordinator | Intergovernmental Relations Secretariat | Office of the Premier |
Government of British Columbia

Tel: 250.387.0752

Fax: 250.387.1920

Email: Kelly.Brubacher@gov.bc.ca

From: Maranda, Pierrette IGRS:EX
To: Pantazopoulos, Dimitri PREM:EX;
Subject: 7 Ltrs to PCC - COF
Date: Monday, July 18, 2011 4:45:28 PM
Attachments: Clark - Premier of British Columbia.pdf
Coalition letter to BC Premier Clark - 20110711.pdf
PRClettertoPremierJul0811.pdf
CMA-CNA-Council of the Federation letter-June 20-Final.pdf
Final C2000 letter to premiers, July2011.pdf
Council of the Federation - 14 July 2011.pdf
110714 Premier Christy Clark.pdf

As per your request, attached is the incoming correspondence. You have seen CMA, and possibly others.

From: Brubacher, Kelly IGRS:EX
Sent: Monday, July 18, 2011 04:34 PM
To: Maranda, Pierrette IGRS:EX
Subject: 7 Ltrs for Dimitri

<<Clark - Premier of British Columbia.pdf>> <<Coalition letter to BC Premier Clark - 20110711.pdf>> <<PRClettertoPremierJul0811.pdf>> <<CMA-CNA-Council of the Federation letter-June 20-Final.pdf>> <<Final C2000 letter to premiers, July2011.pdf>> <<Council of the Federation - 14 July 2011.pdf>> <<110714 Premier Christy Clark.pdf>>

BC POVERTY REDUCTION COALITION

July 8, 2011

The Honourable Christy Clark
Premier of British Columbia
P.O. Box 9041 Stn Prov Govt
Victoria, BC V8W 9E1
Via E-mail: Premier@gov.bc.ca

Dear Premier Clark,

Re: Council of the Federation Meeting, July 20-22, 2011

As British Columbia is hosting this year's summer meeting of the Council of the Federation, we are writing to share some information and thoughts on the opportunity this forum presents in relation to poverty reduction efforts.

As you know, in light of the high poverty rates in our province, the BC Poverty Reduction Coalition has been calling on the BC Government to adopt a comprehensive and accountable poverty reduction plan, aimed at dramatically reducing homelessness and poverty in our province. Recommendations from recent Union of BC Municipalities conventions, the Provincial Health Officer, the Union of BC Indian Chiefs, and the Representative for Children and Youth have all echoed this call. Seven Canadian provinces and two territories — Quebec, Newfoundland and Labrador, Ontario, New Brunswick, Nova Scotia, Manitoba, PEI, the Northwest Territories and Nunavut — either have such plans or are in the process of developing them. In almost all cases, these plans have been initiated and adopted with all-party support. We are hoping that the Council of the Federation meeting will offer you an opportunity to gather information from your fellow premiers about their respective plans and the process of adopting them.

Beyond efforts at the provincial level, we know action is also needed from the federal government. On November 24, 2009 the House of Commons voted unanimously to “develop an immediate plan to end poverty for all in Canada.” Strong recommendations on what this plan should contain have come from the November 2010 report of the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities (the HUMA Committee), *Federal Poverty Reduction Plan: Working in Partnership Towards Reducing Poverty in Canada*, and from the Senate in their *In from the Margins: A Call to Action on Poverty, Housing and Homelessness*, December 2009 report.

In the final communiqué of the 2010 meeting of the Council of the Federation, the Premiers noted their commitment to reducing poverty as part of the promotion of a sustained economic recovery. We urge you and your colleagues to collectively call for action on the promised federal plan to end poverty for all, when you report out from this year's meeting.

We have taken heart from your pledge to initiate a “Families First” agenda in BC, and your early action to raise the minimum wage and abolish the “training wage”. We sincerely hope you will take advantage of the leadership opportunity offered as host of this year’s Council of the Federation meeting to strengthen provincial commitments and call for redoubled federal efforts to eliminate the blight of poverty in every part of Canada.

Sincerely,

A handwritten signature in dark ink, appearing to read "Edward Bruce", set against a light green rectangular background.

Ted Bruce

Co-Chair, BC Poverty Reduction Coalition

A handwritten signature in dark ink, appearing to read "Adrienne Montani", written in a cursive style.

Adrienne Montani

Provincial Coordinator, First Call: BC Child and Youth Advocacy Coalition

On behalf of the BC Poverty Reduction Coalition
bcpovertyreduction.ca
email: info@bcpovertyreduction.ca

July 2011

The Honourable Christy Clark
Premier of British Columbia and
Chair, Council of the Federation
P.O. Box 9041, Station Provincial Government
Victoria, BC V8W 9E1
Via email or fax & mail



END CHILD & FAMILY POVERTY IN CANADA

**Re: Adequate, Predictable, Accountable and Sustained Federal Transfers
On the agenda for the Council of the Federation Meeting, July 20-22, 2011**

Dear Premier Clark:

We are writing to you as the host of the Council of the Federation meeting this month, and encouraging all Premiers to deal seriously with issues related to the federal transfers that will have a direct impact on efforts to reduce and eventually eradicate poverty in Canada.

Last year, Campaign 2000, the Social Planning Council of Winnipeg, the Canadian Council on Social Development and the Council of Canadians with Disabilities called on all Premiers to honour their responsibilities and include an action plan for poverty eradication on the agenda of the Council of the Federation. We submitted "The Provincial and Territorial Road to Poverty Eradication: Statement of the Winnipeg Roundtable to the Council of the Federation" that was endorsed by a wide range of organizations from coast to coast to coast. The Statement reflects the widespread demands of Canadians that the federal, provincial and territorial governments work together to address poverty in Canada, rather than blaming each other for doing little or nothing.

We were pleased that the communiqué from the Council's 2010 meeting included a commitment "... to continue to promote sustained economic recovery by ... reducing poverty." We look forward to learning of the progress in your efforts and what is planned for the coming year. We know there are important experiences and evidence-based practices to be shared, including those from the seven provinces and two territories that have active Poverty Reduction Strategies in progress or in development.

Canada continues to experience a slow-motion 'recovery.' The most recent statistics demonstrate the impact of the recession and economic disruption on Canadians. With more than four million Canadians, including more than one million children, living in poverty, we all must address this serious concern (Statistics Canada. *2009 Incomes in Canada. LIM-AT*). The persistence of poverty in Canada means that far too many adults and children experience chronic cycles of hunger and hardship. Unaffordable housing means that limited food money is used to pay the rent. Too frequently, adults and families find themselves in states of homelessness. Deprivation is the fate of one in three low-income children whose parents work full-time, only to have their families live in poverty. Disproportionately high levels of poverty afflict Aboriginal peoples, persons with disabilities, lone mothers, racialized minorities, and recent immigrants.

The Conference Board of Canada has recently reported on the growing income disparities in Canada and reflected on how income inequality can impair Canada's economic growth and social cohesion. They have expressed similar concerns over our child poverty rate, when compared to other O.E.C.D. countries.

As we move toward 2013/2014 when the current, very important Canada Social Transfer (CST) and Canada Health Transfer (CHT) will expire, we want to emphasize that these public investments are mutually reinforcing and substantially contributing to our national economy. In an era when health care expenditures are assuming ever greater proportions of provincial and territorial budgets, it is important to note that poverty eradication is a highly effective cost containment

.../2



FAMILY SERVICE TORONTO
For People. For Change.

c/o Family Service Toronto
355 Church Street, Toronto, Ontario M5B 1Z8
Tel: (416) 595-9230 ext. 228 or 244 Fax: (416) 595-0242
E-mail: laurelro@familyservicetoronto.org; liyugu@familyservicetoronto.org
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strategy. Simply put, Adequate Transfers = Reduced Poverty = Better Health for All. Both the CST and CHT are essential investments that can achieve poverty reduction and eventual eradication. Adequate, predictable, accountable and sustained federal transfers are required in areas critical to poverty eradication, including, but not limited to, affordable housing, early learning and child care, child benefits, extended health coverage [drug, dental, vision], and training.

We urge you and the other Premiers to vigorously re-negotiate enhanced CST and CHT agreements that support publicly-funded and administered health care, child care and public housing systems, which contribute to reducing poverty. We recognize that the federal government may pursue bi-lateral agreements with individual provinces and territories. We urge you all to collaborate and secure adequate, predictable, accountable and sustained transfers that are a priority for all of us in Canada.

Finally, we would like to request a meeting with the Council of the Federation to present our recommendations for federal transfers and to hear about your progress and plans.

I look forward to your reply.

Yours sincerely,



Laurel Rothman, National Coordinator, Campaign 2000
&
on behalf of more than 120 Campaign 2000 partners across Canada (see list below)

CC:

- All other provincial and territorial premiers
- All provincial Ministers of Inter-Governmental Affairs
- The Right Hon. Stephen Harper, P.C., M.P., Prime Minister of Canada
- Mr. Jack Layton, M.P., Leader of the New Democratic Party of Canada
- Mr. Bob Rae, M.P., Leader of the Liberal Party of Canada
- Mrs. Vivian Barbot, M.P., Leader of Bloc Québécois
- Ms. Elizabeth May, Leader of the Green Party of Canada
- The Hon. Diane Finley, M.P., Minister of Human Resources and Skills Development
- The Hon. Jim Flaherty, M.P., Minister of Finance
- The Hon. Leona Aglukkaq, M.P., Minister of Health
- The Hon. Peter Penashue, M.P., Minister of Intergovernmental Affairs & President of the Queen's Privy Council for Canada
- The Hon. John Duncan, M.P., Minister of Aboriginal Affairs and Northern Development
- The Hon. Jason Kenney, M.P., Minister of Citizenship, Immigration and Multiculturalism

Campaign 2000 partner organizations include:

NATIONAL PARTNERS include: *Boys and Girls Clubs of Canada (Markham), Canada Without Poverty (Ottawa), June Callwood Campaign Against Child Poverty (Toronto), Canadian Academy of Child and Adolescent Psychiatry (Hamilton), Canadian Association for Young Children (Oshawa), Canadian Association for Community Living (Toronto), Canadian Association of Family Resource Programs (Ottawa), Food Banks Canada (Toronto), Canadian Association of Schools of Social Work (Ottawa), Canadian Association of Social Workers (Ottawa), Canadian*

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Association of School Social Workers and Attendance Counsellors (Winnipeg), Canadian Auto Workers (Toronto), Canadian Centre for Policy Alternatives (Ottawa), Canadian Child Care Federation (Ottawa), Canadian Co-Operative Association (Ottawa), Canadian Council for Reform Judaism (Toronto), Canadian Council of Churches (Toronto), Canadian Conference of Catholic Bishops (Ottawa), Canadian Council on Social Development (Ottawa), Canadian Federation of Students (Ottawa), Canadian Federation of University Women (Ottawa); Canadian Feed the Children (Toronto), Canadian Housing and Renewal Association (Ottawa), Canadian Institute of Child Health (Ottawa), Canadian Jewish Congress (Ottawa), Canadian Labour Congress (Ottawa), Canadian Mental Health Association (Ottawa), Canadian Psychological Association (Burlington), Canadian School Boards Association (Ottawa), Canadian Pensioners Concerned (Toronto), Canadian Teachers' Federation (Ottawa), Catholic Health Association of Canada (Ottawa), Centre for Social Justice (Toronto), Child Care Advocacy Association of Canada (Ottawa), Childcare Resource and Research Unit (Toronto), Child Poverty Action Group (Toronto), Child Welfare League of Canada (Ottawa), Citizens for Public Justice (Ottawa), Family Service Canada (Ottawa), Jewish Women International of Canada (Toronto), KAIROS (Toronto), Make Poverty History (Ottawa), Mazon Canada (Toronto), National Council of Jewish Women of Canada (Winnipeg), National Council of Women of Canada (Ottawa), National Association of Friendship Centres (Ottawa), Pueblito Canada (Toronto), Raising the Roof Canada, Save the Children Canada (Toronto), Specialink: The National Centre for Child Care Inclusion (Winnipeg), UNICEF Canada (Toronto), United Steel Workers (Toronto), YWCA of/du Canada (Toronto).

PROVINCIAL AND COMMUNITY PARTNERS include: Newfoundland & Labrador Community Sectors Council; **Nova Scotia** Canadian Centre for Policy Alternatives, Nova Scotia, North End Community Health Centr, Anti-Poverty Network & Dalhousie Legal Aid Service, Nova Scotia Council for the Family, Nova Scotia School Boards Association, Annapolis Valley-Hants: Community Action Program for Children; **New Brunswick** Human Development Council, Centre de Bénévolat de la Péninsule Acadienne Inc); **Prince Edward Island** Chances, MacKillop Centre for Social Justice; **Quebec** Moisson Montreal Harvest; Agence Ometz; **Ontario** African Canadian Social Development Council, Association of Ontario Health Centres, Brant/Brandford Roundtable on Poverty, Campaign 2000 Youth Action Committee, Canadian Association of University Women (Ont. Chapter), Canadian Mental Health Association Ontario Region, CAPC Niagara Brighter Futures, CAS Of Ottawa-Carleton, Children's Aid Society of Peel, Children's Aid Society Of Toronto/Metro Campaign 2000, Children's Hospital of Eastern Ontario (CHEO), Children's Mental Health Ontario, Community Development Halton, Community Development Council Durham, Social Planning Toronto, Daily Bread Food Bank, Durham's Make Poverty History Campaign, Early Childhood Community Development Centre Niagara, Elementary Teachers' Federation Of Ontario, Elgin St Thomas Health Unit, Etobicoke Brighter Futures Coalition, Family Service Toronto, Family Service Ontario, Grey Bruce Children's Alliance, Hastings and Prince Edward Legal Services (Belleville), Income Security Advocacy Centre (ISAC), Interfaith Social Assistance Reform Coalition, Interim Place, Kingston FL&A Children's Services, Lakehead Social Planning Council, Legal Assistance of Windsor, Mennonite Central Committee of Ontario, Nellies, North Bay & District Labour Council, Northumberland Coalition Against Poverty, Northumberland Community Legal Clinic and the Help Centre of Northumberland, Ontario Association Of Children's Rehabilitation Services, Ontario Association Of Family Resource Programs, Ontario Association Of Food Banks, Ontario Association of Interval & Transition Houses (OAITH), Ontario Association of Social Workers, Ontario Campaign 2000, Ontario Coalition For Better Child Care, Ontario Council of Agencies Serving Immigrants (OCASI), Ontario English Catholic Teachers Association (OECTA), Ontario Federation Of Indian Friendship Centres, Ontario Federation of Labour, Ontario Psychological Association, Ontario Public Health Association, Ontario Public School Boards Association, Ontario Public Service Employees Union (OPSEU), Ontario Secondary School Teachers Federation (OSSTF), Ottawa Poverty Reduction Network, Family Services Ottawa, Peel Poverty Action Group, Peterborough Social Planning Council, Provincial Council Women Of Ontario, Registered Nurses' Association Of Ontario, Renfrew County Child Poverty Action Network, Sistering, Social Development Council of Cornwall and Area, Social Planning and Research Council of Hamilton, Social Planning Council Of Ottawa, Social Planning Council Of Peel, Social Planning Council of Cambridge & North Dumfries, Social Planning Council of Sudbury, South Asian Family Support Services, Southwestern Ontario CPAG, Sisters of St. Joseph Of the Diocese Of London (ON), STOP Community Food Centre, Toronto Coalition for Better Child Care, Toronto Public Health, Toronto and York Region Labour Council, Women's Habitat, Workers Action Centre, 905-Area Faith Leaders; **Manitoba** Aboriginal Council of Winnipeg, Islamic Social Services Association, Native Addictions Council of Manitoba, Social Planning Council of Winnipeg; **Saskatchewan** Social Policy Research Unit, University of Regina, Child and Youth Friendly, KidSKAN & Kinsmen Activity Place; **Alberta** Edmonton Social Planning Council, Public Interest Alberta, Jewish Family Service Calgary; **British Columbia** B.C. Campaign 2000 has over 15 local and regional organizations, including First Call: B.C. Child and Youth Advocacy Coalition, & Social Planning and Research Council, B.C Government and Service Employees' Union (BCGUE); **Yukon** Yukon Anti-Poverty Coalition; & **Northwest Territories** Centre for Northern Families, Alternatives North.

July 14, 2011

The Honourable Greg Selinger
Chair, The Council of the Federation
Premier of Manitoba
204 Legislative Building
450 Broadway
Winnipeg MB, R3C 0V8

The Honourable Christy Clark
Vice-Chair, The Council of the Federation
Premier of British Columbia
PO Box 9041
Station Provincial Government
Victoria BC, V8W 9E1

**Subject: The place of public health in a future FPT health agreement
2011 Summer Meeting of the Council of the Federation**

Dear Premier Selinger and Premier Clark:

The Canadian Coalition for Public Health in the 21st Century (CCPH21) extends its best wishes to the Council of the Federation for a successful deliberation during the 2011 Summer Meeting in Vancouver. We are writing to you, Premier Selinger, as the Chair of the Council, and to Premier Clark as the Council's Vice-Chair and the host of this important event, and to the First Ministers who comprise the Council of the Federation (to whom this letter is copied), to request that the Council take into consideration an issue that CCPH21 believes warrants attention. This is the place of "public health" in a future federal-provincial-territorial (FPT) health agreement.

The CCPH21 is a network of 33 national non-profit organizations, professional associations, health charities and academic researchers who share the common goal to improve and sustain the health of Canadians. The CCPH21 was created in 2004, following the SARS outbreak, to give a broad-based non-governmental voice to the urgent need at that time for a substantive investment in the country's public health system. We called for the creation of the Public Health Agency of Canada (PHAC), the establishment of the office of Chief Public Health Officer of Canada (CPHO), and investment in pandemic preparedness and response. Over the intervening years, the CCPH21 has consistently called upon the federal government to increase its investment in support of a pan-Canadian public health infrastructure, to expand the country's public health human resources and to provide leadership on public health issues that affect the health and well-being of all Canadians.

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The 2003 Health Accord contained a section on “disease prevention, health promotion and public health”. The First Ministers restated their commitment in 2004 to support a strong “public health system” and cited the establishment of PHAC and the position of CPHO, although not elements of the Health Accord, as examples of moving forward on this agenda. The FPT Ministers specified in the 2004 Health Reform Plan that efforts would be made to also put into place the following “public health” initiatives:

- FPT collaboration and cooperation in developing coordinated responses to infectious disease outbreaks and other public health emergencies through the new Public Health Network;
- The federal government would continue its ongoing investments for needed vaccines through the National Immunization Strategy;
- FPT commitment to accelerate work on a pan-Canadian Public Health Strategy, which would include setting goals and targets for improving the health status of Canadians. The Strategy would include efforts to address common risk factors and integrated disease strategies; and,
- First Ministers commit to working across sectors to support and promote healthy settings.

As we approach the end-date of the current FPT agreement on health care and anticipate the beginning of negotiations around a new Canada Health Transfer, the Coalition is using its voice to draw attention to the place of public health in a future fiscal arrangement. The CPH21 would like to see an enhanced public health component within a future agreement between the federal, provincial and territorial governments.

We welcome the recent Declaration on Prevention and Promotion by the FPT Ministers of Health, which can be viewed as another step in developing a Pan-Canadian Public Health Strategy along with the creation of the Public Health Network. This declaration and others published recently by the federal, provincial and territorial governments are important instruments to garner political, public and multi-sector support for action on priority public health issues facing our citizens.

While we agree with a guaranteed 6% annual escalator of federal transfers to the provinces and territories in support of a range of health care services, the CPH21 calls for a more robust comprehensive population health-based public health component within a future “Health Accord”. If not, then we are concerned that the investments made by FPT governments will continue to focus on medically insurable services and not address the “upstream” factors that impact the health of Canadians and can result in decreased utilization of health care services and hospitalization rates, as well as improved health outcomes.

The CPH21 respectfully urges the First Ministers to include in their deliberations a discussion around investing in public health (disease and injury prevention, health promotion, health protection, population health assessment, health surveillance and monitoring, and pandemic preparedness and response), in addition to discussions about investments in the continuum of care and treatment for illness and disease. We would recommend that the First Ministers:

1. Review their joint public health commitments within the 2003 Health Accord and take the steps necessary to implement them fully in a new Health Accord, and,
2. Consider the recommendations of the report tabled in June 2009 by the Senate Committee on Social Affairs, Science and Technology. *A Healthy Productive Canada:*

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A Determinant of Health Approach highlighted the impact of the broader social and economic determinants of health on the health of Canadians and especially on health disparities across population groups and communities in Canada.

3. Put in place concerted, coordinated and integrated federal and provincial/territorial policy and programmatic commitments, and effective and sustained investment in support of essential public health functions and support to the community-level actions and innovation.

In closing, we thank you for taking the time to consider our unsolicited submission. The CPH21 remains at your disposal should you or your fellow First Ministers wish to discuss our perspective further. We wish you a successful summer meeting, and look forward to hearing about its outcomes as they pertain to discussions related to health and health care.

Sincerely,



Pamela C. Fralick
Co-Chair, Canadian Coalition for
Public Health in the 21st Century



Debra Lynkowski
Co-Chair, Canadian Coalition for
Public Health in the 21st Century

c.c: The Honourable Eva Aariak, Premier of Nunavut
The Honourable David Alward, Premier of New Brunswick
The Honourable Jean Charest, Premier of Québec
The Honourable Darrell Dexter, Premier of Nova Scotia
The Honourable Kathy Dunderdale, Premier of Newfoundland and Labrador
The Honourable Robert Ghiz, Premier of Prince Edward Island
The Honourable Dalton McGuinty, Premier of Ontario
The Honourable Darrell Pasloski, Premier of Yukon
The Honourable Floyd K. Roland, Premier of the Northwest Territories
The Honourable Ed Stelmach, Premier of Alberta
The Honourable Brad Wall, Premier of Saskatchewan
The Secretariat of the Council of the Federation

Ministers of Health

The Honourable Carolyn Bertram, Minister of Health and Wellness, Prince Edward Island
The Honourable Yves Bolduc, Minister of Health and Social Services, Québec
The Honourable Tagak Curley, Minister of Health and Social Services, Nunavut
The Honourable Madeleine Dubé, Minister of Health, New Brunswick
The Honourable Glenn Hart, Minister of Health and Social Services, Yukon
The Honourable Michael de Jong, Minister of Health, British Columbia
The Honourable Jerome P. Kennedy, Minister of Health and Community Services, NFLD and Labrador
The Honourable Sandy Lee, Minister of Health and Social Services, Northwest Territories
The Honourable Maureen MacDonald, Minister of Health and Wellness, Nova Scotia
The Honourable Deb Matthews, Minister of Health and Long-Term Care for Ontario
The Honourable Don McMorris, Minister of Health, Saskatchewan
The Honourable Theresa Oswald, Minister of Health, Manitoba
The Honourable Gene Zwozdesky, Minister of Health and Wellness, Alberta

July 11, 2011

The Honourable Christy Clark
Premier of British Columbia
West Annex
Parliament Buildings
Victoria, BC V8V 1X4



Dear Premier Clark

**Please endorse Coalition's three-step plan at upcoming
2011 COF Summer Meeting**

I am writing to you on behalf of the Save ecoENERGY Coalition, a group representing more than 1,600 manufacturers, wholesalers, suppliers, home renovation contractors, environmental organizations and energy audit businesses across Canada.

At the 2008 COF Meeting, Premiers committed to achieving a 20% increase in energy efficiency by 2020 in their respective jurisdictions.

The Save ecoENERGY Coalition recommends that federal and provincial governments implement a three-step plan to enable the marketplace to sustain ecoENERGY activity, without the need for ongoing home retrofit rebates, within four years:

- Step 1. Four-year renewal of Home Energy Retrofit rebate programs
- Step 2. Transition to new EnerGuide rating system (ERS)
- Step 3. ERS labeling of new and existing homes at time-of-sale

Premier Clark, please endorse this three-step plan at the upcoming 2011 COF Meeting. For details, visit saveecoenergy.ca/plan. We also request a status report on your province's progress on the 2008 COF commitment to increase energy efficiency by 20% by 2020.

Yours sincerely, on behalf of the organizations listed below

A handwritten signature in black ink, appearing to read "SK", written over a white background.

Stephen Koch
Executive Director, NAIMA Canada



For a complete list of Save ecoENERGY Coalition supporters, visit: saveecoenergy.ca/supporters

Please contact Save ecoENERGY Coalition c/o:
NAIMA Canada, 150 Laurier Avenue West, Suite 500, Ottawa, ON K1P 5J4
skoch@naimacanada.ca, 613-232-8093

June 20, 2011

The Honourable Greg Selinger, MLA
Premier of Manitoba
Chair of the Council of the Federation
204 Legislative Building
450 Broadway
Winnipeg, MB R3C 0V8

The Honourable Christy Clark, MLA
Premier of British Columbia
Vice-Chair of the Council of the Federation
P.O. Box 9041
Station Provincial Government
Victoria, BC V8W 9E1

Dear Premiers,

On behalf of our respective organizations, the Canadian Medical Association (CMA) and the Canadian Nurses Association (CNA), we write to request the opportunity to make a brief presentation on the subject of health care transformation to Canada's Premiers at the July 21-22, 2011 meeting of the Council of the Federation.

Combined, our two organizations represent over 215,000 doctors and nurses who are on the front lines of the health care system. We are crucial partners in the national effort to achieve the transformation of Canada's health care system that is so urgently required.

The objective of this presentation would be to brief Premiers on strategies for transformative change in health care to improve value for money from current expenditures while respecting the principles of the Canada Health Act, and to outline the commitments that Canada's doctors and nurses are making to achieve this end. A more detailed proposal for the presentation is attached.

The CNA and the CMA have been at the table and have contributed substantively at all significant junctures in the evolution of health care policy in the federation, and we believe this is another such moment in history. The meeting of the Council of the Federation in July 2011 represents, in our view, a significant opportunity to begin framing the discussion in order to harness our professions as solution-providers to achieve the best possible outcomes post-2014.

Accordingly, we hope you will consider our proposal to meet with the Premiers in July. To this end, the CMA will contact your offices in the near term to confirm and establish a time to further discuss our participation.

Yours sincerely,



Jeffrey Turnbull, MD, FRCPC
President, Canadian Medical Association



Judith Shamian, RN, PhD, LLD (hon), D.Sci. (hon), FAAN
President, Canadian Nurses Association

Encl.

COUNCIL OF THE FEDERATION JULY 21-22, 2011 TRANSFORMATIVE CHANGE IN HEALTH CARE

Objective:

The objective of this presentation is to brief Premiers on strategies for transformative change in health care that will improve health outcomes and value-for-money from current expenditures while respecting the principles of the Canada Health Act, and to outline the commitments that Canada's doctors and nurses are making to transform the health care system.

Background:

Both the Canadian Medical Association (CMA) and the Canadian Nurses Association (CNA) are committed advocates for a strong and efficient publicly-financed health care system that provides universal access based on need. We believe that the federal government has a strong role to play in health care, both in terms of the financial support that was the springboard of our national Medicare program, and also the constitutional responsibility it has for First Nations and Inuit health along with its regulatory responsibilities.

Previously the CMA and CNA have been effective advocates for federal reinvestment in health care following the unilateral funding cuts of the 1990s. The 2004 joint CMA/CNA discussion paper *Taming of the Queue* contributed to the \$5.5 billion Wait Times Reduction Fund that was included in the First Ministers 10-Year Plan.

More recently the CMA and CNA have been examining strategies to transform the delivery of health care that use existing resources more efficiently and effectively. This has included both learning from international experience, and from examining numerous "pockets of excellence" that are taking place through Canada, that could be deployed more widely.

Based on its work on health care transformation and the five pillars, the CMA has proposed a definition of sustainable health care as universal access to patient-centred care that is adequately resourced and delivered along the full continuum in a timely and cost-effective manner. CMA has struck an independent Advisory Panel on Resourcing Options for Sustainable Health Care to advise the Board of Directors.

To further develop strategies for health systems transformation, CNA has launched a National Expert Commission on health system improvement entitled "The Health of Our Nation – The Future of Our Health System." The Commission's recommendations will target innovations and solutions that move beyond acute care to encompass community-based services, particularly as they relate to healthy aging, health promotion, illness/injury prevention and management of non-communicable diseases.

Across Canada there are many examples of how health care transformation is being realized. Health professionals and their various national and provincial/territorial organizations are playing a role in helping to advance them.

Proposal:

We propose that the respective Presidents of the CNA and CMA, Dr. Judith Shamian and Dr. Jeffrey Turnbull make a 15 minute (combined total) presentation to Premiers to outline the prospects for transformative change in the Canadian health care system and to propose options for a future federal role that would help the provinces and territories to sustain Canada's Medicare program.

July 12, 2011

Hon. Christy Clark
Premier of British Columbia
PO Box 9041
Station Provincial Government
VICTORIA, BC
V8W 9E1

Dear Premier Clark:

I am writing to you in advance of the Council of the Federation meetings in Vancouver next week to ask you to consider a number of key issues facing Canadians.

First, I urge you and your colleagues to support much needed enhancements to the Canada Pension Plan and the Guaranteed Income Supplement program. These improvements could provide all Canadians with much greater security and dignity for their retirement at a minimal cost.

More than 11 million Canadian workers have no workplace pension plan and they worry about whether or not they will be able to retire with dignity. More than 200,000 seniors continue to struggle in poverty, and some 1.6 million have such low incomes that they are eligible for the Guaranteed Income Supplement (GIS). And in the absence of tougher laws to protect workplace pensions, people are learning that their pensions are not as secure as they once thought.

The federal government's proposed voluntary, pooled registered pension plan would not address the real needs of Canadians unable to save for retirement. Leadership from our premiers can put real pension reform back on the agenda of our federal government and create a lasting legacy that will benefit all Canadians.

Canadians also have cause for concern when it comes to our economy. Thanks to stimulus measures and rising commodity prices, Canada came out of the recession with some strength – economic growth of four per cent in the first quarter, 270,000 jobs created over the past year, and unemployment down to 7.4 per cent – but the road ahead will be bumpier and slower.

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Projections in the federal budget, based on private sector averages, forecast Canada's economic output to expand by 2.9 per cent this year, and then gradually down to a growth of 2.5 per cent by 2014. The Bank of Canada and Canada's independent Parliamentary Budget Officer are even more subdued: they expect the economic growth could slow to barely above two per cent in future years. Plans for public spending cuts and austerity measures will also act as a drag on economic growth.

Unfortunately, the federal government is handing almost all its chips to business, betting on it to boost economic growth. Corporations are sitting on large piles of cash and with further tax cuts, those piles will only grow. But there's no incentive for them to make real investments in the economy and create jobs unless they expect a return – and that won't come unless job and wage growth is stronger. Corporations have accumulated an average \$50 billion every year in surpluses after investments while Canadian families have gone increasingly into debt. Last year, average household debt in Canada surpassed \$100,000, according to the Vanier Institute.

Provincial and federal governments need to redress economic and growing inequalities in debt loads. They can do this by increasing taxes on business and making public investments that will create jobs and really get the economy moving – in early learning and education, infrastructure investment, community services, energy efficiency and renewable energy, public transit, and health care services.

One of those key job creating investments we hope the premiers will consider in your deliberations is repairing the crumbling infrastructure in our cities and towns. Alleviating the desperate need of Canada's cities and towns for renewing roads, bridges, community centres, and public water systems must be a priority and are vital to Canada's continuing economic recovery. Funding public infrastructure is an important way to create jobs and to support communities still feeling the adverse effects of the global recession. For every \$1 billion spent on public projects, 11,000 jobs are created. That's twice as many created by \$1 billion in corporate tax cuts.

We must all add our voices to the call by the Federation of Canadian Municipalities to demand a long-term national infrastructure renewal plan from the federal government. The current Building Canada Plan expires in 2014 and a long-term plan is needed to address the continuing \$123 billion municipal infrastructure deficit.

It's also critical that this funding is not tied to public private partnerships. Although there is tremendous pressure on municipalities to privatize infrastructure investment, P3s are NOT the answer. Public-private-partnerships and contracting out public services have been proven to result in higher costs, lower quality, the loss of public control, and increasing inequality in our communities.

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Traditional public procurement is the best way to finance public infrastructure and is essential to ensure democratic, fair, and affordable access to services for everyone. We hope that you will add your voice to the view that infrastructure spending should not be tied to the flawed P3 funding model.

Another key investment must be in health care.

We all want a health care system that is there when we need it. We share concerns about costs and are well aware that health care costs consume an ever increasing share of provincial government spending. We support efforts to deliver better health services to Canadians AND make the system more cost effective. We believe we can achieve both.

As you prepare for discussions on the federal health care accord with the provinces/territories which is set to expire in 2014, it is our hope that you will share our goal to strengthen, not diminish, our public health care system.

During the recent election campaign, Prime Minister Harper committed to maintain the six per cent “escalator” which is very important. But what about the other critical issues facing our system? One of the main cost drivers in health care is prescription drugs. Will the premiers begin discussions of a national pharmacare program to begin to control these costs?

Our aging population will also increase costs. To address this there is an urgent need to focus on building a system of integrated care for seniors that includes a national continuing care program including residential, home, and community care, with national standards and subject to Canada Health Act criteria. Serious studies estimate that growth in health care costs due to the aging population will be about one per cent per year between 2010 and 2036. That is a challenge, but certainly manageable. With more home care and long-term care facilities we can offer better service and lower costs at the same time. Long-term care facilities cost six times less (per senior, per day) than hospital acute care.

The universality and accessibility of our health care system must be protected by stronger enforcement of the Canada Health Act. We are very concerned about continued privatization of our health care system and worry that “alternate service delivery” models may simply be privatization by another name. Public financing and delivery of health care matters – private for-profit delivery of health care will rob the public system of resources and create inequity.

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As front line workers in almost all aspects of our health care system, CUPE members have a unique perspective on how to improve care for Canadians. We look forward to working with you on solutions to the challenges we face.

Finally, I want to raise the issue of the proposed trade agreement between Canada and the European Union. Many of the public services we all value are at risk under the Comprehensive Economic and Trade Agreement (CETA).

If signed, CETA will affect too many important domestic policies and social programs to continue any further without a full public debate. For the first time, provincial governments, municipalities, and local public entities such as school boards, health and social service agencies, transit systems, energy, and power authorities will all be bound by the terms of the deal.

By now, your negotiators will have tabled your province's provisional offers. Given the negative list approach that Canada is insisting on, it is critical that Canadians know what has been put on the table and what has been excluded. I urge you to consider making these offers public so that there can be a full and informed debate.

Many of us worry that under CETA we could face large-scale privatization of public services that are crucial to our communities – like water and energy – to European corporations. Much of Europe's social infrastructure such as transit, energy, and postal services is in private hands. These firms see huge profits in Canada's public services and are pushing for language in CETA that would smooth the way for privatization. Privatization inevitably costs more for less, and we lose accountability. Investor state provisions leave governments of all levels open to costly litigation and damages.

CETA could reduce the role of publicly elected governments in the delivery of public services, including health care and public water. Public health services and health insurance may end up in CETA, which would limit our ability to keep and improve these services by making them more universal and accessible.

The sustainability of Canadian health care is threatened by EU demands related to intellectual property. A recent report by professors at the Universities of Toronto and Calgary says CETA would increase prescription drug costs by \$2.8 billion annually by increasing patent and data protections for pharmaceutical companies. The move is designed to keep cheaper generic versions of drugs off pharmacy shelves. For British Columbia the increase is estimated to be \$253 million annually¹.

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¹ Paul Grootendorst and Aidan Hollis, "The Canada-European Union Comprehensive Economic and Trade Agreement: An Economic Impact Assessment of Proposed Pharmaceutical Intellectual Property Provisions", February 7, 2011.

Drinking water and sanitation services are also on the table at the negotiations with proposals to restrict what our local governments can do to keep water utilities public, and even encourage the privatization of public water systems. Municipalities and First Nations communities have been asking the Harper government to help fund badly needed water upgrades for years. Our polling consistently shows that Canadians want water to remain public, in their own hands, rather than handed to a private corporation.

With CETA negotiations entering a critical stage, Canadians need to know the full scope of this "comprehensive" deal with the EU and we need your leadership to ensure that we don't trade away the very services Canadians count on.

On behalf of the more than 600,000 members of Canada's largest union, I want to pledge our support and cooperation in finding solutions to this complex set of issues.

We wish you well in your deliberations and trust that together we can build the Canada we all want – with strong public services, a robust economy that creates good jobs and greater economic equality, and a health care system and pensions Canadian families can count on.

Yours truly,

A handwritten signature in dark ink, appearing to read 'Paul Moist', with a stylized flourish at the end.

PAUL MOIST
National President

:jvp/ceu



www.dignityforall.ca / www://dignityforall.ca/fr

July 14, 2011

Via E-mail: Premier@gov.bc.ca

The Honourable Christy Clark
Premier of British Columbia
P.O. Box 9041 Stn Prov Govt
Victoria, BC V8W 9E1

Re: Council of the Federation Meeting, July 20-22, 2011

Dear Premier Clark:

As the upcoming meeting of the Council of the Federation approaches, campaign committee members of *Dignity for All: the campaign for a poverty-free Canada* encourage you to put poverty on the agenda. The meeting offers the opportunity to discuss and learn from other provinces that have a poverty strategy (and in some cases, a legally binding Act), as well as those territories and provinces that have plans in development. Considering that British Columbia has yet to establish a plan and that low income data across the country point to an increase in poverty, this meeting holds great potential to robustly examine poverty within BC and elsewhere in Canada.

Dignity for All is a multi-year, multi-partner, non-partisan campaign. Campaign Committee members include health and education organizations, unions, social justice advocates, and human rights groups. The campaign has three core objectives: 1) the establishment of a federal poverty plan complimenting provincial and territorial plans in place; 2) a federal anti-poverty Act, such as Bill C-233, *An Act to Eliminate Poverty in Canada* (formerly Bill C-545) that was re-introduced into the House of Commons in June; and 3) sufficient investment in social security for Canadians – because social security is a human right under international law to which Canada is bound.

Everyone has a role to play in building a poverty-free, more socially secure Canada – governments at all levels, businesses of all sizes and types, community and other civil society organizations, and individuals. The federal government, with its policymaking, legislative, taxation and redistributive powers (for example to provinces through the Canada Social Transfer, CST), has an especially critical role. The *Dignity for All Campaign* is therefore aimed primarily to achieve federal action, but works closely with provincial organizations and coalitions dedicated to eradicating poverty in their respective regions.

While the campaign has a particular focus on federal investment in anti-poverty action, we recognize that there is an important role for provincial leadership as well. Sustained government action, coordinated through a comprehensive poverty plan, is imperative to eliminating poverty in Canada. Many provinces and territories have recognized the value of such strategies including Newfoundland and Labrador, Nova Scotia, New Brunswick, Quebec, Ontario and Manitoba – the latter three going one step further to entrench into provincial law a commitment to act on poverty. Progress is evident in some

places, for example Newfoundland and Labrador which is benefiting from cross-departmental commitment, defined targets and timelines, and identified measurement tools.

Recent data from Food Banks Canada and Statistics Canada suggest that poverty rates have increased since the 2008 recession. For example, 81,248 people used food banks in March 2006 in British Columbia, rising to 94,359 in 2010. The number of children in BC living in poverty appears to have risen to 100,000. Considering that the cost of poverty for Canada was credibly estimated in 2008 at \$72 to \$86 *billion* per year (factoring health care system, criminal justice system and economic productivity impacts), to fail to prevent, alleviate and reduce poverty represents not only a failure of community but also a blow to our overall economic well-being: the business case is compelling for tackling poverty as a “top five” political priority but there is not yet sufficient national willingness to act.

A wealth of information on poverty action will be available to all Premiers at the Council of the Federation meeting. *Dignity for All* asks that the Premiers engage in meaningful discussion about poverty strategies and the upcoming CST renewal in 2014. It is noted that your government has taken preliminary steps to address poverty, such as an increase in the minimum wage, but these efforts will be strengthened when implemented as part of a larger plan and with meaningful engagement and support from the federal government.


Within BC, calls for a poverty plan have been made by a number of groups including the BC Poverty Reduction Coalition, labour groups, and the Union of BC Municipalities. This has been supported at the federal level by the 2009 Senate Report, *In From the Margins*, and the 2010 report by the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities Committee (HUMA) titled “*Federal Poverty Reduction Plan: Working in Partnership Towards Reducing Poverty in Canada*”. In addition, after the previous Council meeting in Manitoba in 2010, Premiers agreed that addressing poverty is an important aspect of economic development and sustained growth.

With this in mind, we again urge the Premiers to have a healthy discussion on solutions to poverty and the continued role of the CST beyond 2014, and following your meeting to communicate this dialogue and commitment to continued progress to the public and to the federal government.

In solidarity for a poverty-free Canada,



Rob Rainer
Executive Director
CWP Advocacy Network



Joe Gunn
Executive Director
Citizens for Public Justice

Cc: Provincial and territorial Premiers
Right Hon. Stephen Harper, Prime Minister
Hon. Diane Finley, Minister of Human Resources and Skills Development
Hon. Jack Layton, Leader of the Official Opposition,
Hon. Bob Rae, Leader of the Liberal Party of Canada
Dignity for All Campaign partners

Elliot, Nathan SSBC:EX

From: Maranda, Pierrette IGRS:EX
Sent: Friday, June 17, 2011 7:54 PM
To: Pantazopoulos, Dimitri PREM:EX
Cc: Chalmers, Jennifer PREM:EX; Fairley, Bryant D IGRS:EX
Subject: Annotated WGA Agenda

Attached FYI, is an annotated WGA agenda.

It indicates opportunities for the Premier.

Will need your feedback.

Pierrette



00b - Annotated
WGA agenda.doc..

**Western Governors' Association
2011 Annual Meeting
Coeur d'Alene, Idaho
June 28 – July 1, 2011**

**Governors' and Staff Draft Agenda
Not for Public Release**

Note: Dress for entire meeting is business casual

Shading indicates events recommended or being organized for PCC's attendance.

Tuesday, June 28, 2011

- | | |
|--|---|
| 7:00 – 11:30 a.m. | Field trip for interested Staff Council and staff who have to fly in the night before (tentative) |
| 12:30 – 5:00 p.m.
<i>Kidd Island Bay</i> | WGA Staff Council Meeting
Review agenda, proposed resolutions, reports and other action items the Governors will take action on.
(separate agenda forthcoming) |
| 6:15 – 10:00 p.m.
<i>TBD</i> | Dinner for Early Arriving Governors, Spouses, Staff Council, WGA Staff, Alumni and Families |

Wednesday, June 29, 2011

- | | |
|---|--|
| 8:00 – 11:00 a.m. | Free Time for Sidebars and Recreation |
| 10:00 a.m. – 4:00 p.m.
<i>Conference Lobby Area</i> | Registration and Activity Desks Open |

9:50 a.m.	PCC arrives at Coeur d'Alene airport
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11:00 a.m. – 12:30 p.m. <i>Coeur d'Alene Club Beverly's – 7th Floor</i>	Private Lunch – Governors, Premiers and Spouses
	Inform
	■ S13

1:00 – 1:20 p.m. <i>Conference Center Bay 2 & 3</i>	Conve	n
	■ S13	

1:20 – 2:00 p.m. <i>Conference Center Bay 2 & 3</i>	Openi	os
	■ S13	









2:00 – 3:30 p.m. <i>Conference Center Bay 2 & 3</i>	Plenary I – Increasing Educational and Career Opportunities for Ve
	■ S13



S13

There
Unemployment rates for veterans who return to civilian life are
higher than the general population at large. What are Western states
doing to provide educational and career opportunities for veterans?
How can states and the federal government collaborate and expand
educational and career opportunities for veterans, especially those
returning from deployment in Iraq and Afghanistan?

Western Governors and invited guests will discuss funding and
policy issues related to veterans. Joining the Governors are former
Secretary of Veterans Affairs, Jim Nicholson; Brigadier General
Robert F. Hedelund; Jeff Bacon, Director of the Wyakin Warrior
Foundation; and David Brasuell, Administrator of the Idaho
Division of Veterans Services.

2:30 – 3:30	PCC Bilateral Meeting with Ambassador Gary Doer (Location is being confirmed)
3:30 – 4:30	TBC - PCC Bilateral Meeting Opportunity with Governor of Monta  S13  S13  S13  S13
4:30 p.m. <i>Boat Dock</i>	Boarding Time <i>*All att t to reception</i>  S13
5:30 – 7:00 p.m. <i>Casco Bay</i>	Openi  S13
7:30 – 9:00 p.m. <i>Location tbd</i>	Canadian Embassy Hosted Dinner for Governors' and Premiers' <u>Staff</u> [not a  S13
7:30 – 9:00 p.m. <i>Front Plaza Lawn</i>	WGA  S13 rs and Premiers

Thursday, June 30, 2011

8:00 a.m. – 9:30 a.m.

Breakfast Meeting with WA Governor Gregoire and OR Governor

- S13
- S13
- S13

7:30 a.m. – 5:00 p.m.
Conference Lobby Area

Registration and Activity Desks Open

8:00 – 9:15 a.m.
Coeur d'Alene Club
Beverly's – 7th Floor

Governors, Premiers and Spouses Private Breakfast
Informal, no agenda

8:00 – 9:15 a.m.
Beverly's – 7th Floor

Staff Council Breakfast with WGA Sponsors

9:30 – 10:45 a.m.
Conference Center
Bay 2 & 3

Plenar rests in the West

- S13
- S13
- S13
- S13

Millions of acres of forest land are in very poor ecological health and are susceptible to mega wildfires, insect infestations, disease, and invasive species. State, federal and private landowners must work together to prevent these and other disasters from destroying life, property and valuable natural resources within our Western forests. Governors and invited guests will discuss funding and policy issues related to improving forest health.

Speakers include Washington Congressman Doc Hastings, Chairman of the House Natural Resources Committee; Harris Sherman, Under Secretary of Agriculture for Natural Resources and the Environment; and David Groeschl, Administrator of the Idaho Forestry and Fire Division.

10:45 – 11:30 a.m.
Conference Center
Bay 2 & 3

Policy Issues Roundtable

(open to all meeting attendees)

Governors will conduct WGA business and discuss regional issues.

- Remarks from Canada's Ambassador to the U.S., Gary Doer
- WGA Chairman's report
- Updates on regional initiatives

	<ul style="list-style-type: none"> • Vote on proposed policy resolutions • Election of new Chair (Governor Gregoire) and Vice Chair
11:30 a.m. – 12:00 p.m. <i>Beauty Bay (outdoors if weather permits)</i>	Media Availability
12:00 – 1:30 p.m. <i>Front Plaza Lawn</i>	Lunch – All attendees
12:00 – 1:45 p.m. <i>Conference Center Bay 4</i>	<div> <div>Gover</div> <div>GA Sponsors</div> <div> <div>S13</div> </div> </div>
2:00 – 3:15 p.m. <i>Conference Center Bay 2 & 3</i>	<div> <div> Plenary III – Reducing Energy Demand by Improving Energy Efficiency <div> <div>S13</div> <div>S13</div> <div>S13</div> <div>S13</div> </div> </div> <div> <p>Diverse, reliable and affordable energy supplies that move us toward greater energy security are among the highest priorities for our nation and the West. The industrial sector consumes approximately 35 percent of the energy generated in WGA states, representing a major opportunity for energy savings. What are Western states doing to help businesses become more energy efficient? Governors and invited guests will discuss the latest developments and new approaches in improving energy efficiency.</p> <p>Invited guests include Kathleen Hogan, Deputy Assistant Secretary for Energy Efficiency at the U.S. Department of Energy; Don Sturtevant, Energy Manager, Simplot; Lynda Ziegler, Executive Vice President, Southern California Edison.</p> </div> </div>
3:30 – 4:30 p.m.	<div> <div> Policy Briefing Breakout Sessions </div> <div> <p><i>Roundtable Discussion on Developing Electrical Transmission for the Future of the West</i></p> <p>Governor Otter will kick off this discussion on the challenges to and opportunities for developing transmission in the West. He will be joined by transmission developers, WGA representatives and others who are working to facilitate transmission planning and development. An open discussion with attendees will conclude this roundtable</p> <div> <div>S13</div> <div>S13</div> </div> </div> </div>

	<div>  </div> <p>Panelists include Mark Maher, Chief Executive Officer, Western Electricity Coordinating Council; N. Verne Porter, VP for Delivery, Engineering and Operations, Idaho Power; Lawrence Willick, Senior Vice President, LS Power Development; Les Starck, Vice President of Local Public Affairs, Southern California Edison; and Rich Walje, President, Rocky Mountain Power.</p> <p><i>NOAA, States and Weather and Climate Data and Services Co-Conveners: Dr. Jane Lubchenco, NOAA Administrator and the WGA</i></p> <p>This session, for interested Governors, staff and invited guests, will be a dialogue with Western states-area business leaders about concerns and opportunities related to protecting, sustaining and increasing the economic and environmental resiliency of the region in the face of severe weather events and climate variability. The discussion will focus on the potential impacts, information needs, and partnerships to address weather and climate impacts to business</p> <div>  </div> <p><i>The Power of Prevention in Lowering Costs and Increasing Productivity for State Employees</i></p> <p>Governor Tommy Thompson, former Secretary of HHS, along with Chris Fey, Chairman and CEO and Dr. Ron Loeppke, MD Vice Chairman of U.S. Preventive Medicine will speak about what states are and can do to maximize the health of their employees, thereby reducing health risks, lowering medical costs and improving work force productivity.</p>
4:30 – 5:30 p.m.	S13
5:30 – 7:30	Prepare for approx. 7:30 p.m. departure from Coeur d’Alene Airport
5:00 p.m.	Boarding Time for Private Early Receptions
5:15 – 6:45 p.m. <i>Golf Course Hagadone Event Center</i>	Private Early Receptions Governors, Premiers, Spouses, Staff, WGA sponsors & VIPs

6:00 p.m.

Boarding Time – All Attendees

6:30 p.m.

Boat Departs for Reception and Dinner
All Attendees

7:00 – 9:30 p.m.

Golf Course
Hagadone Event Center

Reception and Dinner

Friday, July 1, 2011

8:00 – 9:15 a.m.

Coeur d'Alene Club
Beverly's – 7th Floor

Private Breakfast for Governors, Premiers, Spouses and Invited Guests

Casual breakfast for those with late morning and early afternoon flights.

F:\AM-ID\agenda-gov.doc

Elliot, Nathan SSBC:EX

From: Maranda, Pierrette IGRS:EX
Sent: Thursday, June 9, 2011 5:51 PM
To: Pantazopoulos, Dimitri PREM:EX
Cc: Dyble, John C PREM:EX
Subject: BIO 2011 -- Wash, DC

Dimitri:

Schedule is at <http://convention.bio.org/Content.aspx?id=3163>. Very Detailed program attached. It looks like the major concluding events (international reception; gala reception) are on June 29. There is an award ceremony on June 26 – but I am not sure if it is the one you are referring to. We will try to find more info. Minister Bell would seem to be a logical choice as this area is his responsibility.

Canada's Embassy in Wash, DC says that ANGIOTECH PHARMACEUTICALS INC. in Vancouver may be recognized but I cannot find anything on. <http://www.angiotech.com>

The Embassy also indicates that:

- 3 Premiers attending (AB, NS, PEI)
- Ministers from 5 Provinces: AB, SK, MB, ON, QU
- 1000 delegates from Canada expected: the largest single gathering of Canadian BIO industry in North America.

The key events at WGA are on June 30. Perhaps could fly from DC late on June 29. Presumably that is what Amb. Doer is doing.



myBIO Personal agenda-gov.doc
Event Planner S...

Pierrette

**Western Governors' Association
2011 Annual Meeting
Coeur d'Alene, Idaho
June 28 – July 1, 2011**

**Governors' and Staff Draft Agenda
Not for Public Release**

Tuesday, June 28, 2011

- | | |
|---|---|
| 7:00 – 11:30 a.m. | Field trip for interested Staff Council and staff who have to fly in the night before (tentative) |
| Noon – 5:00 p.m.
<i>Kidd Island Bay</i> | WGA Staff Council Meeting
Review agenda, proposed resolutions, reports and other action items the Governors will take action on.
(separate agenda forthcoming) |
| 6:15 – 10:00 p.m.
<i>TBD</i> | Dinner for Early Arriving Governors, Spouses, Staff Council, WGA Staff, Alumni and Families |

Wednesday, June 29, 2011

- | | |
|-------------------------------|---|
| 8:00 – 11:00 a.m. | Free Time for Sidebars and Recreation |
| 10:00 – 11:00 a.m. | Optional Sidebar Briefings (tentative) <ul style="list-style-type: none">• <u>Underground Coal Gasification</u> -- Recent developments in underground coal gasification (UCG) technology have the potential to turn trillions of tons of Western coal into energy and jobs. UCG taps the energy potential of coal reserves at a rate 75% higher than long wall mining, will require billions of dollars of investment and could create thousands of skilled construction and operations jobs for decades. UCG is a zero emissions coal technology that can be used for the generation of electricity but also the production of pure hydrogen, synthetic crude oil and fertilizer. <p>UCG does not fit into the current regulatory frameworks of either the coal mining or oil and gas industries. A new regulatory framework for UCG will need to be developed as the industry moves from the pilot/design phase to full development and production.</p> <p>Andrew Haythorpe, Liberty Energy AU and Catherine Bond, Clean Coal will brief all interested Governors and staff.</p> |
| 10:00 a.m. – 4:00 p.m. | Registration and Activity Desks Open |

Conference Lobby Area

11:00 a.m. – 12:30 p.m.

*Coeur d'Alene Club
Beverly's – 7th Floor*

Private Lunch – Governors, Premiers and Spouses

1:00 – 1:20 p.m.

*Conference Center
Bay 2 & 3*

Convene Meeting – Gov. C.L. “Butch” Otter, WGA Chairman

1:20 – 2:00 p.m.

*Conference Center
Bay 2 & 3*

Opening Keynote – Coach Chris Petersen, Boise State Broncos

2:00 – 3:30 p.m.

*Conference Center
Bay 2 & 3*

Plenary I – Increasing Educational and Career Opportunities for Veterans

There are approximately two million Iraq and Afghanistan veterans. Unemployment rates for veterans who return to civilian life are higher than the general population at large. What are Western states doing to provide educational and career opportunities for veterans? How can states and the federal government collaborate and expand educational and career opportunities for veterans, especially those returning from deployment in Iraq and Afghanistan?

Western Governors and invited guests will discuss funding and policy issues related to veterans. Joining the Governors are former Secretary of Veterans Affairs, Jim Nicholson; Brigadier General Robert F. Hedelund; Jeff Bacon, Director of the Wyakin Warrior Foundation; and David Brasuell, Administrator of the Idaho Division of Veterans Services.

4:30 p.m.

Boat Dock

Boarding Time

**All attendees to be transferred via boat to reception*

5:30 – 7:00 p.m.

Casco Bay

Opening Reception – All attendees

7:30 – 9:00 p.m.

Front Plaza Lawn

WGA Sponsor Dinner with Governors and Premiers

Thursday, June 30, 2011

7:30 a.m. – 5:00 p.m.

Conference Lobby Area

Registration and Activity Desks Open

8:00 – 9:15 a.m.

*Coeur d'Alene Club
Beverly's – 7th Floor*

Governors, Premiers and Spouses Private Breakfast

8:00 – 9:15 a.m.

Beverly's – 7th Floor

Staff Council Breakfast with WGA Sponsors

9:30 – 10:45 a.m.
Conference Center
Bay 2 & 3

Plenary II – Improving the Health of Forests in the West

Millions of acres of forest land are in very poor ecological health and are susceptible to mega wildfires, insect infestations, disease, and invasive species. State, federal and private landowners must work together to prevent these and other disasters from destroying life, property and valuable natural resources within our Western forests. Governors and invited guests will discuss funding and policy issues related to improving forest health.

Invited speakers include Washington Congressman Doc Hastings, Chairman of the House Natural Resources Committee; and Harris Sherman, Under Secretary of Agriculture for Natural Resources and the Environment.

10:45 – 11:30 a.m.
Conference Center
Bay 2 & 3

Governors Business Session and Issues Roundtable

Governors will conduct WGA business and discuss regional issues.

- Remarks from Canada's Ambassador to the U.S., Gary Doer (tentative)

11:30 a.m. – 12:00 p.m.
Beauty Bay (outdoors if
weather permits)

Media Availability

12:00 – 1:30 p.m.
Front Plaza Lawn

Lunch – All attendees

12:00 – 1:45 p.m.
Conference Center
Bay 4

Governors and Premiers Lunch with WGA Sponsors

2:00 – 3:15 p.m.
Conference Center
Bay 2 & 3

Plenary III – Reducing Energy Demand by Improving Energy Efficiency

Diverse, reliable and affordable energy supplies that move us toward greater energy security are among the highest priorities for our nation and the West. The industrial sector consumes approximately 35 percent of the energy generated in WGA states, representing a major opportunity for energy savings. What are Western states doing to help businesses become more energy efficient? Governors and invited guests will discuss the latest developments and new approaches in improving energy efficiency.

Invited guests include Kathleen Hogan, Deputy Assistant Secretary for Energy Efficiency at the U.S. Department of Energy; Don Sturtevant, Energy Manager, Simplot; Lynda Ziegler, Executive Vice President, Southern California Edison.

3:30 – 4:30 p.m.

Optional Policy Briefings

Roundtable Discussion on Developing Electrical Transmission for the Future of the West

Governor Otter will kick off this discussion on the challenges to and opportunities for developing transmission in the West. He will be joined by transmission developers, WGA representatives and others who are working to facilitate transmission planning and development. An open discussion with attendees will conclude this roundtable.

Panelists include Mark Maher, Chief Executive Officer, Western Electricity Coordinating Council; Jeff Malmen Vice President for Government Affairs, Idaho Power; Lawrence Willick, Senior Vice President, LS Power Development; Les Starck, Vice President of Local Public Affairs, Southern California Edison; and Rich Walje, President, Rocky Mountain Power.

The Power of Prevention in Lowering Costs and Increasing Productivity for State Employees

Governor Tommy Thompson, former Secretary of HHS, along with Chris Fey, Chairman and CEO and Dr. Ron Loeppke, MD Vice Chairman of U.S. Preventive Medicine will speak about what states are and can do to maximize the health of their employees, thereby reducing health risks, lowering medical costs and improving work force productivity.

5:00 p.m.

Boarding Time for Private Early Receptions

5:15 – 6:45 p.m.

Golf Course

Hagadone Event Center

Private Early Receptions

Governors, Premiers, Spouses, Staff, WGA sponsors & VIPs

6:00 p.m.

Boarding Time – All Attendees

6:30 p.m.

Boat Departs for Reception and Dinner

All Attendees

7:00 – 9:30 p.m.

Golf Course

Hagadone Event Center

Reception and Dinner

Friday, July 1, 2011

8:00 – 9:15 a.m.

Coeur d'Alene Club

Beverly's – 7th Floor

Private Breakfast for Governors, Premiers, Spouses and Invited Guests

myBIO Personal Event PlannerSessions/Events

Saturday Jun 25, 2011

Start	Durati on	Session/Event	Track	Where
07:30A M	07:30P M	Co-Located Events	Co-Located Events	
07:30A M	07:30P M	BIO-LES Business Development Basics	Co-Located Events	
08:30A M	06:00P M	AURP Bio GreenTech Parks 2011	Co-Located Events	Building: American Institute of Architects
10:00A M	03:00P M	U.S. National BioGENEius Challenge	Co-Located Events	Building: Omni Shoreham Hotel
01:00P M	06:00P M	Registration/Information & Housing Open		Room: East Salon, Level 1

Sunday Jun 26, 2011

Start	Durati on	Session/Event	Track	Where
07:00A M	06:00P M	Registration/Information & Housing Open		Room: East Salon, Level 1
07:30A M	08:30P M	Co-Located Events	Co-Located Events	
07:30A M	04:00P M	BIO-LES Business Development Basics	Co-Located Events	
08:00A M	05:00P M	8th Annual Community College Program	Co-Located Events	
08:00A M	05:00P M	AURP Bio GreenTech Parks 2011	Co-Located Events	Building: American Institute of Architects
08:00A M	06:30P M	Biotechnology Entrepreneurship Boot Camp	Special Programs	Room: 102 AB, Level 1
08:00A M	06:30P M	Special Programs	Special Programs	

08:30A M	04:30P M	Biotech Primer: Biotech for the Non-Scientist	Co-Located Events	
04:00P M	08:00P M	BIO Human Resources Conference 2011	Co-Located Events	Building: Marriott Renaissance Hotel
05:30P M	08:30P M	International BioGENEius Challenge Awards Banquet	Co-Located Events	Building: Omni Shoreham Hotel
06:30P M	09:00P M	Networking and Evening Events	Networking and Evening Events	
06:30P M	07:30P M	Biotechnology Entrepreneurship Boot Camp Reception	Networking and Evening Events	Room: 101, Level 1

Monday Jun 27, 2011

Start	Duration	Session/Event	Track	Where
07:00A M	07:00P M	Canada Country Profile	Country Profiles	International Lounge
07:00A M	07:00P M	Australia Country Profile	Country Profiles	International Lounge
07:00A M	07:00P M	Austria Country Profile	Country Profiles	International Lounge
07:00A M	07:00P M	Spain Country Profile	Country Profiles	International Lounge
07:00A M	07:00P M	Singapore Country Profile	Country Profiles	International Lounge
07:00A M	07:00P M	Russia Country Profile	Country Profiles	International Lounge
07:00A M	07:00P M	Registration/Information & Housing Open		Room: East Salon, Level 1
07:00A M	07:00P M	BIO Human Resources Conference 2011	Co-Located Events	Building: Marriott Renaissance Hotel
07:00A M	07:00P M	Sweden Country Profile	Country Profiles	International Lounge
07:00A M	07:00P M	Belgium Country Profile	Country Profiles	International Lounge
07:00A M	07:00P M	Switzerland Country Profile	Country Profiles	International Lounge
07:00A	07:00P	Taiwan, R.O.C. Country Profile	Country Profiles	International

M	M			Lounge
07:00A	07:00P	Mexico Country Profile	Country Profiles	International Lounge
M	M			
07:00A	07:00P	Brazil Country Profile	Country Profiles	International Lounge
M	M			
07:00A	07:00P	Malaysia Country Profile	Country Profiles	International Lounge
M	M			
07:00A	07:00P	Japan Country Profile	Country Profiles	International Lounge
M	M			
07:00A	07:00P	Italy Country Profile	Country Profiles	International Lounge
M	M			
07:00A	07:00P	Israel Country Profile	Country Profiles	International Lounge
M	M			
07:00A	07:00P	International Lounge	Country Profiles	Room: 150 Concourse
M	M			
07:00A	07:00P	Chile Country Profile	Country Profiles	International Lounge
M	M			
07:00A	07:00P	Co-Located Events	Co-Located Events	
M	M			
07:00A	07:00P	India Country Profile	Country Profiles	International Lounge
M	M			
07:00A	07:00P	The Netherlands Country Profile	Country Profiles	International Lounge
M	M			
07:00A	07:00P	Germany Country Profile	Country Profiles	International Lounge
M	M			
07:00A	07:00P	European Commission / European Union Country Profile	Country Profiles	International Lounge
M	M			
07:00A	07:00P	The United Kingdom Country Profile	Country Profiles	International Lounge
M	M			
07:00A	07:00P	France Country Profile	Country Profiles	International Lounge
M	M			
07:30A	05:00P	BIO-LES Business Development Basics	Co-Located Events	
M	M			
07:30A	07:00P	Partnering for Global Health (PGH)	Co-Located Events	
M	M			
08:00A	06:15P	Special Programs	Special Programs	
M	M			
08:00A	09:00P	Networking and Evening Events	Networking and Evening Events	
M	M			
08:00A	04:00P	BIO Golf Outing	Networking and Evening Events	Building: Mount Vernon Country Club
M	M			

08:15A M	05:30P M	Biotechnology Entrepreneurship Boot Camp	Special Programs	Room: 102 AB, Level 1
08:30A M	10:30A M	BIO 5K Run/Walk	Networking and Evening Events	Building: Washington & Old Dominion Trail, Arlington VA
08:45A M	05:00P M	Emerging Leaders Workshop: Hitting the Mark in New Product Commercialization	Special Programs	Room: 144 A
09:00A M	04:00P M	International BioGENEius Challenge	Co-Located Events	Room: 100 Concourse, Level 1
09:00A M	05:00P M	Scaling the Great Wall- Navigating China's Biotechnology Frontier	Special Programs	Room: 209BC, Level 2
09:00A M	05:00P M	BIO Executive Presentation Workshop	Co-Located Events	Room: 209BC, Level 2
09:00A M	11:30A M	Free NIH Tour	Co-Located Events	Building: National Institute of Health (NIH)
09:00A M	11:00A M	Free Resume Review Meetup	Networking and Evening Events	Room: Grand Lobby, Level 1
10:00A M	12:00P M	Biotech Primer: Bio-Baffled?	Special Programs	Room: 150A, Level 1
11:00A M	05:30P M	Business Forum Partnering Desk Open	BIO Business Forum	
11:00A M	05:30P M	Business Forum	BIO Business Forum	
12:00P M	02:00P M	Diversity Summit		Building: Renaissance Washington DC Hotel; Marriott Renaissance Hotel
12:00P M	05:00P M	Business Forum Partnering	BIO Business Forum	
01:00P M	04:30P M	Leadership Summit: Deploying Agricultural and Industrial Biotechnologies to Meet Development Challenges	Special Programs	Room: 143 AB
01:00P M	06:15P M	Translational Research Forum: Translational Medicine - A Global Endeavor	Special Programs	Room: 206, Level 2
02:00P M	03:15P M	Getting Approval for Drugs in an Ever- Increasing Risk-Averse World	Achieving Regulatory	Room: 154 AB

			Approval and Compliance Track	
02:00P M	05:00P M	Breakout Sessions	Breakout Sessions	Room: 143-159, Level 1
02:00P M	02:45P M	Taiwan: Post ECFA Era-Opportunities for Global Biomedical Market	International Case Studies Track	Room: 143C, Level 1
02:00P M	03:15P M	Vaccines vs. Superbugs! The New Fight Against Hospital-Acquired Infections	Innovations in Vaccines Track	Room: 151B, Level 1
02:00P M	03:15P M	Keys to Successful Orphan Drug Development: Three Case Studies	Drug Discovery and Development Track	Room: 150 A
02:00P M	03:15P M	Use of Imaging in Clinical Development: Risk Management Strategies for Site and Independent Image Evaluations	Biomarkers Track	Room: 152 A
02:00P M	07:00P M	BIO Career Fair	Networking and Evening Events	Building: Grand Hyatt Washington
02:00P M	03:15P M	Drug Patent Linkage and Compulsory Licensing - Challenges of Working Patented Inventions in India for Pharma Sector	Biotech Patenting and Tech Transfer Track	Room: 151 A
02:00P M	03:15P M	The Effect of a More Risk Averse Environment on Licensing Deals	Business Development Track	Room: 144 BC
02:00P M	03:15P M	Crossing the Financing Gap? Alternative Strategies for Funding Biomedical Technologies for the Clinic	Finance Track	Room: 149 AB
02:00P M	03:00P M	Diversity Summit Reception	Co-Located Events	Building: Marriott Renaissance Hotel; Renaissance Washington DC Hotel
03:00P M	03:45P M	Italy: Research in Space: A New Frontier for Biology and Medicine; The Biomedical Activities of Italian Space Agency (ASI).	International Case Studies Track	Room: 143C, Level 1
03:45P M	05:00P M	A Brave New World: Patent Litigation Tactics and Strategies for Biosimilars	Biotech Patenting and Tech Transfer Track	Room: 151 A
03:45P M	05:00P M	Rare Disease Drug Development Goes Mainstream: What are the Regulatory Considerations?	Achieving Regulatory Approval and Compliance Track	Room: 154 AB

03:45P M	05:00P M	What Is the Future for Innovative Medicines in Our Industry's Pipeline?	Drug Discovery and Development Track	Room: 150 A
03:45P M	05:00P M	The Vaccine Business Opportunity – Breakthrough Technologies for Preventing and Treating Disease	Innovations in Vaccines Track	Room: 151B, Level 1
03:45P M	05:00P M	M&A: Unique Risks and How Insurance Can Help Manage Some of Those Risks	Finance Track	Room: 149 AB
03:45P M	05:00P M	Disco Inferno – Pharma Feels the Heat With Discovery Deals	Business Development Track	Room: 144 BC
03:45P M	05:00P M	The Future of the Healthcare Industry: Korean Bio & Pharmaceutical Business Opportunities	Global Innovations and Markets Track	Room: 152 B
03:45P M	05:00P M	IP Issues Affecting Biomarker-Based Diagnostics	Biomarkers Track	Room: 152 A
04:00P M	04:45P M	Belgium: Funding Initiatives Boosting Biotech R&D	International Case Studies Track	Room: 147AB, Level 1
04:30P M	06:30P M	Women In Bio Reception		Restaurant
05:00P M	07:00P M	Morgan Lewis BIO Reception		Other
05:00P M	07:00P M	Rendez-vous Québec		Hotel
07:15P M	09:00P M	Welcome Reception at the Newseum	Networking and Evening Events	Building: Newseum
08:00P M	09:00P M	HR Professionals Meetup	Networking and Evening Events	Building: Newseum
08:00P M	09:00P M	New! Emerging Leaders Meetup	Networking and Evening Events	Building: Newseum
08:00P M	09:00P M	Food & Ag and Industrial & Environmental Professionals Meetup	Networking and Evening Events	Building: Newseum

Tuesday Jun 28, 2011

Start	Duration	Session/Event	Track	Where
07:00A M	06:30P M	International Lounge	Country Profiles	Room: 150 Concourse
07:00A M	06:00P M	Business Forum Partnering Meeting Desk Open	BIO Business Forum	
07:00A M	04:00P M	BIO Human Resources Conference 2011	Co-Located Events	Building: Marriott

07:00A	04:00P	Co-Located Events	Co-Located Events	
M	M			
07:00A	06:00P	Business Forum	BIO Business Forum	
M	M			
07:00A	06:30P	Registration/Information & Housing Open		Room: East Salon, Level 1
M	M			
08:00A	05:00P	Special Programs	Special Programs	
M	M			
08:00A	01:00P	Biotechnology Entrepreneurship Boot Camp	Special Programs	Room: 102 AB, Level 1
M	M			
08:00A	05:00P	Business Forum Partnering	BIO Business Forum	
M	M			
08:30A	11:30A	Breakout Sessions	Breakout Sessions	Room: 143-159, Level 1
M	M			
08:30A	09:15A	Brazil: Bringing Innovation to Life through Partnerships with Academia, Industry & Government	International Case Studies Track	Room: 145B, Level 1
M	M			
08:30A	09:45A	Creative Financing for the Next Generation of Blockbuster Biotechnologies	Finance Track	Room: 149 AB
M	M			
08:30A	09:45A	The Myriad Case and the Patentability of Isolated DNA Molecules	Biotech Patenting and Tech Transfer Track	Room: 151 A
M	M			
08:30A	09:45A	Rediscovering the Promise of Biomarkers	Biomarkers Track	Room: 152 A
M	M			
08:30A	09:45A	The Partnering Conundrum: To Partner or Not to Partner, That Is the Question . . .	Business Development Track	Room: 144 BC
M	M			
08:30A	09:45A	Patient Compliance and Market Opportunities: The Need for Half-life Extension	Manufacturing of Biologics and Drugs Track	Room: 156
M	M			
08:30A	09:45A	Optimizing the Review Process for Medical Countermeasures Requiring Use of the Animal Rule for Approval/Licensure	Achieving Regulatory Approval and Compliance Track	Room: 154 AB
M	M			
08:30A	09:45A	Better Living Through Biology – Synthetic Biology for Biofuel and Chemistry Production	Biofuels and Biobased Chemicals Track	Room: 158 AB
M	M			
08:30A	09:45A	Belt-Tightening by the States: Impact of Health Reform and Deficit Control on Biotechnology Innovation	Health Policy and Reimbursement Track	Room: 143C, Level 1
M	M			
08:30A	09:45A	Is the World Ready for the Next Pandemic?	Global	Room: 152 B

M	M	A Look at Government and Industry Working Together	Innovations and Markets Track	
08:30A	09:45A	How Will We Afford Personalized Medicines?	Diagnostics and Personalized Medicine Track	Room: 150 B
08:30A	09:45A	The Pursuit of Alternative Influenza Vaccines: Where are we now, what challenges remain?	Innovations in Vaccines Track	Room: 151B, Level 1
08:30A	09:45A	De-risking the Phase II to Phase III Advancement Decision: Sound Science, Critical Thinking and Weighing Time vs. Cost	Drug Discovery and Development Track	Room: 150 A
08:30A	09:45A	International Regulation of Animal Biotechnology: A Discussion	Food and Agriculture Track	Room: 159 AB
08:45A	12:30P	Emerging Leaders Workshop: Hitting the Mark in New Product Commercialization	Special Programs	Room: 144 A
09:00A	11:00A	Free Resume Review Meetup	Networking and Evening Events	Room: Grand Lobby, Level 1
09:00A	09:15A	Novo Nordisk Company Presentation		Room: Georgetown
09:00A	05:00P	Scaling the Great Wall- Navigating China's Biotechnology Frontier	Special Programs	Room: 209BC, Level 2
09:00A	05:00P	Networking and Evening Events	Networking and Evening Events	
09:00A	09:15A	Pfizer, Inc Company Presentation		Room: Adams Morgan
09:00A	11:00A	Business Forum Company Presentations	BIO Business Forum	
09:00A	09:15A	Amgen Company Presentation		Room: Capitol Hill
09:00A	09:15A	Roche Company Presentation		Room: Dupont Circle
09:15A	09:30A	Alimera Sciences, Inc. Company Presentation		Room: Adams Morgan
09:15A	09:30A	Genentech Company Presentation		Room: Dupont Circle
09:30A	10:15A	Switzerland:Swiss Biotech - Innovative Platforms for Binding Protein Therapeutics	International Case Studies Track	Room: 145B, Level 1
09:30A	09:45A	Alexion Pharmaceuticals, Inc. Company Presentation		Room: Capitol Hill
09:30A	10:15A	China: International Cooperation Opportunities in a Resourceful China	International Case Studies Track	Room: 209BC, Level 2

09:30A M	09:45A M	13therapeutics, Inc. Company Presentation		Room: Dupont Circle
09:30A M	02:30P M	International BioGENEius Challenge	Co-Located Events	Room: 100 Concourse, Level 1
09:30A M	09:45A M	bluebird bio Company Presentation		Room: Adams Morgan
09:45A M	10:00A M	BIO Exhibition Ribbon Cutting	BIO Exhibition	Room: Exhibit Halls ABC, Level 2
09:45A M	10:00A M	Inovio Pharmaceuticals, Inc. Company Presentation		Room: Dupont Circle
09:45A M	06:30P M	BIO Exhibition	BIO Exhibition	
09:45A M	10:00A M	GlobeImmune, Inc. Company Presentation		Room: Adams Morgan
10:00A M	11:30A M	Financing Beyond the Lead Compound: Attracting Funding for Multiproduct Platforms	Finance Track	Room: 149 AB
10:00A M	06:30P M	Children's Cause for Cancer Advocacy	Special Programs	
10:00A M	11:30A M	Therapeutic and Prophylactic Approaches for the Treatment of HSV-2 Infection	Innovations in Vaccines Track	Room: 151B, Level 1
10:00A M	11:30A M	The Road to Commercialization: What Role Can the Patient Community Play?	Drug Discovery and Development Track	Room: 150 A
10:00A M	06:30P M	ALS Therapy Development Institute	Special Programs	
10:00A M	11:30A M	Collocation Strategies for Cellulosic Biofuel Production: Win-Win Scenarios Through Plant Integration	Biofuels and Biobased Chemicals Track	Room: 158 AB
10:00A M	06:30P M	The New York Stem Cell Foundation	Special Programs	
10:00A M	06:30P M	The Hemophilia Federation of America	Special Programs	
10:00A M	11:30A M	The Biomarkers Consortium: Facilitating the Development and Qualification of Biological Markers	Biomarkers Track	Room: 152 A
10:00A M	11:30A M	The Biomanufacturing Capacity Conundrum: Matching Supply and Demand Over Space and Time	Manufacturing of Biologics and Drugs Track	Room: 145A
10:00A M	06:30P M	Cure JM Foundation	Special Programs	

10:00A	06:30P	The AIDS Institute	Special Programs	
M	M			
10:00A	11:30A	Talking About Your Product in the New Age: Social Media and the Internet	Achieving Regulatory Approval and Compliance Track	Room: 154 AB
M	M			
10:00A	10:15A	Biotron Limited Company Presentation		Room: Adams Morgan
M	M			
10:00A	06:30P	AVAC: Global Advocacy for HIV Prevention	Special Programs	
M	M			
10:00A	05:15P	Super Sessions	Super Sessions	
M	M			
10:00A	10:15A	Eli Lilly & Company Company Presentation		Room: Dupont Circle
M	M			
10:00A	11:30A	Addressing the Major Medical Challenges of Today with Personalized Medicine: Cancer, Diabetes and Brain Injury	Diagnostics and Personalized Medicine Track	Room: 150 B
M	M			
10:00A	11:30A	"Common Needs" and Uncommon Cooperation: The State of Joint FDA and CMS Initiatives	Health Policy and Reimbursement Track	Room: 143C, Level 1
M	M			
10:00A	11:30A	Ernst & Young's 25th Annual Biotechnology Industry Report	Super Sessions	Room: 146 ABC, Level 1
M	M			
10:00A	06:30P	Aplastic Anemia & MDS International Foundation	Special Programs	
M	M			
10:00A	06:30P	Juvenile Diabetes Research Foundation	Special Programs	
M	M			
10:00A	11:30A	Chasing Zero	Food and Agriculture Track	Room: 159 AB
M	M			
10:00A	11:30A	Bioethics Roundtable	Special Programs	Room: 143 AB
M	M			
10:00A	06:30P	Interamerican College of Physicians and Surgeons (ICPS)	Special Programs	
M	M			
10:00A	06:30P	Kidney Cancer Association	Special Programs	
M	M			
10:00A	06:30P	BIO Patient & Health Advocacy Display	Special Programs	Room: L Street Bridge, Level 2
M	M			
10:00A	11:30A	Patents in the Supreme Court	Biotech Patenting and Tech Transfer Track	Room: 151 A
M	M			
10:00A	06:30P	Parkinson's Action Network	Special Programs	
M	M			
10:00A	06:30P	Global Healthy Living Foundation	Special Programs	

M	M			
10:00A	06:30P	Tuberous Sclerosis Alliance	Special Programs	
M	M			
10:00A	06:30P	Celiac Disease Center at Columbia University	Special Programs	
M	M			
10:00A	06:30P	BIO Exhibition Open	BIO Exhibition	Room: Exhibit Halls ABC, Level 2
M	M			
10:00A	11:30A	Going Global Overnight – Part II: Building Sustainable Investment in Emerging Markets	Global Innovations and Markets Track	Room: 152 B
M	M			
10:00A	11:30A	Navigating New Trends in the Industry: How Pharma and Biotech Companies in Rare Diseases are Shaping the Future	Business Development Track	Room: 144 BC
M	M			
10:00A	06:30P	National Organization for Rare Disorders (NORD)	Special Programs	
M	M			
10:00A	06:30P	National Foundation for Infectious Diseases	Special Programs	
M	M			
10:00A	06:30P	BIO Pavilion	BIO Exhibition	Room: L Street Bridge, Level 2
M	M			
10:00A	06:30P	Mental Health America	Special Programs	
M	M			
10:00A	06:30P	Lupus Foundation of America	Special Programs	
M	M			
10:00A	10:15A	Lexicon Pharmaceuticals, Inc. Company Presentation		Room: Capitol Hill
M	M			
10:00A	10:15A	Catalyst Biosciences Inc. Company Presentation		Room: Georgetown
M	M			
10:00A	06:30P	RESOLVE: The National Infertility Association	Special Programs	
M	M			
10:15A	10:30A	Allon Therapeutics Inc. Company Presentation		Room: Dupont Circle
M	M			
10:15A	10:30A	Falcon Genomics, Inc. Company Presentation		Room: Adams Morgan
M	M			
10:15A	10:30A	Apricus Biosciences Company Presentation		Room: Capitol Hill
M	M			
10:30A	04:00P	BioProcess Theatre @ the BioProcess Zone	BIO Exhibition	Room: Exhibit Halls ABC, Level L2
M	M			
10:30A	11:15A	Mexico: Commercialization of Biotechnology Research in Mexico	International Case Studies Track	Room: 145B, Level 1
M	M			
10:30A	10:45A	KaloBios Pharmaceuticals, Inc. Company		Room: Adams

M	M	Presentation		Morgan
10:45A	11:00A	Cell Therapeutics, Inc. Company		Room: Capitol Hill
M	M	Presentation		
10:45A	11:00A	GlycoMimetics, Inc. Company Presentation		Room: Georgetown
M	M			
10:45A	11:00A	Biotie Therapies Corp. Company		Room: Capitol Hill
M	M	Presentation		
12:00P	02:00P	Tuesday Keynote Luncheon: An Interview with Tony Blair	Keynote Luncheons	Room: Level 3, Ballroom
M	M			
02:00P	02:45P	Cuban Biotechnology: An Overview of Cuba's Drug and Vaccine Developments and Innovations	International Case Studies Track	Room: 145B, Level 1
M	M			
02:00P	03:30P	Therapeutic Cancer DNA Vaccines: Advances in Technologies, Advances Clinical Success	Innovations in Vaccines Track	Room: 151B, Level 1
M	M			
02:00P	03:30P	Looking Beyond Row Crops: What's Next for Agricultural Biotechnology?	Food and Agriculture Track	Room: 159 AB
M	M			
02:00P	03:30P	Burrill State-of-the-Industry Report	Super Sessions	Room: 146 ABC, Level 1
M	M			
02:00P	03:30P	Personalized Oncology: The Emergence of Personalized Medicine Strategies in Oncology Clinical Development and Deal Making	Diagnostics and Personalized Medicine Track	Room: 150 B
M	M			
02:00P	03:30P	The Changing BD Environment: Overcoming Our Past to Succeed in the Future	Business Development Track	Room: 144 BC
M	M			
02:00P	05:00P	Breakout Sessions	Breakout Sessions	Room: 143-159, Level 1
M	M			
02:00P	04:00P	Business Forum Company Presentations	BIO Business Forum	
M	M			
02:00P	03:30P	Current Challenges in Payment System Reform	Health Policy and Reimbursement Track	Room: 143C, Level 1
M	M			
02:00P	03:30P	NIH's Best Kept Secret: Widely Available Research Resources	Drug Discovery and Development Track	Room: 150 A
M	M			
02:00P	02:15P	Bayer HealthCare Pharmaceuticals Company Presentation		Room: Capitol Hill
M	M			
02:00P	03:30P	How Will Congress Act on Upcoming PDUFA Reauthorization	Achieving Regulatory Approval and Compliance Track	Room: 154 AB
M	M			
02:00P	03:30P	EU/US Cooperation to Support Research on	Global	Room: 152 B

M	M	Rare Diseases	Innovations and Markets Track	
02:00P M	03:30P M	Capitol Hill Trumps Wall Street? Finding the Harmony in Biorenewable R&D	Biofuels and Biobased Chemicals Track	Room: 158 AB
02:00P M	03:30P M	Rare Diseases Experience as a Model to Critically Affect Innovation in Biomarker Strategy and Precision Medicine	Biomarkers Track	Room: 145A
02:00P M	03:30P M	Wait, Our Model Isn't Dead! We Just Need to Evolve	Finance Track	Room: 149 AB
02:00P M	02:15P M	Novozymes Company Presentation		Room: Georgetown
02:00P M	03:30P M	Attacking the Next Biomanufacturing Bottleneck: Downstream Processing	Manufacturing of Biologics and Drugs Track	Room: 156
02:00P M	03:30P M	Counterfeiting – How Corporations and the Government Can Work Together	Biotech Patenting and Tech Transfer Track	Room: 151 A
02:15P M	02:30P M	Acucela Inc. Company Presentation		Room: Dupont Circle
02:15P M	02:45P M	Issues Influencing the Decision Whether or Not to Contract Your Research Out of the House	Contract Services Summit Track	
02:15P M	02:30P M	Cytogel Pharma, LLC. Company Presentation		Room: Adams Morgan
02:15P M	02:30P M	ALS Therapy Development Institute Company Presentation		Room: Georgetown
02:15P M	05:00P M	Contract Services Summit in the GEN Theater	Special Programs	Room: Exhibit Halls ABC, Level 2
02:30P M	02:45P M	EpiCept Corporation Company Presentation		Room: Dupont Circle
02:30P M	02:45P M	Ikaria Company Presentation		Room: Georgetown
02:45P M	03:00P M	KAEL-GemVax Company Presentation		Room: Dupont Circle
02:50P M	03:20P M	A New Clinical Operations Model: Proactive Planning at Work	Contract Services Summit Track	
03:00P M	03:45P M	United Kingdom: Bench, Bed and Beyond: A Vertically-Integrated Approach to Healthcare R&D and Delivery	International Case Studies Track	Room: 145B, Level 1
03:00P M	04:00P M	GEN Graduate Students Meetup	Networking and Evening Events	Room: Exhibit Halls ABC,

				Level 2
03:00P M	03:15P M	Merck Company Presentation		Room: Adams Morgan
03:15P M	03:30P M	H. Lundbeck A/S Company Presentation		Room: Adams Morgan
03:15P M	03:30P M	Antares Pharma, Inc. Company Presentation		Room: Capitol Hill
03:25P M	03:55P M	Getting into the Clinical Research Game: How Investigative Sites Can Best Market Themselves to Sponsors and CROs	Contract Services Summit Track	
03:30P M	03:45P M	Aptalis (Previously Eurand) Company Presentation		Room: Adams Morgan
03:30P M	03:45P M	InVasc Therapeutics, Inc. Company Presentation		Room: Capitol Hill
03:45P M	05:00P M	Managing the Capital Agenda Toward a Patient-Centric Future	Finance Track	Room: 149 AB
03:45P M	05:00P M	Navigating the New Law on Licensing Biosimilars	Achieving Regulatory Approval and Compliance Track	Room: 154 AB
03:45P M	05:00P M	Ignoring the Speed Limit: Can New Approaches Truly Affect How Fast Drugs Get to Market?	Drug Discovery and Development Track	Room: 145A
03:45P M	05:00P M	Markets for Dual-Use Energy Crops	Biofuels and Biobased Chemicals Track	Room: 158 AB
03:45P M	05:00P M	The Evolving Business Model for Biomarkers: Status and Future Perspectives	Biomarkers Track	Room: 152 A
03:45P M	05:00P M	Personalized Medicine and Already Approved Drugs: The Plavix Case Study and What You Don't Know Can Hurt You	Diagnostics and Personalized Medicine Track	Room: 150 B
03:45P M	05:00P M	Excellence Through Stewardship (ETS): The value of Quality Management Systems (QMS) to Plant Biotechnology	Food and Agriculture Track	Room: 159 AB
03:45P M	04:00P M	Glycotope GmbH Company Presentation		Room: Adams Morgan
03:45P M	05:00P M	From Evidence to Practice: The Impact of Comparative Effectiveness Research on the Physician-Patient Relationship	Health Policy and Reimbursement Track	Room: 143C, Level 1
03:45P M	05:00P M	Is Something Wrong With Our Alliance?: How to Find Out Quickly	Business Development Track	Room: 144 BC
03:45P	05:00P	Closing the Funding Gap in India for	Global	Room: 152 B

M	M	Commercialization of Biotechnology: Moving From Possibility to Opportunity	Innovations and Markets Track	
03:45P M	05:00P M	Drug Safety for Imported Drug Products	Manufacturing of Biologics and Drugs Track	Room: 156
03:45P M	04:00P M	GlaxoSmithKline Company Presentation		Room: Capitol Hill
03:45P M	05:15P M	It Takes a Village - The Biotechnology Innovation Ecosystem	Super Sessions	Room: Level 1, 147 AB
04:00P M	05:00P M	Women In Bio Informational Meet-Up for Existing and Prospective Members		Exhibit Hall
04:00P M	04:30P M	How has Financial Market Turbulence Affected the Contract Research Industry?	Contract Services Summit Track	
04:00P M	04:45P M	Russia: Launching Innovation: Russia's Bio- Infrastructure and Life Sciences Sector	International Case Studies Track	Room: 145B, Level 1
04:00P M	05:00P M	Women in Bio Meetup	Networking and Evening Events	Room: Exhibit Halls ABC, Level 2
04:30P M	05:00P M	Producing Complex Proteins in Plant Based Systems as an Alternative Expression System	Contract Services Summit Track	
05:00P M	06:30P M	BIO Exhibitor Hospitality Receptions	BIO Exhibition	Room: Exhibit Halls ABC, Level L2

Wednesday Jun 29, 2011

Start	Duration	Session/Event	Track	Where
07:00A M	06:00P M	Business Forum	BIO Business Forum	
07:00A M	06:00P M	Business Forum Partnering Meeting Desk Open	BIO Business Forum	
07:00A M	08:30A M	FierceBiotech Presents An Exclusive Executive Breakfast: Best App In Town: Late-Stage Regulatory Update		Hotel
08:00A M	05:00P M	Business Forum Partnering	BIO Business Forum	
08:00A M	06:00P M	Special Programs	Special Programs	
08:00A M	05:00P M	Registration/Information & Housing Open		Room: East Salon, Level 1
08:00A	05:00P	International Lounge	Country Profiles	Room: 150

M	M			Concourse
08:15A	06:00P	2011 Biosecurity Conference	Co-Located Events	Room: 143 AB
M	M			
08:15A	06:00P	Co-Located Events	Co-Located Events	
M	M			
08:30A	09:45A	From Direct Solar to Drop-Ins: The Next Wave in Biofuels Technologies	Biofuels and Biobased Chemicals Track	Room: 158 AB
M	M			
08:30A	09:45A	Russian Biopharma: At the Edge of Ambitious "Pharma2020" Governmental Program	Global Innovations and Markets Track	Room: 152 B
M	M			
08:30A	09:45A	Technology Transfer: New Methods, New Media, New Models for Improving Interactions with Industry	Biotech Patenting and Tech Transfer Track	Room: 151 A
M	M			
08:30A	09:45A	Opening Keynote Address: A View from the Hill	Biosecurity Track	Room: 143 AB
M	M			
08:30A	11:30A	Breakout Sessions	Breakout Sessions	Room: 143-159, Level 1
M	M			
08:30A	09:45A	Lessons From a Mature Public-Private Partnership: The Alzheimer's Disease Neuroimaging Initiative	Biomarkers Track	Room: 152 A
M	M			
08:30A	09:45A	The Next Frontier: Adult Immunizations and Healthcare Reform	Innovations in Vaccines Track	Room: 151B, Level 1
M	M			
08:30A	09:15A	India: Indian Biotech Industry: Potential Innovator, Collaborator and Partner for Global Health Care	International Case Studies Track	Room: 145B, Level 1
M	M			
08:30A	09:45A	Funding to NDA – New Strategies in Financing	Finance Track	Room: 145A
M	M			
08:30A	09:45A	A Bittersweet Crossroad? Embarking on the Path to Developing Novel Diabetes Therapies.	Drug Discovery and Development Track	Room: 150 A
M	M			
08:30A	09:45A	Secrets of the Big Pharma Dealmaker	Business Development Track	Room: 144 BC
M	M			
08:30A	06:00P	Diabetes Forum - Emerging Strategies, Challenges & Partnerships	Special Programs	Room: 209BC, Level 2
M	M			
08:30A	09:45A	A Look Into the Future of Animal Biotechnology	Food and Agriculture Track	Room: 159 AB
M	M			
08:30A	09:45A	Accelerating the Search for Cures: A New Paradigm	Achieving Regulatory Approval and Compliance Track	Room: 154 AB
M	M			
08:30A	09:45A	Diabetes Forum: Preventive and Therapeutic	Special Programs	Room: 209BC,

M	M	Diabetes Vaccines		Level 2
08:30A	09:45A	Strategic Commercialization for Molecular	Diagnostics and	
M	M	Diagnostic Tests	Personalized	Room: 150 B
			Medicine Track	
09:00A	09:15A	EMD Serono, Inc. Company Presentation		Room:
M	M			Georgetown
09:00A	09:15A	Upsher-Smith Company Presentation		Room: Adams
M	M			Morgan
09:00A	09:15A	AstraZeneca Company Presentation		Room: Dupont
M	M			Circle
09:00A	09:30P	Networking and Evening Events	Networking and	
M	M		Evening Events	
09:00A	09:15A	Boehringer Ingelheim BD & Licensing		Room: Capitol
M	M	Company Presentation		Hill
09:00A	11:00A	Free Resume Review Meetup	Networking and	Room: Grand
M	M		Evening Events	Lobby, Level 1
09:00A	11:00A	Business Forum Company Presentations	BIO Business	
M	M		Forum	
09:15A	09:30A	Addex Pharmaceuticals Ltd. Company		Room:
M	M	Presentation		Georgetown
09:15A	09:30A	BioMarin Pharmaceutical Inc. Company		Room: Dupont
M	M	Presentation		Circle
09:15A	09:30A	APEPTICO Company Presentation		Room: Capitol
M	M			Hill
09:30A	09:45A	CEL-SCI Corporation Company		Room:
M	M	Presentation		Georgetown
09:30A	09:45A	HistoRx Company Presentation		Room: Dupont
M	M			Circle
09:30A	10:15A	Spain's R&D Facilities, the Driving Force	International Case	Room: 145B,
M	M	of an Innovation Ecosystem	Studies Track	Level 1
09:45A	10:00A	Argos Therapeutics, Inc. Company		Room: Adams
M	M	Presentation		Morgan
09:45A	10:00A	Invida Group Pte Ltd Company Presentation		Room: Dupont
M	M			Circle
09:45A	10:00A	KemPharm, Inc. Company Presentation		Room:
M	M			Georgetown
10:00A	11:30A	Emerging Markets: The Future of Growth	Super Sessions	Room: Level 1,
M	M	for Biologics?		147 AB
10:00A	05:00P	Alliance for Patient Access	Special Programs	
M	M			
10:00A	05:00P	National Viral Hepatitis Roundtable	Special Programs	
M	M			

10:00A	05:00P	National Spinal Cord Injury Association (NSCIA)	Special Programs	
M	M			
10:00A	05:00P	CrossLink Medical Resources	Special Programs	
M	M			
10:00A	05:00P	National Osteoporosis Foundation (NOF)	Special Programs	
M	M			
10:00A	05:00P	National Medical Association	Special Programs	
M	M			
10:00A	05:15P	Super Sessions	Super Sessions	
M	M			
10:00A	05:00P	National Breast Cancer Coalition Fund	Special Programs	
M	M			
10:00A	05:00P	American Institute for Medical and Biological Engineering (AIMBE)	Special Programs	
M	M			
10:00A	05:00P	Men's Health Network	Special Programs	
M	M			
10:00A	11:30A	Looking to the Future: Innovative Approaches to HIV Vaccine Development and Immunotherapies	Innovations in Vaccines Track	Room: 151B, Level 1
M	M			
10:00A	11:30A	Diabetes Forum: Diabetes - The Disease of the Decade: Epidemiology, Economics, Emerging Strategies	Special Programs	Room: 209BC, Level 2
M	M			
10:00A	05:00P	BIO Pavilion	BIO Exhibition	Room: L Street Bridge, Level 2
M	M			
10:00A	11:30A	EMA/FDA Town Hall	Achieving Regulatory Approval and Compliance Track	Room: 154 AB
M	M			
10:00A	05:00P	BIO Patient & Health Advocacy Display	Special Programs	Room: L Street Bridge, Level 2
M	M			
10:00A	10:15A	Biomay AG Company Presentation		Room: Capitol Hill
M	M			
10:00A	05:00P	Americans for Medical Progress	Special Programs	
M	M			
10:00A	11:30A	Progress of Research in Bioenergy Centers: An Update on the Major DOE and Other Bioenergy Research Centers	Biofuels and Biobased Chemicals Track	Room: 158 AB
M	M			
10:00A	05:00P	Arthritis Foundation	Special Programs	
M	M			
10:00A	11:30A	Lessons From In-Licensing Partnership: Biotech Company Partners With Global Pharma to Deliver Cutting-Edge Follow-On Biologics	Biotech Patenting and Tech Transfer Track	Room: 151 A
M	M			

10:00A	05:00P	Parkinson's Disease Foundation	Special Programs	
M	M			
10:00A	05:00P	FasterCures	Special Programs	
M	M			
10:00A	05:00P	RetireSafe	Special Programs	
M	M			
10:00A	05:00P	The Clarity Foundation	Special Programs	
M	M			
10:00A	05:00P	Kakkis EveryLife Foundation	Special Programs	
M	M			
10:00A	05:00P	BIO Exhibition Open	BIO Exhibition	Room: Exhibit Halls ABC, Level 2
M	M			
10:00A	11:30A	From "Made in China" to "Discovered in China" ? Challenges and Opportunities	Global Innovations and Markets Track	Room: 152 B
M	M			
10:00A	05:00P	BIO Exhibition	BIO Exhibition	
M	M			
10:00A	05:00P	Asthma and Allergy Foundation of America (AAFA)	Special Programs	
M	M			
10:00A	05:00P	GEN Discovery Theater	BIO Exhibition	Room: Exhibit Halls ABC, Level L2
M	M			
10:00A	11:30A	Improving Global Bio-surveillance	Biosecurity Track	Room: 143 AB
M	M			
10:00A	05:00P	Genetic Alliance	Special Programs	
M	M			
10:00A	05:00P	Genetics Policy Institute	Special Programs	
M	M			
10:00A	11:30A	Premature or Prescient? When Big Pharma Is Doing Preclinical Deals With Seemingly Clinical-Stage Valuations	Business Development Track	Room: 144 BC
M	M			
10:00A	11:30A	Getting a Biotech Crop to Market — How Much, How Long, and What Steps?	Food and Agriculture Track	Room: 159 AB
M	M			
10:00A	11:30A	Starting Up Biotechs in the New Normal World	Finance Track	Room: 149 AB
M	M			
10:00A	05:00P	American Autoimmune Related Diseases Association (AARDA)	Special Programs	
M	M			
10:00A	11:30A	The Role of Imaging Biomarkers in Early Clinical Phase CNS Drug Development	Biomarkers Track	Room: 152 A
M	M			
10:15A	10:30A	Debiopharm SA Company Presentation		Room: Capitol Hill
M	M			

10:15A	10:30A	Apogee Biotechnology Corporation		Room: Dupont Circle
M	M	Company Presentation		
10:15A	10:30A	Takeda Pharmaceutical Company, Ltd.		Room: Adams Morgan
M	M	Company Presentation		
10:30A	10:45A	Endoceutics Inc. Company Presentation		Room: Dupont Circle
M	M			
10:30A	10:45A	Biondvax Pharmaceuticals Ltd. Company Presentation		Room: Adams Morgan
M	M			
10:30A	04:00P	BioProcess Theatre @ the BioProcess Zone	BIO Exhibition	
M	M			
10:45A	11:00A	Genta Incorporated Company Presentation		Room: Georgetown
M	M			
10:45A	11:00A	AMRI Company Presentation		Room: Adams Morgan
M	M			
10:45A	11:00A	Delphi Genetics SA Company Presentation		Room: Capitol Hill
M	M			
11:00A	12:00P	HR Professionals Meetup	Networking and Evening Events	Room: Exhibit Halls ABC, Level 2
M	M			
12:00P	02:00P	Wednesday Keynote Luncheon	Keynote Luncheons	Room: Level 3, Ballroom
M	M			
02:00P	03:30P	Stratified Medicine - Hype or Hope	Biomarkers Track	Room: 152 A
M	M			
02:00P	02:15P	Koronis Pharmaceuticals Company Presentation		Room: Georgetown
M	M			
02:00P	03:30P	The Trans-Pacific Partnership and the Importance of Intellectual Property Rights: Attracting Investment in Biotechnology	Global Innovations and Markets Track	Room: 152 B
M	M			
02:00P	03:30P	Managing Global Challenges in an Evolving Threat Environment	Biosecurity Track	Room: 143 AB
M	M			
02:00P	02:45P	Medical Biotech: Global Competitiveness of Saudi Arabia	International Case Studies Track	Room: 145B, Level 1
M	M			
02:00P	03:30P	Diabetes Forum: Alternative Financing of Transformative Therapies for Diabetes	Special Programs	Room: 209BC, Level 2
M	M			
02:00P	03:30P	Moving to the Next Level: Accessing Capital Internationally	Business Development Track	Room: 144 BC
M	M			
02:00P	03:30P	The Promise of MicroRNA-Based Therapeutics in Cancer	Drug Discovery and Development Track	Room: 150 A
M	M			
02:00P	02:15P	Daiichi Sankyo Company, Limited Company Presentation		Room: Adams Morgan
M	M			

02:00P M	03:30P M	FDA - Town Hall	Achieving Regulatory Approval and Compliance Track	Room: 154 AB
02:00P M	03:30P M	Countering Counterfeiting	Manufacturing of Biologics and Drugs Track	Room: 156
02:00P M	03:30P M	Collaborative R&D From the Perspective of Large Multinationals, Universities and Start- ups	Biotech Patenting and Tech Transfer Track	Room: 151 A
02:00P M	03:30P M	Collaborations and Strategies to Crossing the Valley of Death to Fund Innovative Medicines	Finance Track	Room: 149 AB
02:00P M	03:30P M	New Technologies for Sustainable Crop Production	Food and Agriculture Track	Room: 159 AB
02:00P M	03:00P M	AURP, AUTM, LES Licensing Professionals Meetup	Networking and Evening Events	Room: Exhibit Halls ABC, Level 2
02:00P M	03:30P M	Campbell Alliance 2011 Dealmakers' Intentions	Super Sessions	Room: Level 1, 147 AB
02:00P M	03:30P M	Views From the Top: Executive Perspectives on Key Policy Issues Facing the Biopharmaceutical Industry	Health Policy and Reimbursement Track	Room: 143C, Level 1
02:00P M	02:15P M	Akaal Pharma Pty Ltd. Company Presentation		Room: Dupont Circle
02:00P M	04:00P M	BioTexas Reception		Exhibit Hall
02:00P M	04:00P M	Business Forum Company Presentations	BIO Business Forum	
02:00P M	03:30P M	IP Challenges for Personalized Medicine: Navigating Bilski, Myriad, and Prometheus	Diagnostics and Personalized Medicine Track	Room: 150 B
02:00P M	05:00P M	Breakout Sessions	Breakout Sessions	Room: 143- 159, Level 1
02:00P M	02:15P M	ERYtech Pharma Company Presentation		Room: Capitol Hill
02:15P M	02:30P M	Asmacure Ltd Company Presentation		Room: Georgetown
02:30P M	02:45P M	Exemplar Genetics Company Presentation		Room: Georgetown
02:30P M	02:45P M	CERAM Research Ltd Company Presentation		Room: Capitol Hill
02:30P	02:45P	Immunophotonics, Inc. Company		Room: Dupont

M	M	Presentation		Circle
02:45P	03:00P	DBV Technologies Company Presentation		Room: Capitol Hill
M	M			
03:00P	03:45P	Israel: Creating Biomedical Innovation in Israel: Reciprocal Relationship of University, Industry and Government	International Case Studies Track	Room: 145B, Level 1
M	M			
03:00P	03:15P	Endotis Pharma Company Presentation		Room: Capitol Hill
M	M			
03:15P	03:30P	ImmunID Technologies Company Presentation		Room: Capitol Hill
M	M			
03:45P	05:15P	Worldview 2011: Scientific American's Regional Bio-Innovation Scorecard	Super Sessions	Room: 146BC, Level 1
M	M			
03:45P	05:00P	BIO Exhibition Power Hours	BIO Exhibition	
M	M			
03:45P	05:00P	Successes and Challenges in Public-Private Partnerships	Biosecurity Track	Room: 143 AB
M	M			
03:45P	05:00P	Diabetes Forum: Biomarkers and Diagnostics for Type 1 and Type 2 Diabetes: The Frontier of Personalized Medicine	Special Programs	Room: 209BC, Level 2
M	M			
04:00P	05:00P	Women in Bio Meetup	Networking and Evening Events	Room: Exhibit Halls ABC, Level 2
M	M			
04:00P	05:00P	Women In Bio Meet-Up for Boston Area Professionals and Executives in the Life Science Industry		Exhibit Hall
M	M			
04:00P	04:45P	France: Vaccine Innovation, a Collaborative Approach: from Diagnosis to Prevention and Treatment	International Case Studies Track	Room: 145B, Level 1
M	M			
05:00P	06:00P	Business Forum Wine and Cheese Reception	BIO Business Forum	
M	M			
05:00P	06:30P	Think & Drink Discussion Forum: Innovation Politics - From Capitol Hill to the Campaign Trail	Networking and Evening Events	Room: Grand Lobby, Level 1
M	M			
05:15P	06:15P	International Reception	Networking and Evening Events	Room: 146A, Level 1
M	M			
07:45P	09:30P	Gala Reception at Union Station	Networking and Evening Events	Building: Union Station
M	M			
08:00P	09:00P	Food & Ag and Environmental & Industrial Meetup	Networking and Evening Events	Building: Union Station
M	M			

Thursday Jun 30, 2011

Start	Durati	Session/Event	Track	Where
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on

07:00A	06:00P	Business Forum Partnering Meeting Desk	BIO Business Forum	
M	M	Open		
07:00A	06:00P	Business Forum	BIO Business Forum	
M	M			
08:00A	05:00P	Business Forum Partnering	BIO Business Forum	
M	M			
08:00A	02:30P	International Lounge	Country Profiles	Room: 150 Concourse
M	M			
08:00A	09:00A	Pre-Event: Celebrating 30 years of Biotechnology Innovation: From Diamond v. Chakrabarty to Today	Special Programs	Room: 102 AB, Level 1
M	M			
08:00A	02:30P	Registration/Information & Housing Open		Room: East Salon, Level 1
M	M			
08:00A	11:30P	Special Programs	Special Programs	
M	M			
08:15A	09:45A	Financing Biodefense as a National Security Priority	Biosecurity Track	Room: 143 AB
M	M			
08:15A	02:00P	Breakout Sessions	Breakout Sessions	Room: 143-159, Level 1
M	M			
08:30A	09:45A	Safer, Faster, Cheaper: Changing Process Paradigms, Platforms and Products in Biomanufacturing	Manufacturing of Biologics and Drugs Track	Room: 156
M	M			
08:30A	09:45A	Personalized Medicine and Companion Diagnostics: The Changing Biopharma Industry Landscape	Diagnostics and Personalized Medicine Track	Room: 150 B
M	M			
08:30A	09:45A	Scientific and Regulatory Implications of Changes to ICH S6 for Design and Conduct of Nonclinical Safety Evaluation Programs for Biopharmaceuticals	Drug Discovery and Development Track	Room: 150 A
M	M			
08:30A	11:00A	Diabetes Forum - Emerging Strategies, Challenges & Partnerships	Special Programs	Room: 209BC, Level 2
M	M			
08:30A	09:45A	After the Fall: Venture Capital and the Biotech Funding Landscape	Finance Track	Room: 149 AB
M	M			
08:30A	09:45A	White Biotechnology: From Laboratory to Demonstration Scale	Biofuels and Biobased Chemicals Track	Room: 158 AB
M	M			
08:30A	09:45A	Improving Innovation Through the use of Social Networks	Global Innovations and Markets Track	Room: 152 B
M	M			
08:30A	02:00P	Co-Located Events	Co-Located Events	
M	M			

08:30A	09:45A	Diabetes Forum: Cell-Based Therapies for Diabetes: Opportunities and Challenges	Special Programs	Room: 209BC, Level 2
M	M			
08:30A	09:45A	Accelerating Product Development With Nondilutive Funding for Private Biotechs	Business Development Track	Room: 144 BC
M	M			
08:30A	09:45A	Biologics & Biosimilars: What is the Science Telling Us?	Achieving Regulatory Approval and Compliance Track	Room: 154 AB
M	M			
08:30A	09:45A	Experimental Field Trials With Biotech Corn and Conservation of Corn Landraces in Mexico	Food and Agriculture Track	Room: 145A
M	M			
08:30A	09:15A	European Union: European Innovation Union: Fostering Innovations in the Life Sciences	International Case Studies Track	Room: 145B, Level 1
M	M			
08:30A	02:00P	2011 Biosecurity Conference	Co-Located Events	Room: 143 AB
M	M			
08:30A	09:45A	Innovative Collaborations: Deal Structures for Nonprofit/For-Profit Collaborations	Biotech Patenting and Tech Transfer Track	Room: 151 A
M	M			
09:00A	11:00A	Free Resume Review Meetup	Networking and Evening Events	Room: Grand Lobby, Level 1
M	M			
09:00A	11:00A	Business Forum Company Presentations	BIO Business Forum	
M	M			
09:00A	09:15A	MedImmune Company Presentation		Room: Georgetown
M	M			
09:00A	12:30P	Networking and Evening Events	Networking and Evening Events	
M	M			
09:00A	11:00A	The United State Patent and Trademark Office and the Biotechnology Industry Organization Present: Celebrating 30 years of Biotechnology Innovation: From Diamond v. Chakrabarty to Today	Special Programs	Room: 102 AB, Level 1
M	M			
09:00A	09:15A	sanofi pasteur Company Presentation		Room: Dupont Circle
M	M			
09:15A	09:30A	Ganymed Pharmaceuticals AG Company Presentation		Room: Capitol Hill
M	M			
09:15A	09:30A	Bionomics Ltd Company Presentation		Room: Dupont Circle
M	M			
09:30A	10:15A	Japan: Japan's Regulatory Reform and Open Innovation Policy: Assisting Global Development of Innovative Drugs	International Case Studies Track	Room: 145B, Level 1
M	M			
09:30A	09:45A	Inviragen Company Presentation		Room:

M	M			Georgetown
09:30A	09:45A	Green Cross Corporation Company		Room: Dupont Circle
M	M	Presentation		
09:45A	10:00A	Immunovaccine Inc. Company Presentation		Room: Adams Morgan
M	M			
09:45A	10:00A	NOXXON Pharma AG Company		Room: Capitol Hill
M	M	Presentation		
09:45A	11:15A	Protecting the Unprotected: Countermeasures for At-Risk and Vulnerable Populations	Biosecurity Track	Room: 143 AB
M	M			
10:00A	11:30A	How Dare They Dope With Our Medicines?	Manufacturing of Biologics and Drugs Track	Room: 156
M	M			
10:00A	11:30A	European patent and unitary EU patent: the changes ahead	Biotech Patenting and Tech Transfer Track	Room: 151 A
M	M			
10:00A	11:30A	Environmental Review of GE Food and Agriculture Products	Food and Agriculture Track	Room: 159 AB
M	M			
10:00A	02:00P	American Institute for Medical and Biological Engineering (AIMBE)	Special Programs	
M	M			
10:00A	02:00P	Americans for Medical Progress	Special Programs	
M	M			
10:00A	02:00P	RetireSafe	Special Programs	
M	M			
10:00A	10:15A	Bavarian Nordic A/S Company Presentation		Room: Dupont Circle
M	M			
10:00A	11:30A	Relationship Management: An Essential Key Enabler for Alliance Success	Business Development Track	Room: 144 BC
M	M			
10:00A	02:00P	Genetic Alliance	Special Programs	
M	M			
10:00A	02:00P	Genetics Policy Institute	Special Programs	
M	M			
10:00A	11:30A	Diabetes Forum: The Next Frontier for Glucose Control in Diabetes: Devices: Closed Loop Artificial Pancreas and Drugs: Glucose-Responsive Insulins	Special Programs	Room: 209BC, Level 2
M	M			
10:00A	10:15A	HAC Biomed GmbH Company Presentation		Room: Capitol Hill
M	M			
10:00A	02:00P	American Autoimmune Related Diseases Association (AARDA)	Special Programs	
M	M			
10:00A	11:30A	Regulatory Issues for Tissue Engineered	Achieving	Room: 154 AB

M	M	Products	Regulatory Approval and Compliance Track	
10:00A M	11:30A M	Success in the States: A Guide for Foreign Companies to the Largest Venture Capital Pool in the World	Finance Track	Room: 149 AB
10:00A M	02:00P M	BIO Pavilion	BIO Exhibition	Room: L Street Bridge, Level 2
10:00A M	02:00P M	BIO Patient & Health Advocacy Display	Special Programs	Room: L Street Bridge, Level 2
10:00A M	02:00P M	The Clarity Foundation	Special Programs	
10:00A M	02:00P M	Alliance for Patient Access	Special Programs	
10:00A M	11:30A M	Advanced Molecular Diagnostics: Reforming Regulation and Reimbursement	Health Policy and Reimbursement Track	Room: 143C, Level 1
10:00A M	02:00P M	Arthritis Foundation	Special Programs	
10:00A M	02:00P M	Parkinson's Disease Foundation	Special Programs	
10:00A M	02:00P M	Asthma and Allergy Foundation of America (AAFA)	Special Programs	
10:00A M	02:00P M	BIO Exhibition Open	BIO Exhibition	Room: Exhibit Halls ABC, Level 2
10:00A M	02:00P M	Men's Health Network	Special Programs	
10:00A M	02:00P M	CrossLink Medical Resources	Special Programs	
10:00A M	02:00P M	National Breast Cancer Coalition Fund	Special Programs	
10:00A M	02:00P M	National Medical Association	Special Programs	
10:00A M	02:00P M	National Osteoporosis Foundation (NOF)	Special Programs	
10:00A M	02:00P M	National Spinal Cord Injury Association (NSCIA)	Special Programs	
10:00A M	02:00P M	National Viral Hepatitis Roundtable	Special Programs	
10:00A M	02:00P M	BIO Exhibition	BIO Exhibition	

10:00A M	11:30A M	New Opportunities for Investment in Europe: Industry and Research Policy Environments for All Biotech Sectors	Health Policy and Reimbursement Track	Room: 145A
10:00A M	02:00P M	Kakkis EveryLife Foundation	Special Programs	
10:15A M	10:30A M	Aquinox Pharmaceuticals Inc. Company Presentation		Room: Dupont Circle
10:15A M	10:30A M	BioSante Pharmaceuticals, Inc. Company Presentation		Room: Georgetown
10:15A M	10:30A M	Ratio, Inc. Company Presentation		Room: Adams Morgan
10:30A M	10:45A M	CEVEC Pharmaceuticals GmbH Company Presentation		Room: Adams Morgan
10:30A M	10:45A M	Idera Pharmaceuticals, Inc. Company Presentation		Room: Dupont Circle
10:45A M	11:00A M	Biovista, Inc. Company Presentation		Room: Adams Morgan
11:30A M	02:00P M	BIO Exhibition Power Hours	BIO Exhibition	Room: Exhibit Halls ABC, Level 2
11:30A M	12:30P M	BioProcess Professionals Meetup	Networking and Evening Events	Room: Exhibit Halls ABC, Level 2
11:30A M	01:00P M	Managing Technological Innovation in the New Era	Biosecurity Track	Room: 143 AB
01:00P M	01:15P M	CytomX Therapeutics, Inc. Company Presentation		Room: Dupont Circle
01:00P M	03:00P M	Business Forum Company Presentations	BIO Business Forum	
01:00P M	01:15P M	Curis, Inc. Company Presentation		Room: Capitol Hill
01:15P M	01:30P M	GenVec, Inc. Company Presentation		Room: Georgetown
01:15P M	01:30P M	Juvenile Diabetes Research Foundation Company Presentation		Room: Adams Morgan
01:15P M	01:30P M	SK Biopharmaceuticals Co. Ltd. Company Presentation		Room: Capitol Hill
01:30P M	01:45P M	Galera Therapeutics, LLC Company Presentation		Room: Adams Morgan
01:30P M	02:00P M	Closing Keynote Address: "The Role of the BWC in a Biotech-Driven World"	Biosecurity Track	Room: 143 AB

Elliot, Nathan SSBC:EX

From: Pantazopoulos, Dimitri PREM:EX
Sent: Monday, July 18, 2011 3:59 PM
To: Maranda, Pierrette IGRS:EX
Subject: FW: CMA and CNA Principles
Attachments: Overview of Principles_ENG.pdf; Council of the Federation Guiding Principles Release EN.pdf; Council of the Federation Guiding Principles Release_FR.pdf; CMA CNA Principles to Guide Health Care TransformationEng.pdf; CMA CNA Principles to Guide Health Care Transformation FR.pdf

From: Chalmers, Jennifer PREM:EX
Sent: Monday, July 18, 2011 2:45 PM
To: Pantazopoulos, Dimitri PREM:EX
Subject: FW: CMA and CNA Principles

is a call possible between you and the president of the CNA?

From: Barb Wright [<mailto:bwright@cna-aic.ca>]
Sent: Monday, July 18, 2011 2:08 PM
To: Chalmers, Jennifer PREM:EX
Subject: CMA and CNA Principles

Hi Jennifer,

Please find attached the following documents following our earlier conversation about the principles CMA and CNA are putting forward to the Premiers concerning health care transformation:

- Overview of Principles
- Principles (English and French) – embargoed until 11:00 a.m. Eastern, July 19, 2011
- Press release (English and French) – embargoed until 11:00 a.m. Eastern, July 19, 2011

Thank you for agreeing to pass these along to Dimitri Pantazopoulos. We also appreciate Premier Clark's offer to distribute these documents to her colleagues during this week's meeting of the Council of the Federation. Final bilingual versions will be provided for this purpose early on Tuesday, July 19.

Please let me know if you have any questions.

Thanks,

Barb Wright
Parliamentary Relations Coordinator
Canadian Nurses Association
50 Driveway, Ottawa, ON K2P 1E2
Tel: 613-237-2159 ext. 525
Cell: S22
bwright@cna-aic.ca

www.cna-aic.ca

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PRINCIPLES TO GUIDE HEALTH CARE TRANSFORMATION IN CANADA

OVERVIEW

July 2011

The Canadian Medical Association (CMA) and the Canadian Nurses Association (CNA) believe that a health care system that is universal, sustainable and truly centred on the needs of patients demands pan-Canadian standards for which all levels of government share responsibility.

To that end, CMA and CNA jointly developed a set of principles to guide health care transformation in Canada. We believe change is achievable and that these principles, if followed, will create a system that effectively promotes health, manages illness and focuses on outcomes – all of which would contribute to the social and economic development and well-being of our country.

These principles outline the commitments that Canada's doctors and nurses are making to transform the health care system. Combined, our two organizations represent over 215,000 doctors and nurses who are on the front lines of the health care system. We are crucial partners in a pan-Canadian effort to achieve urgently required transformation of Canada's health care system.

Our goal is to have these principles guide discussions at the provincial/territorial and federal levels leading to the signing of a new health care accord between the governments.

THE TRANSFORMATION IMPERATIVE

According to several recent health cost projection studies, by 2030, health care spending, if left unchecked, will double the share of gross domestic product spending by governments on health care in Canada. This will almost certainly result in intense pressure on other essential government programs, such as education.

Furthermore, international comparative studies by respected organizations show that while Canada has good health outcomes, we are not getting sufficient value for money for our level of investment in the health care system.

Clearly the status quo is not an option, and transformative change must begin without delay.

Over the last several months, the CMA and CNA have been examining strategies to transform the delivery of health care in which existing resources are used more efficiently and effectively. This has included learning from international experience and from examining numerous “pockets of excellence” taking place in certain areas in Canada that could be deployed even more widely.

Based on its work on health care transformation, including its five pillar plan, the CMA has proposed a definition of “sustainable health care” as universal access to patient-centred care that is adequately resourced and delivered along the full continuum in a timely and cost-effective manner. CMA has struck an independent advisory panel on resourcing options for sustainable health care to advise its board of directors.

To further develop strategies for health system transformation, CNA has launched a National Expert Commission on health system improvement entitled “The Health of Our Nation – The Future of Our Health System.” The Commission’s recommendations will target innovations and solutions that move beyond acute care to encompass community-based services, particularly as they relate to healthy aging, health promotion, illness/injury prevention and management of non-communicable diseases.

PRINCIPLES FOR HEALTH CARE TRANSFORMATION

The principles developed by the CMA and CNA to guide health care transformation in Canada are summarized as follows:

- **Patient-centred:** Patients must be at the centre of health care, with seamless access to the continuum of care based on their needs.
- **Quality:** Canadians deserve quality services that are appropriate for patient needs, respect individual choice and are delivered in a manner that is timely, safe, effective and according to the most currently available scientific knowledge.
- **Health promotion and illness prevention:** The health system must support Canadians in the prevention of illness and the enhancement of their well-being, with attention paid to broader social determinants of health.
- **Equitable:** The health care system has a duty to Canadians to provide and advocate for equitable access to quality care and commonly adopted policies to address the social determinants of health.
- **Sustainable:** Sustainable health care requires universal access to quality health services that are adequately resourced and delivered across the board in a timely and cost-effective manner.
- **Accountable:** The public, patients, families, providers and funders all have a responsibility for ensuring the system is effective and accountable.

ADVOCATING FOR A STRONG PUBLICLY FUNDED HEALTH CARE SYSTEM

Both the CMA and CNA are committed advocates for a strong and efficient publicly financed health care system that provides universal access based on need. We believe that the federal government has a strong role to play in health care in terms of the financial support that was the springboard of our national medicare program, the constitutional responsibility it has for First Nations and Inuit health and its regulatory responsibilities.

Previously, the CMA and CNA have been effective advocates for federal reinvestment in health care following the unilateral funding cuts of the 1990s. The 2004 joint CMA/CNA discussion paper *Taming of the Queue* contributed to the \$5.5 billion wait times reduction fund that was included in the First Ministers 10-Year Plan.

The hallmark of Canadian medicare has been that Canadians have come to expect comparable access (at least for communities of comparable size) across provinces and territories, with no financial barriers. While this largely holds true for medicare today, the same cannot be said for the broader continuum of care (e.g., prescription drugs, home care). The CMA and CNA believe that there is the potential to develop pan-Canadian standards of comparable access to the broader continuum of care that do not entail a top-down, one-size-fits-all approach.

The CMA and CNA have been at the table and have contributed substantively at all significant junctures in the evolution of health care policy in the federation, and we believe this is another such moment in history. We would welcome the opportunity to continue to work with government toward a transformed and sustainable health care system.

Approved by the CMA and CNA Boards of Directors, June 2011





COMMUNIQUÉ – POUR DIFFUSION IMMÉDIATE

Les médecins et les infirmières du Canada incitent les politiciens à agir dès maintenant pour l'avenir des soins de santé

Ottawa, le 19 juillet 2011 – En vue de la préparation de la rencontre du Conseil de la fédération de 2011 et de l'accord sur la santé en 2014, l'Association médicale canadienne (AMC) et l'Association des infirmières et infirmiers du Canada (AIIC) ont défini ensemble les principes devant guider la transformation des soins de santé au Canada. « Un système de soins de santé canadien transformé requerra des normes nationales de qualité du service et des résultats, et une responsabilité partagée entre le fédéral, les provinces et les territoires » affirme le président de l'AMC Dr Jeff Turnbull. « Qu'importe où il vit, chaque Canadien mérite un système qui offre une continuité de soins; et pour cela, les gouvernements doivent être guidés par un ensemble de principes communs. »

L'AMC et l'AIIC s'unissent pour inciter les premiers ministres des provinces et des territoires de placer en tête de l'ordre du jour, l'accord sur la santé de 2014. Ces organisations demandent un engagement à développer un plan d'action canadien en commençant par une rencontre pour discuter des soins de santé avec les premiers ministres au printemps 2012.

« En tant que leaders nationaux du système de soins de santé du Canada, nous avons la responsabilité d'inciter les gouvernements à agir maintenant pour l'avenir des soins de santé », a exprimé la présidente de l'AIIC, Judith Shamian. « Le système a besoin d'une transformation qui place le patient en premier. Il est important pour la santé de toute la population canadienne que nous établissions un guide commun auquel devront se plier toutes les juridictions. »

En plus des principes élaborés par l'AMC et l'AIIC, un plan d'action devrait être établi selon les cinq principes de la *Loi canadienne sur la santé* afin de guider la transformation du système de soins de santé canadien pour en faire un système public, financé par l'État, durable, doté de ressources suffisantes et offrant un accès universel à des soins de qualité. Voici un résumé des principes :

- **le patient doit être le point de convergence des soins de santé** : avec un accès transparent à la continuité des soins et des soins répondant à ses besoins.
- **la qualité** : la population canadienne mérite de recevoir en temps opportun des services de santé de qualité appropriés correspondant à ses besoins, qui respectent les choix individuels, qui sont fournis de façon sécuritaire et efficace et qui sont basés sur les connaissances scientifiques disponibles les plus récentes.
- **la promotion de la santé et la prévention de la maladie** : le système de santé doit soutenir les Canadiens afin de prévenir la maladie et améliorer leur bien-être en portant une attention sur les déterminants sociaux plus généraux affectant la santé.
- **l'équité** : le système de soins de santé a un devoir envers la population canadienne, soit de préconiser pour elle et lui offrir un accès équitable à des soins de santé de qualité ainsi que des politiques multisectorielles qui tiennent compte des déterminants sociaux de la santé.

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- **la durabilité** : des soins de santé durables passent par un accès universel à des services de santé de qualité dotés de ressources adéquates et fournis en continuité, de façon opportune et rentable.
- **l'imputabilité** : la population, les patients, les familles, les fournisseurs et les payeurs doivent tous veiller à l'efficacité et à l'imputabilité du système.

L'objectif de l'AMC et de l'AIC est que ces principes guident les discussions fédérales, provinciales et territoriales menant à la signature d'un nouvel accord sur la santé entre les gouvernements. Le texte entier des *Principes devant guider la transformation des soins de santé au Canada* est disponible à <http://www.cma.ca/advocacy/cma-media-centre>.

L'Association médicale canadienne est le porte-parole national des médecins du Canada. Fondée en 1867, l'AMC a pour mission de servir et d'unir les médecins du Canada et de défendre sur la scène nationale, en collaboration avec la population du Canada, les normes les plus élevées de santé et de soins de santé. L'AMC est un organisme professionnel à participation volontaire qui représente plus de 74 000 médecins du Canada et fait entendre sur la scène nationale la voix commune de 12 associations médicales provinciales et territoriales et de 51 organisations médicales nationales.

L'AIC est la voix professionnelle nationale des infirmières et des infirmiers autorisés du Canada. En tant que fédération de 11 associations et ordres provinciaux et territoriaux représentant 143 843 infirmières et infirmiers autorisés, l'AIC fait progresser la pratique et la profession infirmière afin d'améliorer les résultats pour la santé et de renforcer le système de santé public et sans but lucratif du Canada.

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ASSOCIATION

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CANADIENNE



CANADIAN
MEDICAL
ASSOCIATION

NEWS RELEASE – FOR IMMEDIATE RELEASE

Canada's Doctors and Nurses Come Together to Urge Politicians to Act Now for Future of Health Care

Ottawa, July 19, 2011 – In advance of the 2011 meeting of the Council of the Federation, and the looming expiry of the health accord in 2014, the Canadian Medical Association (CMA) and the Canadian Nurses Association (CNA) together have defined a set of principles to guide health care transformation in Canada.

"A health care system that is universal, sustainable and truly centred on the needs of patients demands pan-Canadian standards for which all levels of government share responsibility," said CMA president Dr. Jeff Turnbull. "No matter where they live, Canadians deserve a system that provides a seamless continuum of care. To achieve this, governments must be guided by a common set of principles."

The CMA and CNA are united in urging the provincial and territorial premiers to put the 2014 health accord at the forefront of their agenda, and call on them to commit to developing a pan-Canadian action plan beginning with a First Ministers meeting on health care no later than spring 2012.

"As national leaders in Canada's health care system, we have a responsibility to urge governments to act now on the future of health care," said CNA president Judith Shamian. "The system needs to be transformed into one that puts patients first. It is critical to the health of all Canadians that we establish a common guide to which all jurisdictions commit."

In addition to the principles developed by the CMA and the CNA, the action plan should build on the five principles of the *Canada Health Act* to guide the transformation of Canada's health care system toward one that is publicly funded, sustainable and adequately resourced, and provides universal access to quality care. The principles are summarized as follows:

- **Patient-centred:** Patients must be at the centre of health care, with seamless access to the continuum of care based on their needs.
- **Quality:** Canadians deserve quality services that are appropriate for patient needs, respect individual choice and are delivered in a manner that is timely, safe, effective and according to the most currently available scientific knowledge.
- **Health promotion and illness prevention:** The health system must support Canadians in the prevention of illness and the enhancement of their well-being, with attention paid to broader social determinants of health.
- **Equitable:** The health care system has a duty to Canadians to provide and advocate for equitable access to quality care and commonly adopted policies to address the social determinants of health.
- **Sustainable:** Sustainable health care requires universal access to quality health services that are adequately resourced and delivered across the board in a timely and cost-effective manner.
- **Accountable:** The public, patients, families, providers and funders all have a responsibility for ensuring the system is effective and accountable.

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The goal of the CMA and CNA is to have these principles guide discussions at the provincial/territorial and federal levels leading to the signing of a new health care accord between the governments. The complete *Principles to Guide Health Care Transformation in Canada* is available at <http://www.cma.ca/advocacy/cma-media-centre>.

The Canadian Medical Association (CMA) is the national voice of Canadian physicians. Founded in 1867, CMA's mission is to serve and unite the physicians of Canada and be the national advocate, in partnership with the people of Canada, for the highest standards of health and health care. The CMA is a voluntary professional organization representing over 74,000 of Canada's physicians and comprising 12 provincial and territorial medical associations and 51 national medical organizations.

The Canadian Nurses Association is the national professional voice of registered nurses in Canada. A federation of 11 provincial and territorial nursing associations and colleges representing 143,843 registered nurses, CNA advances the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly funded, not-for-profit health system.

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PRINCIPLES TO GUIDE HEALTH CARE TRANSFORMATION IN CANADA

July 2011

PREAMBLE

The Canadian Medical Association and the Canadian Nurses Association put forward the following principles to guide the transformation of the health care system in Canada toward one that is sustainable and adequately resourced, and provides universal access to quality, patient-centred care delivered along the full continuum of care in a timely and cost-effective manner. Such a system promotes health, effectively manages illness and focuses on outcomes, thereby contributing to a country's social and economic development and well-being.¹

Canada's health care system is in need of transformation to better meet the health needs of Canadians. First, while it is recognized that elements of transformation are already taking place across the country, it is important that regional or jurisdictional change be guided by a common framework. Second, health care transformation must build on the five principles of the *Canada Health Act* (universality, accessibility, portability, comprehensiveness and public administration) that currently apply only to hospital and physician services. Moving beyond these services, a common set of principles is required to guide a national transformation toward a more effective and comprehensive medicare system. A transformed Canadian health care system demands national standards for service quality and outcomes, for which both federal and provincial/territorial governments share responsibility.

PRINCIPLES

The principles below have been organized according to the Institute for Healthcare Improvement's (IHI) Triple Aim Framework, which describes the three goals of "better care for individuals, better health for populations and lower per capita costs."² It has been IHI's experience that all three must be addressed; where organizations address only one or two, results may be achieved to the detriment of the other(s).

ENHANCE THE HEALTH CARE EXPERIENCE

PATIENT-CENTRED

The patient must be at the centre of health care. Patient-centred care is seamless access to the continuum of care in a timely manner, based on need and not the ability to pay, that takes into consideration the individual needs and preferences of the patient and his/her family, and treats the patient with respect and dignity.³ Improving the patient experience and the health of Canadians must be at the heart of any reforms.

A strong primary health care foundation as well as collaboration and communication within and between health professional disciplines along the continuum are essential to achieving patient-centred care.

QUALITY

Canadians deserve quality services that are appropriate for patient needs, respect individual choice and are delivered in a manner that is timely, safe, effective and according to the most currently available scientific knowledge. Services should also be provided in a manner that ensures continuity of care. Quality must encompass both the processes and the outcomes of care. More attention needs to be given to ensuring a system-wide approach to quality.

IMPROVE POPULATION HEALTH

HEALTH PROMOTION AND ILLNESS PREVENTION

The health system must support Canadians in the prevention of illness and the enhancement of their well-being. The broader social determinants of health (e.g., income, education level, housing, employment status) affect the ability of individuals to assume personal responsibility for adopting and maintaining healthy lifestyles and minimizing exposure to avoidable health risks. Coordinated investments in health promotion and disease prevention, including attention to the role of the social determinants of health, are critical to the future health and wellness of Canadians and to the viability of the health care system. This is a responsibility that must be shared among health care providers, governments and patients, who must be actively engaged in optimizing their health and be involved in decisions that affect their overall health.

EQUITABLE

The health care system has a duty to Canadians to provide and advocate for equitable access to quality care and multi-sectoral policies to address the social determinants of health.⁴ In all societies, good health is directly related to the socio-economic gradient – the lower a person's social position, the worse his or her health. The relationship is so strong that it is measurable *within* any single socio-economic group, even the most privileged. It is due to the sum of all parts of inequity in society – material circumstances, the social environment, behaviour, biology and psychosocial factors, all of which are shaped by the social determinants of health.⁵

Some health inequities are preventable; failure to address them will result in poorer health and higher health care costs than necessary. Improved health literacy (defined as the ability to access, understand and act on information for health) would help to mitigate these inequalities.

IMPROVE VALUE FOR MONEY

SUSTAINABLE

Sustainable health care requires universal access to quality health services that are adequately resourced and delivered along the full continuum in a timely and cost-effective manner. Canada's health care system must be sustainable in the following areas:

- *Resourcing:* Health services must be properly resourced based upon population needs, with appropriate consideration for the principles of interprovincial and intergenerational equity and pan-Canadian comparability of coverage for and access to appropriate health services.
 - *Financing:* The health care system needs predictability, certainty and transparency of funding within the multi-year fiscal realities of taxpayers and governments, and funding options that promote risk-pooling, inter-provincial and inter-generational equity and administrative simplicity.
 - *Health human resources:* Health care will be delivered within collaborative practice models; pan-Canadian standards/licensure will support inter-provincial portability of all health care providers; health human resource planning will adjust for local needs and conditions.
 - *Infrastructure:* Health care in the 21st century demands a fully functional health care information technology system as well as buildings and capital equipment.
- *Research:* Health research in Canada will inform adjustments to health service delivery and to the resourcing of health services.
- *Measuring and reporting:* Outcome data are linked to cost data; comparable and meaningful performance measures are developed and publicly reported; outcomes are benchmarked to high-performing, comparable jurisdictions.
- *Public support:* The health care system must earn the support and confidence of the users and citizens of Canada, who ultimately pay for the system.

ACCOUNTABLE

All stakeholders – the public/patients/families, providers and funders – have a responsibility for ensuring the system is effective and accountable. This includes:

- *Good governance:* Clear roles, lines of authority and responsibilities are necessary for the funding, regulation and delivery of health care services, even where these may be shared between levels of government and among health care providers. Patients, families and providers must be partners in the governance of the system.
- *Responsible use:* Services should be funded, offered and used responsibly.
- *Strong public reporting:* Timely, transparent reporting at the system level on both processes and outcomes that can be used and understood by stakeholders and the public are necessary.
- *Enforceability and redress:* Mechanisms are in place to enforce accountability and provide redress when the system does not fulfill its obligations.
- *Leadership/stewardship:* Long-term strategic planning and monitoring is necessary to ensure the system will be sustainable.
- *Responsive/innovative:* The system is able to adapt based on reporting results.

APPLICATION OF PRINCIPLES AND NEXT STEPS

Over the next several months, a number of health care initiatives will be considered at both the provincial/territorial and federal levels. This will include discussions aimed at signing a new health care accord between the federal government and the provinces/territories. Any such agreements or initiatives must be consistent with the principles set out in this document.

Approved by the CMA and CNA Boards of Directors, June 2011

ENDNOTES

¹ World Health Organization. Regional Office for Europe. *The Tallinn Charter: Health systems for health and wealth*. Copenhagen, Denmark, 2008. http://www.euro.who.int/__data/assets/pdf_file/0008/88613/E91438.pdf.

² See <http://www.ihl.org/IHI/Programs/StrategicInitiatives/IHITripleAim.htm>.

³ Canadian Medical Association. *Health care transformation in Canada: Change that works. Care that lasts*. Ottawa, 2010. http://www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Advocacy/HCT/HCT-2010report_en.pdf.

⁴ Canadian Nurses Association. *Social justice: A means to an end; an end in itself*. Ottawa, 2010. http://www.cna-nurses.ca/CNA/documents/pdf/publications/Social_Justice_2010_e.pdf.

⁵ The Marmot Review. *Fair Society, Healthy Lives*, February, 2010. <http://www.marmotreview.org/AssetLibrary/pdfs/Reports/FairSocietyHealthyLives.pdf>.



PRINCIPES DEVANT GUIDER LA TRANSFORMATION DES SOINS DE SANTÉ AU CANADA

Juillet 2011

PRÉAMBULE

L'Association médicale canadienne et l'Association des infirmières et des infirmiers du Canada présentent ci-dessous les principes qui doivent guider la transformation du système de santé au Canada pour en faire un système durable, doté de ressources suffisantes et qui offre un accès universel à des soins de qualité centrés sur les patients, et prodigués en continuité, en temps opportun et offrant un bon rapport coût-efficacité. Un tel système favorise la santé, gère efficacement la maladie et se centre sur les résultats, ce qui contribue au développement social et économique d'un pays et à son bien-être¹.

La transformation du système de soins de santé du Canada s'impose afin de mieux répondre aux besoins de santé des Canadiens. Tout d'abord, même si l'on reconnaît que certains éléments de transformation sont déjà en déploiement au Canada, il importe qu'un cadre commun guide le changement dans les diverses régions et administrations. Deuxièmement, la transformation des soins de santé doit s'appuyer sur les cinq principes de la *Loi canadienne sur la santé* (l'universalité, l'accessibilité, l'intégralité, la transférabilité et la gestion publique) qui s'appliquent actuellement uniquement aux services hospitaliers et médicaux. Si nous voulons aller au-delà de ces services, il faut un ensemble commun de principes pour guider une transformation nationale qui tendra à rendre le système d'assurance-santé intégré et plus efficace. Un système de soins de santé canadien transformé exigera des normes nationales de qualité du service et des résultats, et une responsabilité partagée entre le fédéral, les provinces et les territoires.

PRINCIPES

Les principes qui suivent sont structurés en fonction du cadre à trois objectifs de *l'Institute for Healthcare Improvement* (IHI), qui décrit les trois objectifs suivants : « de meilleurs soins aux personnes, une meilleure santé pour les populations et des coûts par habitant moins élevés². » [traduction] L'expérience de l'IHI a démontré qu'il faut aborder ces trois aspects, car lorsque les organisations s'attaquent à seulement une ou deux de ces dimensions, il peut arriver que des résultats soient obtenus dans un secteur au détriment des autres.

AMÉLIORER L'EXPÉRIENCE DES SOINS DE SANTÉ

SYSTÈME CENTRÉ SUR LES PATIENTS

Le patient doit être le point de convergence des soins de santé. Des soins centrés sur le patient donnent un accès transparent à la continuité des soins, en temps opportun, en fonction du besoin et non de la capacité de payer, en tenant compte des besoins et des préférences du patient et des membres de sa famille, et traitent le patient avec respect et dignité³. Toute réforme doit viser l'amélioration de la santé des Canadiens et de l'expérience des patients dans le système.

L'instauration de soins centrés sur le patient passe obligatoirement par une solide assise en soins de santé primaires, ainsi que par la collaboration et la communication à l'intérieur des disciplines de la santé et entre celles-ci, sur tout le continuum des soins.

QUALITÉ

Les patients canadiens méritent de recevoir en temps opportun des services de santé de qualité appropriés correspondant à leurs besoins, qui respectent leurs choix individuels, qui sont fournis de façon sécuritaire et efficace et qui sont basés sur les connaissances scientifiques disponibles les plus récentes. Il faut aussi fournir les services de manière à assurer la continuité des soins. La qualité doit englober à la fois les processus de soins et leurs résultats. Il faut chercher davantage à assurer une approche systémique de la qualité.

AMÉLIORATION DE LA SANTÉ DES POPULATIONS

PROMOTION DE LA SANTÉ ET PRÉVENTION DES MALADIES

Le système de santé doit aider les Canadiens à prévenir les maladies et à améliorer leur bien-être. Les déterminants sociaux généraux de la santé (p. ex. revenu, niveau de scolarité, logement, situation d'emploi) ont une incidence sur la capacité des personnes à assumer la responsabilité personnelle d'adopter et de maintenir des habitudes de vie saines afin de réduire l'exposition aux risques pour la santé qui peuvent être évités. Un financement coordonné de la promotion de la santé et de la prévention des maladies, y compris l'attention portée au rôle des déterminants sociaux de la santé, jouent un rôle crucial dans la santé et le bien-être futurs des Canadiens et sur la durabilité du système de soins de santé. Il s'agit d'une responsabilité que doivent se partager les fournisseurs de soins de santé, les gouvernements et les patients. Ces derniers doivent participer activement à l'optimisation de leur santé et aux décisions qui ont une incidence sur leur état de santé général.

ÉQUITÉ

Le système de soins de santé a un devoir envers la population canadienne : il doit préconiser pour elle, et lui offrir un accès équitable à des soins de santé de qualité ainsi que des politiques multisectorielles qui tiennent compte des déterminants sociaux de la santé⁴. Dans toute société, il y a un lien direct entre une bonne santé et le gradient socioéconomique : plus la situation sociale d'une personne est faible, plus son état de santé est mauvais. Ce lien est si fort qu'il est mesurable à l'intérieur de n'importe quel groupe socioéconomique, même le plus privilégié. Il est attribuable à la somme de tous les éléments constituant de l'inégalité dans la société : les circonstances matérielles, les facteurs liés à l'environnement social, au comportement, à l'hérédité et les facteurs psychosociaux façonnent tous les déterminants sociaux de la santé⁵.

Il est possible de prévenir certaines inégalités. Ne pas les prévenir, c'est accepter un état de santé médiocre et une augmentation des coûts des soins de santé plus importante que nécessaire. L'amélioration de la littératie en santé (c'est-à-dire de la capacité à avoir accès à de l'information sur la santé, à la comprendre et à y donner suite) contribuerait à réduire ces inégalités.

OPTIMISER LES RESSOURCES

DURABILITÉ

Des soins de santé durables passent par un accès universel à des services de santé de qualité dotés de ressources adéquates et fournis en continuité, de façon opportune et rentable. Le système de santé du Canada doit être durable dans les domaines suivants :

- *la dotation en ressources* : les services de santé doivent être dotés de ressources appropriées basées sur les besoins de la population et tenir dûment compte des principes de l'équité interprovinciale et intergénérationnelle, ainsi que de la comparabilité pancanadienne de la couverture des services de santé adéquats et de l'accès à ceux-ci.
 - *le financement* : il faut que le système de soins de santé offre de la prévisibilité, de la certitude et de la transparence du financement, compte tenu des réalités budgétaires pluriannuelles des contribuables et des gouvernements. Il faut aussi des options de financement qui favorisent la mise en commun des risques, l'équité interprovinciale et intergénérationnelle et la simplicité administrative.
 - *les ressources humaines de la santé* : les soins de santé seront fournis dans le contexte de modèles de pratique en collaboration; les normes et le permis d'exercice pancanadiens appuieront la mobilité interprovinciale de tous les fournisseurs de soins de santé; la planification des ressources humaines de la santé s'adaptera à la conjoncture et aux besoins locaux.
 - *l'infrastructure* : les soins de santé au XXI^e siècle requièrent un système de technologies de l'information en santé qui soit entièrement fonctionnel, ainsi que des immeubles et de l'équipement.
- *la recherche* : la recherche en santé au Canada éclairera les rajustements de la prestation des services de santé et de la dotation en ressources des services de santé.
- *la mesure des résultats et la rédaction de rapports* : les données sur les résultats sont liées à celles qui portent sur les coûts; des mesures du rendement comparables et réelles sont créées et font l'objet de rapports publics; les résultats sont comparés à ceux d'administrations comparables très performantes.
- *le soutien du public* : le système de santé doit gagner l'appui et la confiance des utilisateurs et de la population du Canada qui, en fin de compte, finance le système.

IMPUTABILITÉ

Tous les interlocuteurs – le public, les patients et les familles, ainsi que les fournisseurs et les payeurs – doivent veiller à l’efficacité et à l’imputabilité du système, ce qui comprend les aspects suivants :

- *la bonne gouvernance* : il faut des rôles, des hiérarchies et des responsabilités clairs à l’égard du financement, de la réglementation et de la prestation des services de santé, même là où ces derniers peuvent être partagés entre les échelons de gouvernement et les fournisseurs de soins. Les patients, les membres de leur famille et les fournisseurs doivent être partenaires dans la gouvernance du système.
- *l’usage responsable* : les services doivent être financés, offerts et utilisés de façon responsable.
- *les rapports publics solides* : il faut des rapports transparents et opportuns à l’échelle du système qui portent à la fois sur les processus et les résultats et que les interlocuteurs et le public peuvent utiliser et comprendre.
- *l’applicabilité et le recours* : il existe des moyens d’appliquer des mécanismes d’imputabilité et d’offrir des recours lorsque le système ne s’acquitte pas de ses obligations.
- *le leadership et la gestion* : la planification stratégique à long terme et la surveillance s’imposent pour garantir la durabilité du système.
- *le système innovateur et à l’écoute* : le système doit s’adapter en fonction des rapports de résultats.

APPLICATION DES PRINCIPES ET ÉTAPES SUIVANTES

Au cours des prochains mois, un certain nombre d’initiatives portant sur les soins de santé seront envisagées à l’échelle tant provinciale et territoriale que fédérale, notamment des discussions visant à signer un nouvel accord sur la santé entre le gouvernement fédéral et les provinces et territoires. Tout accord ou toute initiative de cette nature doit correspondre aux principes établis dans le présent document.

Approuvé par les Conseils d’administration de l’AMC et de l’AIIC, juin 2011

NOTES

- ¹ Organisation mondiale de la santé. Bureau régional de l’Europe. *La Charte de Tallinn : Des systèmes de santé pour la santé et la prospérité*. Copenhague, Danemark, 2008. http://www.euro.who.int/__data/assets/pdf_file/0008/88613/E91438.pdf
- ² Consulter <http://www.ihl.org/offerings/Initiatives/TripleAim/Pages/default.aspx>
- ³ Association médicale canadienne. *La transformation des soins de santé au Canada : Des changements réels. Des soins durables*. Ottawa, 2010. <http://prismadmin.cma.ca/representationamc/transformation-des-soins-de-sante-2010>
- ⁴ Association des infirmières et infirmiers du Canada. *La justice sociale – Un moyen de parvenir à une fin, une fin en soi*. Ottawa, 2010. http://www.cna-aiic.ca/CNA/documents/pdf/publications/Social_Justice_2010_f.pdf
- ⁵ The Marmot Review. *Fair society, healthy lives: Strategic review of health inequalities in England in post-2010*. Février, 2010. <http://www.marmotreview.org/AssetLibrary/pdfs/Reports/FairSocietyHealthyLives.pdf>

Elliot, Nathan SSBC:EX

From: Maranda, Pierrette IGRS:EX
Sent: Thursday, July 21, 2011 9:20 AM
To: Pantazopoulos, Dimitri PREM:EX
Subject: Fw: Washington State Meeting Tomorrow

Fyi

From: Heinemann, Brent (GOV) [<mailto:Brent.Heinemann@GOV.WA.GOV>]
Sent: Thursday, July 21, 2011 09:19 AM
To: Minister, JTI JTI:EX
Cc: Maranda, Pierrette IGRS:EX
Subject: Washington State Meeting Tomorrow

Good morning!

I am checking to see if there is a possibility that Minister Bell might be in Vancouver tomorrow and if he might be available for a brief meeting with Governor Christine Gregoire to talk about jobs and tourism? If so, around 1:30 to 2:00 PM would be ideal. She will be attending the lunch of the Council of the Federation at the Pan Pacific Hotel from 12:00 to 1:15 PM, and then a press event with Premier Clark at 2:15 PM.

I apologize for the late request, but hope something might be possible, please.

Thank you.

Sincerely,

Brent Heinemann

Director, International Relations & Protocol

Office of the Governor

State of Washington USA

Tel: 360 902-0383

Fax: 360 586-5281

Elliot, Nathan SSBC:EX

From: Pantazopoulos, Dimitri PREM:EX
Sent: Tuesday, July 19, 2011 8:50 AM
To: Maranda, Pierrette IGRS:EX
Subject: Fwd: Final Bilingual Versions
Attachments: Overview of Principles_ENG.pdf; ATT00001.htm; Overview of Principles_FR.pdf; ATT00002.htm; CMA CNA Principles to Guide Health Care TransformationEng.pdf; ATT00003.htm; CMA CNA Principles to Guide Health Care Transformation FR.pdf; ATT00004.htm

Begin forwarded message:

From: "Chalmers, Jennifer PREM:EX" <Jennifer.Chalmers@gov.bc.ca>
To: "Pantazopoulos, Dimitri PREM:EX" <Dimitri.Pantazopoulos@gov.bc.ca>
Subject: FW: Final Bilingual Versions

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From: Barb Wright [<mailto:bwright@cna-aiic.ca>]
Sent: Tuesday, July 19, 2011 7:47 AM
To: Chalmers, Jennifer PREM:EX
Subject: Final Bilingual Versions

Hi Jennifer,

Please find attached the final bilingual versions of the overview and principles documents. There was a slight change to the English overview document, and the French version of the overview was just completed. The main principles are unchanged, but attached for your reference as necessary.

Please let me know if you have any further questions, or any difficulty with the attachments.

Regards,

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PRINCIPES DEVANT GUIDER LA TRANSFORMATION DES SOINS DE SANTÉ AU CANADA

APERÇU

Juillet 2011

L'Association médicale canadienne (AMC) et l'Association des infirmières et infirmiers du Canada (AIIC) sont d'avis qu'un système de soins de santé universel, durable et véritablement centré sur les besoins du patient requiert des normes canadiennes dont la responsabilité est partagée par tous les niveaux du gouvernement.

À cette fin, l'AMC et l'AIIC ont élaboré conjointement un ensemble de principes devant guider la transformation des soins de santé au Canada. Nous croyons que la transformation est inévitable et que ces principes, s'ils sont suivis, engendreront un système qui promeut la santé et gère la maladie de façon efficace et qui est centré sur les résultats. Tous ces aspects contribueront au développement social et économique et au bien-être de notre pays.

Ces principes définissent les engagements que les médecins et les infirmières du Canada entreprennent en vue de la transformation du système de soins de santé. Ensemble, nos deux organisations représentent plus de 215 000 médecins et infirmières qui sont aux premières lignes du système de soins de santé. Nous sommes des partenaires importants des travaux en vue d'obtenir rapidement la transformation du système de soins de santé canadien.

Notre objectif est que ces principes guident les discussions fédérales, provinciales et territoriales menant à la signature du nouvel accord sur la santé entre les gouvernements.

LA TRANSFORMATION SE FAIT PRESSANTE

Selon de nombreux rapports de projection des coûts de la santé, si les dépenses en soins de santé ne sont pas contenues, la part du produit intérieur brut utilisée pour les soins de santé des gouvernements doublera d'ici 2030. Ceci produira sûrement une grande pression sur les autres programmes gouvernementaux, comme l'éducation.

De plus, les études internationales comparatives effectuées par diverses organisations de renom démontrent que même si le Canada offre de bons résultats en santé, nous n'obtenons pas un rapport coût-efficacité optimal selon le niveau de financement du système de soins de santé.

IL EST ÉVIDENT QUE LE STATU QUO N'EST PAS UNE OPTION ET QUE LE CHANGEMENT DOIT DÉBUTER SANS DÉLAI

Au cours des derniers mois, l'AMC et l'AIIC ont examiné les stratégies pour transformer la prestation des soins de santé dans lesquelles les ressources existantes sont utilisées de façon plus efficace et plus efficiente. Ceci inclus de prendre en compte les leçons apprises ailleurs et d'examiner les excellentes activités qui ont lieu présentement à divers endroits au Canada et qui pourraient être déployées.

En partant des travaux sur la transformation des soins de santé et de ses cinq principes, l'AMC a proposé une définition de soins de santé durables comme un accès universel à des services de santé de qualité dotés de ressources adéquates et fournis en continuité, de façon opportune et rentable. L'AMC a mandaté un groupe-conseil indépendant afin de vérifier les options en ressources pour des soins de santé durables en vue de proposer des solutions au conseil d'administration.

Afin d'élaborer des stratégies pour la transformation du système de santé, l'AIIC a lancé une commission nationale d'experts pour l'amélioration du système de santé intitulée, *La santé de notre nation, l'avenir de notre système de santé*. Les recommandations de la commission viseront les innovations et les solutions qui incluent les soins de santé de courte durée, mais aussi les services dans la communauté, particulièrement ceux qui concernent le vieillissement de la population, la promotion de la santé, la prévention de la maladie et des blessures et la gestion des maladies non contagieuses.

PRINCIPES POUR LA TRANSFORMATION DES SOINS DE SANTÉ

Les principes élaborés par l'AMC et l'AIIC pour guider la transformation des soins de santé au Canada sont résumés comme suit :

- **le patient doit être le point de convergence des soins de santé** : avec un accès aux soins et une continuité des soins qui répondent à ses besoins.
- **la qualité** : la population canadienne mérite de recevoir en temps opportun des services de santé de qualité appropriés correspondant à ses besoins, qui respectent les choix individuels, qui sont fournis de façon sécuritaire et efficace et qui sont basés sur les connaissances scientifiques disponibles les plus récentes
- **la promotion de la santé et la prévention de la maladie** : le système de santé doit soutenir les Canadiens afin de prévenir la maladie et améliorer leur bien-être en portant une attention sur les déterminants sociaux plus généraux affectant la santé.
- **l'équité** : le système de soins de santé a un devoir envers la population canadienne, soit de préconiser pour elle et lui offrir un accès équitable à des soins de santé de qualité ainsi que des politiques multisectorielles qui tiennent compte des déterminants sociaux de la santé.
- **la durabilité** : des soins de santé durables passent par un accès universel à des services de santé de qualité dotés de ressources adéquates et fournis en continuité, de façon opportune et rentable.
- **l'imputabilité** : la population, les patients, les familles, les fournisseurs et les payeurs doivent tous veiller à l'efficacité et à l'imputabilité du système.

PROMOUVOIR UN SYSTÈME DE SOINS DE SANTÉ ROBUSTE FINANCÉ PAR L'ÉTAT

Ensemble, l'AMC et l'AIIC s'engagent à promouvoir un système de soins de santé public, robuste et efficient, qui offre un accès universel adapté aux besoins. Nous croyons que le gouvernement fédéral a un rôle de leader à jouer pour les soins de santé, en termes de soutien financier, ce qui a été la base de notre programme national d'assurance-santé, en termes de responsabilité constitutionnelle envers la santé des Premières nations et des communautés inuites et en termes d'obligations réglementaires.

L'AMC et l'AIIC ont auparavant été des défenseurs efficaces du financement fédéral des soins de santé à la suite des coupures fédérales unilatérales des années 1990. Le document de travail de 2004 de l'AMC et de l'AIIC intitulé *Maîtriser les files d'attente* a contribué à un financement de 5,5 milliards de dollars pour le Fonds pour la réduction des temps d'attente intégré dans le premier plan décennal des premiers ministres.

La caractéristique de l'assurance-santé canadienne a été que la population s'attend à un accès comparable (au moins dans les communautés de taille comparable) dans toutes les provinces et territoires, sans égard à la capacité de payer de l'utilisateur. Même si cela est encore vrai aujourd'hui pour l'assurance-santé, il n'est pas de même pour la continuité des soins (par ex. les médicaments d'ordonnance et les soins à domicile). L'AMC et l'AIIC sont d'avis qu'on peut élaborer des normes canadiennes pour un accès comparable à la continuité des soins qui n'implique pas une approche de haut en bas et qui sera uniforme pour tous.

L'AMC et l'AIIC étaient présentes et ont grandement contribué à tous les enjeux importants de l'évolution des politiques sur les soins de santé de la fédération. Nous croyons que nous sommes à un autre moment important de notre histoire. Nous souhaitons continuer de travailler avec les gouvernements à la transformation et la pérennité du système de soins de santé.



PRINCIPLES TO GUIDE HEALTH CARE TRANSFORMATION IN CANADA

OVERVIEW

July 2011

The Canadian Medical Association (CMA) and the Canadian Nurses Association (CNA) believe that a health care system that is universal, sustainable and truly centred on the needs of patients demands pan-Canadian standards for which all levels of government share responsibility.

To that end, CMA and CNA jointly developed a set of principles to guide health care transformation in Canada. We believe change is achievable and that these principles, if followed, will create a system that effectively promotes health, manages illness and focuses on outcomes – all of which would contribute to the social and economic development and well-being of our country.

These principles outline the commitments that Canada's doctors and nurses are making to transform the health care system. Combined, our two organizations represent over 215,000 doctors and nurses who are on the front lines of the health care system. We are crucial partners in a pan-Canadian effort to achieve urgently required transformation of Canada's health care system.

Our goal is to have these principles guide discussions at the provincial/territorial and federal levels leading to the signing of a new health care accord between the governments.

THE TRANSFORMATION IMPERATIVE

According to several recent health cost projection studies, by 2030, health care spending, if left unchecked, will double the share of gross domestic product spending by governments on health care in Canada. This will almost certainly result in intense pressure on other essential government programs, such as education.

Furthermore, international comparative studies by respected organizations show that while Canada has good health outcomes, we are not getting sufficient value for money for our level of investment in the health care system.

Clearly the status quo is not an option, and transformative change must begin without delay.

Over the last several months, the CMA and CNA have been examining strategies to transform the delivery of health care in which existing resources are used more efficiently and effectively. This has included learning from international experience and from examining numerous “pockets of excellence” taking place in certain areas in Canada that could be deployed even more widely.

Based on its work on health care transformation, including its five pillar plan, the CMA has proposed a definition of “sustainable health care” as universal access to patient-centred care that is adequately resourced and delivered along the full continuum in a timely and cost-effective manner. CMA has struck an independent advisory panel on resourcing options for sustainable health care to advise its board of directors.

To further develop strategies for health system transformation, CNA has launched a National Expert Commission on health system improvement entitled “The Health of Our Nation – The Future of Our Health System.” The Commission’s recommendations will target innovations and solutions that move beyond acute care to encompass community-based services, particularly as they relate to healthy aging, health promotion, illness/injury prevention and management of non-communicable diseases.

PRINCIPLES FOR HEALTH CARE TRANSFORMATION

The principles developed by the CMA and CNA to guide health care transformation in Canada are summarized as follows:

- **Patient-centred:** Patients must be at the centre of health care, with seamless access to the continuum of care based on their needs.
- **Quality:** Canadians deserve quality services that are appropriate for patient needs, respect individual choice and are delivered in a manner that is timely, safe, effective and according to the most currently available scientific knowledge.
- **Health promotion and illness prevention:** The health system must support Canadians in the prevention of illness and the enhancement of their well-being, with attention paid to broader social determinants of health.
- **Equitable:** The health care system has a duty to Canadians to provide and advocate for equitable access to quality care and commonly adopted policies to address the social determinants of health.
- **Sustainable:** Sustainable health care requires universal access to quality health services that are adequately resourced and delivered across the board in a timely and cost-effective manner.
- **Accountable:** The public, patients, families, providers and funders all have a responsibility for ensuring the system is effective and accountable.

ADVOCATING FOR A STRONG PUBLICLY FUNDED HEALTH CARE SYSTEM

Both the CMA and CNA are committed advocates for a strong and efficient publicly financed health care system that provides universal access based on need. We believe that the federal government has a strong role to play in health care in terms of the financial support that was the springboard of our national medicare program, the constitutional responsibility it has for First Nations and Inuit health and its regulatory responsibilities.

Previously, the CMA and CNA have been effective advocates for federal reinvestment in health care following the unilateral funding cuts of the 1990s. The 2004 joint CMA/CNA discussion paper *Taming of the Queue* contributed to the \$5.5 billion wait times reduction fund that was included in the First Ministers 10-Year Plan.

The hallmark of Canadian medicare has been that Canadians have come to expect comparable access (at least for communities of comparable size) across provinces and territories, with no financial barriers. While this largely holds true for medicare today, the same cannot be said for the broader continuum of care (e.g., prescription drugs, home care). The CMA and CNA believe that there is the potential to develop pan-Canadian standards of comparable access to the broader continuum of care that do not entail a top-down, one-size-fits-all approach.

The CMA and CNA have been at the table and have contributed substantively at all significant junctures in the evolution of health care policy in the federation, and we believe this is another such moment in history. We would welcome the opportunity to continue to work with governments toward a transformed and sustainable health care system.



PRINCIPLES TO GUIDE HEALTH CARE TRANSFORMATION IN CANADA

July 2011

PREAMBLE

The Canadian Medical Association and the Canadian Nurses Association put forward the following principles to guide the transformation of the health care system in Canada toward one that is sustainable and adequately resourced, and provides universal access to quality, patient-centred care delivered along the full continuum of care in a timely and cost-effective manner. Such a system promotes health, effectively manages illness and focuses on outcomes, thereby contributing to a country's social and economic development and well-being.¹

Canada's health care system is in need of transformation to better meet the health needs of Canadians. First, while it is recognized that elements of transformation are already taking place across the country, it is important that regional or jurisdictional change be guided by a common framework. Second, health care transformation must build on the five principles of the *Canada Health Act* (universality, accessibility, portability, comprehensiveness and public administration) that currently apply only to hospital and physician services. Moving beyond these services, a common set of principles is required to guide a national transformation toward a more effective and comprehensive medicare system. A transformed Canadian health care system demands national standards for service quality and outcomes, for which both federal and provincial/territorial governments share responsibility.

PRINCIPLES

The principles below have been organized according to the Institute for Healthcare Improvement's (IHI) Triple Aim Framework, which describes the three goals of "better care for individuals, better health for populations and lower per capita costs."² It has been IHI's experience that all three must be addressed; where organizations address only one or two, results may be achieved to the detriment of the other(s).

ENHANCE THE HEALTH CARE EXPERIENCE

PATIENT-CENTRED

The patient must be at the centre of health care. Patient-centred care is seamless access to the continuum of care in a timely manner, based on need and not the ability to pay, that takes into consideration the individual needs and preferences of the patient and his/her family, and treats the patient with respect and dignity.³ Improving the patient experience and the health of Canadians must be at the heart of any reforms.

A strong primary health care foundation as well as collaboration and communication within and between health professional disciplines along the continuum are essential to achieving patient-centred care.

QUALITY

Canadians deserve quality services that are appropriate for patient needs, respect individual choice and are delivered in a manner that is timely, safe, effective and according to the most currently available scientific knowledge. Services should also be provided in a manner that ensures continuity of care. Quality must encompass both the processes and the outcomes of care. More attention needs to be given to ensuring a system-wide approach to quality.

IMPROVE POPULATION HEALTH

HEALTH PROMOTION AND ILLNESS PREVENTION

The health system must support Canadians in the prevention of illness and the enhancement of their well-being. The broader social determinants of health (e.g., income, education level, housing, employment status) affect the ability of individuals to assume personal responsibility for adopting and maintaining healthy lifestyles and minimizing exposure to avoidable health risks. Coordinated investments in health promotion and disease prevention, including attention to the role of the social determinants of health, are critical to the future health and wellness of Canadians and to the viability of the health care system. This is a responsibility that must be shared among health care providers, governments and patients, who must be actively engaged in optimizing their health and be involved in decisions that affect their overall health.

EQUITABLE

The health care system has a duty to Canadians to provide and advocate for equitable access to quality care and multi-sectoral policies to address the social determinants of health.⁴ In all societies, good health is directly related to the socio-economic gradient – the lower a person's social position, the worse his or her health. The relationship is so strong that it is measurable *within* any single socio-economic group, even the most privileged. It is due to the sum of all parts of inequity in society – material circumstances, the social environment, behaviour, biology and psychosocial factors, all of which are shaped by the social determinants of health.⁵

Some health inequities are preventable; failure to address them will result in poorer health and higher health care costs than necessary. Improved health literacy (defined as the ability to access, understand and act on information for health) would help to mitigate these inequalities.

IMPROVE VALUE FOR MONEY

SUSTAINABLE

Sustainable health care requires universal access to quality health services that are adequately resourced and delivered along the full continuum in a timely and cost-effective manner. Canada's health care system must be sustainable in the following areas:

- *Resourcing:* Health services must be properly resourced based upon population needs, with appropriate consideration for the principles of interprovincial and intergenerational equity and pan-Canadian comparability of coverage for and access to appropriate health services.
 - *Financing:* The health care system needs predictability, certainty and transparency of funding within the multi-year fiscal realities of taxpayers and governments, and funding options that promote risk-pooling, inter-provincial and inter-generational equity and administrative simplicity.
 - *Health human resources:* Health care will be delivered within collaborative practice models; pan-Canadian standards/licensure will support inter-provincial portability of all health care providers; health human resource planning will adjust for local needs and conditions.
 - *Infrastructure:* Health care in the 21st century demands a fully functional health care information technology system as well as buildings and capital equipment.
- *Research:* Health research in Canada will inform adjustments to health service delivery and to the resourcing of health services.
- *Measuring and reporting:* Outcome data are linked to cost data; comparable and meaningful performance measures are developed and publicly reported; outcomes are benchmarked to high-performing, comparable jurisdictions.
- *Public support:* The health care system must earn the support and confidence of the users and citizens of Canada, who ultimately pay for the system.

ACCOUNTABLE

All stakeholders – the public/patients/families, providers and funders – have a responsibility for ensuring the system is effective and accountable. This includes:

- *Good governance:* Clear roles, lines of authority and responsibilities are necessary for the funding, regulation and delivery of health care services, even where these may be shared between levels of government and among health care providers. Patients, families and providers must be partners in the governance of the system.
- *Responsible use:* Services should be funded, offered and used responsibly.
- *Strong public reporting:* Timely, transparent reporting at the system level on both processes and outcomes that can be used and understood by stakeholders and the public are necessary.
- *Enforceability and redress:* Mechanisms are in place to enforce accountability and provide redress when the system does not fulfill its obligations.
- *Leadership/stewardship:* Long-term strategic planning and monitoring is necessary to ensure the system will be sustainable.
- *Responsive/innovative:* The system is able to adapt based on reporting results.

APPLICATION OF PRINCIPLES AND NEXT STEPS

Over the next several months, a number of health care initiatives will be considered at both the provincial/territorial and federal levels. This will include discussions aimed at signing a new health care accord between the federal government and the provinces/territories. Any such agreements or initiatives must be consistent with the principles set out in this document.

Approved by the CMA and CNA Boards of Directors, June 2011

ENDNOTES

¹ World Health Organization. Regional Office for Europe. *The Tallinn Charter: Health systems for health and wealth*. Copenhagen, Denmark, 2008. http://www.euro.who.int/__data/assets/pdf_file/0008/88613/E91438.pdf.

² See <http://www.ihl.org/IHI/Programs/StrategicInitiatives/IHITripleAim.htm>.

³ Canadian Medical Association. *Health care transformation in Canada: Change that works. Care that lasts*. Ottawa, 2010. http://www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Advocacy/HCT/HCT-2010report_en.pdf.

⁴ Canadian Nurses Association. *Social justice: A means to an end; an end in itself*. Ottawa, 2010. http://www.cna-nurses.ca/CNA/documents/pdf/publications/Social_Justice_2010_e.pdf.

⁵ The Marmot Review. *Fair Society, Healthy Lives*, February, 2010. <http://www.marmotreview.org/AssetLibrary/pdfs/Reports/FairSocietyHealthyLives.pdf>.



PRINCIPES DEVANT GUIDER LA TRANSFORMATION DES SOINS DE SANTÉ AU CANADA

Juillet 2011

PRÉAMBULE

L'Association médicale canadienne et l'Association des infirmières et des infirmiers du Canada présentent ci-dessous les principes qui doivent guider la transformation du système de santé au Canada pour en faire un système durable, doté de ressources suffisantes et qui offre un accès universel à des soins de qualité centrés sur les patients, et prodigués en continuité, en temps opportun et offrant un bon rapport coût-efficacité. Un tel système favorise la santé, gère efficacement la maladie et se centre sur les résultats, ce qui contribue au développement social et économique d'un pays et à son bien-être¹.

La transformation du système de soins de santé du Canada s'impose afin de mieux répondre aux besoins de santé des Canadiens. Tout d'abord, même si l'on reconnaît que certains éléments de transformation sont déjà en déploiement au Canada, il importe qu'un cadre commun guide le changement dans les diverses régions et administrations. Deuxièmement, la transformation des soins de santé doit s'appuyer sur les cinq principes de la *Loi canadienne sur la santé* (l'universalité, l'accessibilité, l'intégralité, la transférabilité et la gestion publique) qui s'appliquent actuellement uniquement aux services hospitaliers et médicaux. Si nous voulons aller au-delà de ces services, il faut un ensemble commun de principes pour guider une transformation nationale qui tendra à rendre le système d'assurance-santé intégré et plus efficace. Un système de soins de santé canadien transformé exigera des normes nationales de qualité du service et des résultats, et une responsabilité partagée entre le fédéral, les provinces et les territoires.

PRINCIPES

Les principes qui suivent sont structurés en fonction du cadre à trois objectifs de *l'Institute for Healthcare Improvement* (IHI), qui décrit les trois objectifs suivants : « de meilleurs soins aux personnes, une meilleure santé pour les populations et des coûts par habitant moins élevés². » [traduction] L'expérience de l'IHI a démontré qu'il faut aborder ces trois aspects, car lorsque les organisations s'attaquent à seulement une ou deux de ces dimensions, il peut arriver que des résultats soient obtenus dans un secteur au détriment des autres.

AMÉLIORER L'EXPÉRIENCE DES SOINS DE SANTÉ

SYSTÈME CENTRÉ SUR LES PATIENTS

Le patient doit être le point de convergence des soins de santé. Des soins centrés sur le patient donnent un accès transparent à la continuité des soins, en temps opportun, en fonction du besoin et non de la capacité de payer, en tenant compte des besoins et des préférences du patient et des membres de sa famille, et traitent le patient avec respect et dignité³. Toute réforme doit viser l'amélioration de la santé des Canadiens et de l'expérience des patients dans le système.

L'instauration de soins centrés sur le patient passe obligatoirement par une solide assise en soins de santé primaires, ainsi que par la collaboration et la communication à l'intérieur des disciplines de la santé et entre celles-ci, sur tout le continuum des soins.

QUALITÉ

Les patients canadiens méritent de recevoir en temps opportun des services de santé de qualité appropriés correspondant à leurs besoins, qui respectent leurs choix individuels, qui sont fournis de façon sécuritaire et efficace et qui sont basés sur les connaissances scientifiques disponibles les plus récentes. Il faut aussi fournir les services de manière à assurer la continuité des soins. La qualité doit englober à la fois les processus de soins et leurs résultats. Il faut chercher davantage à assurer une approche systémique de la qualité.

AMÉLIORATION DE LA SANTÉ DES POPULATIONS

PROMOTION DE LA SANTÉ ET PRÉVENTION DES MALADIES

Le système de santé doit aider les Canadiens à prévenir les maladies et à améliorer leur bien-être. Les déterminants sociaux généraux de la santé (p. ex. revenu, niveau de scolarité, logement, situation d'emploi) ont une incidence sur la capacité des personnes à assumer la responsabilité personnelle d'adopter et de maintenir des habitudes de vie saines afin de réduire l'exposition aux risques pour la santé qui peuvent être évités. Un financement coordonné de la promotion de la santé et de la prévention des maladies, y compris l'attention portée au rôle des déterminants sociaux de la santé, jouent un rôle crucial dans la santé et le bien-être futurs des Canadiens et sur la durabilité du système de soins de santé. Il s'agit d'une responsabilité que doivent se partager les fournisseurs de soins de santé, les gouvernements et les patients. Ces derniers doivent participer activement à l'optimisation de leur santé et aux décisions qui ont une incidence sur leur état de santé général.

ÉQUITÉ

Le système de soins de santé a un devoir envers la population canadienne : il doit préconiser pour elle, et lui offrir un accès équitable à des soins de santé de qualité ainsi que des politiques multisectorielles qui tiennent compte des déterminants sociaux de la santé⁴. Dans toute société, il y a un lien direct entre une bonne santé et le gradient socioéconomique : plus la situation sociale d'une personne est faible, plus son état de santé est mauvais. Ce lien est si fort qu'il est mesurable à l'intérieur de n'importe quel groupe socioéconomique, même le plus privilégié. Il est attribuable à la somme de tous les éléments constituant de l'inégalité dans la société : les circonstances matérielles, les facteurs liés à l'environnement social, au comportement, à l'hérédité et les facteurs psychosociaux façonnent tous les déterminants sociaux de la santé⁵.

Il est possible de prévenir certaines inégalités. Ne pas les prévenir, c'est accepter un état de santé médiocre et une augmentation des coûts des soins de santé plus importante que nécessaire. L'amélioration de la littératie en santé (c'est-à-dire de la capacité à avoir accès à de l'information sur la santé, à la comprendre et à y donner suite) contribuerait à réduire ces inégalités.

OPTIMISER LES RESSOURCES

DURABILITÉ

Des soins de santé durables passent par un accès universel à des services de santé de qualité dotés de ressources adéquates et fournis en continuité, de façon opportune et rentable. Le système de santé du Canada doit être durable dans les domaines suivants :

- *la dotation en ressources* : les services de santé doivent être dotés de ressources appropriées basées sur les besoins de la population et tenir dûment compte des principes de l'équité interprovinciale et intergénérationnelle, ainsi que de la comparabilité pancanadienne de la couverture des services de santé adéquats et de l'accès à ceux-ci.
 - *le financement* : il faut que le système de soins de santé offre de la prévisibilité, de la certitude et de la transparence du financement, compte tenu des réalités budgétaires pluriannuelles des contribuables et des gouvernements. Il faut aussi des options de financement qui favorisent la mise en commun des risques, l'équité interprovinciale et intergénérationnelle et la simplicité administrative.
 - *les ressources humaines de la santé* : les soins de santé seront fournis dans le contexte de modèles de pratique en collaboration; les normes et le permis d'exercice pancanadiens appuieront la mobilité interprovinciale de tous les fournisseurs de soins de santé; la planification des ressources humaines de la santé s'adaptera à la conjoncture et aux besoins locaux.
 - *l'infrastructure* : les soins de santé au XXI^e siècle requièrent un système de technologies de l'information en santé qui soit entièrement fonctionnel, ainsi que des immeubles et de l'équipement.
- *la recherche* : la recherche en santé au Canada éclairera les rajustements de la prestation des services de santé et de la dotation en ressources des services de santé.
- *la mesure des résultats et la rédaction de rapports* : les données sur les résultats sont liées à celles qui portent sur les coûts; des mesures du rendement comparables et réelles sont créées et font l'objet de rapports publics; les résultats sont comparés à ceux d'administrations comparables très performantes.
- *le soutien du public* : le système de santé doit gagner l'appui et la confiance des utilisateurs et de la population du Canada qui, en fin de compte, finance le système.

IMPUTABILITÉ

Tous les interlocuteurs – le public, les patients et les familles, ainsi que les fournisseurs et les payeurs – doivent veiller à l’efficacité et à l’imputabilité du système, ce qui comprend les aspects suivants :

- *la bonne gouvernance* : il faut des rôles, des hiérarchies et des responsabilités clairs à l’égard du financement, de la réglementation et de la prestation des services de santé, même là où ces derniers peuvent être partagés entre les échelons de gouvernement et les fournisseurs de soins. Les patients, les membres de leur famille et les fournisseurs doivent être partenaires dans la gouvernance du système.
- *l’usage responsable* : les services doivent être financés, offerts et utilisés de façon responsable.
- *les rapports publics solides* : il faut des rapports transparents et opportuns à l’échelle du système qui portent à la fois sur les processus et les résultats et que les interlocuteurs et le public peuvent utiliser et comprendre.
- *l’applicabilité et le recours* : il existe des moyens d’appliquer des mécanismes d’imputabilité et d’offrir des recours lorsque le système ne s’acquitte pas de ses obligations.
- *le leadership et la gestion* : la planification stratégique à long terme et la surveillance s’imposent pour garantir la durabilité du système.
- *le système innovateur et à l’écoute* : le système doit s’adapter en fonction des rapports de résultats.

APPLICATION DES PRINCIPES ET ÉTAPES SUIVANTES

Au cours des prochains mois, un certain nombre d’initiatives portant sur les soins de santé seront envisagées à l’échelle tant provinciale et territoriale que fédérale, notamment des discussions visant à signer un nouvel accord sur la santé entre le gouvernement fédéral et les provinces et territoires. Tout accord ou toute initiative de cette nature doit correspondre aux principes établis dans le présent document.

Approuvé par les Conseils d’administration de l’AMC et de l’AIIC, juin 2011

NOTES

- ¹ Organisation mondiale de la santé. Bureau régional de l’Europe. *La Charte de Tallinn : Des systèmes de santé pour la santé et la prospérité*. Copenhague, Danemark, 2008. http://www.euro.who.int/__data/assets/pdf_file/0008/88613/E91438.pdf
- ² Consulter <http://www.ihl.org/offerings/Initiatives/TripleAim/Pages/default.aspx>
- ³ Association médicale canadienne. *La transformation des soins de santé au Canada : Des changements réels. Des soins durables*. Ottawa, 2010. <http://prismadmin.cma.ca/representationamc/transformation-des-soins-de-sante-2010>
- ⁴ Association des infirmières et infirmiers du Canada. *La justice sociale – Un moyen de parvenir à une fin, une fin en soi*. Ottawa, 2010. http://www.cna-aiic.ca/CNA/documents/pdf/publications/Social_Justice_2010_f.pdf
- ⁵ The Marmot Review. *Fair society, healthy lives: Strategic review of health inequalities in England in post-2010*. Février, 2010. <http://www.marmotreview.org/AssetLibrary/pdfs/Reports/FairSocietyHealthyLives.pdf>

Elliot, Nathan SSBC:EX

From: Pantazopoulos, Dimitri PREM:EX
Sent: Monday, June 20, 2011 12:48 PM
To: Murry, Sean JTI:EX
Cc: Maranda, Pierrette IGRS:EX
Subject: Re: Bio 2011

Sean, can I direct you over to someone in IGR. I am in Yellowknife right now, with limited ability. I have asked Pierette from IGR to ensure you are up to speed.

On 2011-06-20, at 11:34 AM, "Murry, Sean JTI:EX" <Sean.Murry@gov.bc.ca> wrote:

Hello Dimitri,

I am planning the PS Stilwells Washington DC Tour.

Moira indicated that you said someone in the Premiers office had some insights that will be helpful to us in our planning efforts. Is it best to work with you directly?

Sean Murry
Office of the Minister

Ministry of Jobs, Tourism and Innovation

(T): 250.356.2771 (F) 250.356.3000

From: Parhar, TJ S JTI:EX
Sent: Friday, June 17, 2011 1:13 PM
To: Pantazopoulos, Dimitri PREM:EXd
Cc: Murry, Sean JTI:EX
Subject: Bio 2011

Dimitri,

Can you give either Sean or I a call re: BIO 2011 in Washington.

Thanks,

Elliot, Nathan SSBC:EX

From: Pantazopoulos, Dimitri PREM:EX
Sent: Saturday, May 28, 2011 12:43 PM
To: Maranda, Pierrette IGRS:EX
Cc: McDonald, Mike PREM:EX
Subject: Re: CoS Yukon

Thank you.

----- Original Message -----

From: Maranda, Pierrette IGRS:EX
Sent: Saturday, May 28, 2011 11:44 AM
To: Pantazopoulos, Dimitri PREM:EX
Subject: CoS Yukon

Dimitri:

Just got a message from Yukon Premier's Office.

Dale Drown, Chief of Staff, of Premier Fentie will email either you or Mike this weekend after the election re info on how Premier Clark can contact the new leader/premier.

Pierrette

Pierrette Maranda

Associate Deputy Minister
Intergovernmental Relations
Secretariat

Phone: 250-387-0752

Fax: 250-387-1920

Elliot, Nathan SSBC:EX

From: Pantazopoulos, Dimitri PREM:EX
Sent: Thursday, June 2, 2011 10:51 AM
To: Maranda, Pierrette IGRS:EX
Subject: Re: Invitation to Gov Gregoire

Yes. It is being printed.
DP

----- Original Message -----

From: Maranda, Pierrette IGRS:EX
Sent: Thursday, June 02, 2011 10:45 AM
To: Pantazopoulos, Dimitri PREM:EX
Cc: Chalmers, Jennifer PREM:EX
Subject: Invitation to Gov Gregoire

Hi Dimitri:

I am in contact with the Governor's office re her participation at the July 22 session at CoF.

The draft letter for the Premier signature includes a paragraph that is a formal invite.

I believe, Antoinette in the Premier's correspondence Branch, sent you the letter for approval.

Just checking if you are ok with it.

Thanks,

Pierrette

Pierrette Maranda
Associate Deputy Minister
Intergovernmental Relations
Secretariat

Phone: 250-387-0752
Fax: 250-387-1920

Elliot, Nathan SSBC:EX

From: Pantazopoulos, Dimitri PREM:EX
Sent: Wednesday, June 8, 2011 9:34 AM
To: Maranda, Pierrette IGRS:EX; De Wit, Antoinette PREM:EX
Subject: Re: Premier Dexter

Thanks.

Please cc me on the letter and we will get it signed here this am.

----- Original Message -----

From: Maranda, Pierrette IGRS:EX
Sent: Wednesday, June 08, 2011 09:14 AM
To: De Wit, Antoinette PREM:EX
Cc: Pantazopoulos, Dimitri PREM:EX
Subject: Premier Dexter

S22

Pierrette
Pierrette Maranda
Associate Deputy Minister
Intergovernmental Relations
Secretariat

Phone: 250-387-0752
Fax: 250-387-1920