**Michael Decter Testimony at Queen's Park – Former Deputy Health Minsiter**

**Mr. Michael Decter**

**The Chair (Mr. Peter Tabuns):** Michael Decter? Michael? If you'll introduce yourself. I know you're familiar with the environment we're operating in. You have five minutes. I'll give you a one-minute warning, and questions to the parties—

**Mr. Michael Decter:** Thank you. It has been a long time since I was in this room, but it's an important occasion to be back.

My name is Michael Decter. I currently serve on the board of Patients Canada and as the chair of Medavie Blue Cross. However, today I'm here in my capacity as a private citizen and as a former Deputy Minister of Health for this province.

I asked to be heard by the committee. Why? I think the most eloquent answer to that question was given by Randy Shilts in his book And The Band Played On, when he wrote: "It is a tale that"—sorry, I will need my glasses. I've aged a little since the last appearance. "It is a tale that bears telling so that it will never happen again, to any people, anywhere."

Memories fade. New experts and those with financial gains in mind tell you that this time, it will be safe; this time, it will be different. Old lessons are forgotten. As we age, we have a responsibility to speak our remembered truth to your democratically given power.

Albert Einstein commented that the true definition of insanity is doing the same thing over again and expecting different results.

The truth is that this bill is a sensible and necessary law to prevent a future blood-borne disease tragedy. It is the legislative specification of the central tenet of public health: the precautionary principle. If an action or policy has potential to harm human health, precautionary measures should be taken, even if some cause-and-effect relationships are not fully established scientifically.

Collection of blood on a paid basis, in locations adjacent to facilities built specifically to house or serve at-risk populations, is a recipe for disaster and should not be permitted.

As early as December 1982, the US Food and Drug Administration recommended that blood fractionators refrain from collecting plasma from high-risk donors. They did not, with tragic consequences.

What tale do I have to tell? In the summer of 1993, I was appointed to chair a national committee of Deputy Ministers of Health. We had three tasks:

—determine and recommend to health ministers whether an inquiry should be held into the blood system;

—negotiate an agreement with the victims of tainted blood to financially assist them and their families; and

—recommend an interim written agreement with the Canadian Red Cross.

1720

What we found was shocking to me and to my fellow deputies. We interviewed people in the Bureau of Biologics who had been entirely negligent in taking steps to ensure blood safety. The bureau issued licences to blood collection centres without inspections. It was understaffed and it was complacent in its attitude.

This blood system manager, the Canadian Red Cross, had a leadership with an attitude of arrogance in the face of an unfolding tragedy that was astonishing. They had no written agreement with the governments that funded it.

We recommended an inquiry that Justice Krever was appointed to chair in October 1993. In my view, his report stands as a landmark of integrity and sound policy. He did not wait for his final report in 1997; he issued an interim report in 1995. Recommendation 10 of that report stated: "That blood services develop a policy for locating blood donor clinics so as to avoid areas known to have a significantly higher than normal prevalence, and thus a potentially higher incidence, of HIV or any other disease transmissible by blood."

During the inquiry, Justice Krever issued 95 section 13 notices to those who caused the blood crisis, both companies and individuals. Only one of those notices was successfully appealed.

**The Chair (Mr. Peter Tabuns):** You have one minute left.

**Mr. Michael Decter:** One minute?

It is fair to say that all those entrusted with blood safety let us down with fatal consequences for thousands of Canadians.

Given the time, I will read only two of Justice Krever's recommendations:

—Donated blood is a public resource—Canadian Blood Services must act as a trustee of this public resource for the benefit of all persons in Canada;

—Safety of the blood supply system is paramount—the principle of safety must transcend other principles and policies.

Lurking out there just beyond the periphery of our current knowledge is the next HIV/AIDS virus or prions or Ebola. Your challenge is to apply the precautionary principle. That is what Bill 21 does and that is why I strongly support its passage into law. Thank you.

**The Chair (Mr. Peter Tabuns):** Thank you, Mr. Decter. The first question is to the government.

**Mr. Granville Anderson:** Mr. Decter, thank you very much for coming this evening. In 2006, you were quoted as saying that "crises can lead to better institutions, but only when the changes made reflect lessons learned." Can you tell us what that means with respect to Bill 21? Is CBS an example of a better institution?

**Mr. Michael Decter:** Yes, and I'm honoured to say I was invited by the CBS board to speak at their first meeting and to speak at their 10th anniversary meeting. I praised them for what they've achieved in 10 years. I told them they'd achieved more than I thought they could in a decade, but I also said to them, "You have more to do." One of the more-to-dos is to move towards self-sufficiency and to take on that challenge. They've chosen to take on some other challenges that are not to do with blood and blood products; I would rather they stayed focused on blood.

**Mr. Granville Anderson:** Okay. Can you please explain to us why it is so important to safeguard the integrity of the voluntary blood donation system in Canada and why this legislation is so important to its quick passage?

**Mr. Michael Decter:** Yes. One of the qualities of blood is that it is something that we possess and that we can share to assist, maybe even save the lives of others. I think when you reduce it to a commodity and put it into a private for-profit system, then it loses that quality.

I know there have been lots of studies done, but I know that mixed systems have had not good outcomes in health generally in this country. There's lots of evidence on point on that. I think it's important to keep separate what we do as a public good, and blood products for me fall into that category of a public good.

**Mr. Granville Anderson:** Can you tell us what you would tell individuals who oppose this bill, especially those who indicated that 70% comes from the US, so what is there to worry about, basically? What can you tell us about that comment?

**Mr. Michael Decter:** Well, I think you have to look broader at Canada's role in the world. We import a great many things to this country, some of them because we can't provide them ourselves. We don't grow bananas in Canada—

**The Chair (Mr. Peter Tabuns):** Thirty seconds.

**Mr. Michael Decter:** —we don't do things of that sort. We often import things from countries with lower safety standards. We have had tragedies run the gamut from antifreeze in wine to all sorts of things, so it's a second-best solution for us to import 70%.

I think this bill is an important bill, but I think it's also important that the Canadian Blood Services implement their business plan to move us towards greater self-reliance.

**The Chair (Mr. Peter Tabuns):** Thank you, Mr. Decter. To the opposition: Mr. Walker.

**Mr. Bill Walker:** Thank you very much. Thank you, Mr. Decter. In your opening remarks you related that we have to be very cautious—I don't think there's anyone in this room who won't agree—about the potential risk of a new disease, and what do we do and how do we protect that? Because what I'm trying to get my head around—and I have two young boys, so it's a concern I have, and obviously would, if my sons would ever have something like that happen.

Similarly, if you look at the fractionation and the need to have those life-saving treatments, what if we don't have the supply? Which one of those do we value more? Which factor do we bear over the other? Because what I'm reading in a lot of the information that's been given to us today is that a lot of those things are derived from paid donations, and they seem to be working quite well. I don't know how I put one risk over another risk. Can you help me?

**Mr. Michael Decter:** Well, I think it's a false choice. I don't think that, because they're paid donations in other countries—most of those countries have personally paid health services, which we as a country have been against, as I understand it, including our current Prime Minister, whom I've debated on the subject over the years.

I don't think we have to go down that route. The fact that we currently import blood products that may in some cases be made from paid plasma because the other systems are mixed—the 70% isn't a very good number; it's a "may contain paid plasma," not "does contain." That is something that I think that we should be trying to work our way away from, but not—and I'll say this—by trying to produce a fractionator in Canada, which we did do before with tragic consequences.

I think I would be with David Harvey's testimony, saying that if we send out product from CBS, have it fractionated, get it back and not commingle it, that is a better solution than either importing something that we may not know all the qualities of or trying to build something in Canada that may not actually work out from a safety point of view.

**Mr. Bill Walker:** You've already suggested, I believe, that we may not be able to produce enough in some cases, so are you open, then—and is that the ability of the exemption in the Krever report—to allow it to be paid if we cannot produce enough, and to keep it in that one stream?

**Mr. Michael Decter:** If CBS, having seriously tried—which, in my view, they haven't—to get to self-sufficiency in collection using plasma for research, then I would certainly see that as being an important exemption in the bill, but I don't think that the right answer is to have other entrants with mixed motivations enter a system that should be run four-square on the precautionary principle.

**Mr. Bill Walker:** But you are willing to look at that if it can be proven that we can't produce enough?

**Mr. Michael Decter:** I would be willing to look at CBS being able to do something there. I know there are some very small, special situations—Cangene, for example—in which that has been done.

**The Chair (Mr. Peter Tabuns):** Your time is up. Madame Gélinas?

**M^me^ France Gélinas:** Pleased to see you; long time no see.

How do we get to self-sufficiency through CBS? Can you see a way forward that brings us there?

**Mr. Michael Decter:** Yes. There are plenty of other countries that have been able to achieve self-sufficiency, and there's plenty of ability at CBS after a decade. I think ministers have to exert some political will and say to CBS, "Look, we know you want to get into tissue banking. We know you want to do all of these other things, but you haven't finished your work on blood. We're not self-sufficient, and we would like you to take the steps."

They're not all on the supply side. Let's be clear about this. The one recommendation of Justice Krever that wasn't implemented was that the budget for blood products be transferred to the hospitals, so that they could buy product from the CBS. The reason he proposed that—and I will confess that I was an adviser to the Krever inquiry on some of those points—is that blood is frankly not always as valued as it should be in the system, because it's transferred from CBS to the users for free.

1730

I think, frankly, that there is wastage. Some hospitals do a spectacularly good job of managing blood; others, not so good. I think if there were transfer pricing, you might see better utilization.

So I don't think we solve this entirely on more supply. Part of it is taking advantage of getting to the best standard, which would let us use less whole blood in total.

**M^me^ France Gélinas:** Interesting. You also mentioned that mixed systems have not had good outcomes in this country. This is a comment you made. What were you referring to?

**Mr. Michael Decter:** It's a more general comment about health care. I think some parts of the health system work really well in the private sector. Chain drugstores, for example, work very well. They're popular. They do a good job. Public hospitals do a good job. When we start to try and bring public and private elements together in the same health enterprise, I think we run some complicated risks. The most glaring example—

**The Chair (Mr. Peter Tabuns):** Thirty seconds.

**Mr. Michael Decter:** —in this jurisdiction would be the rather sad experience of Ornge, where I think the attempt to make money took it off its main task. I guess someday we'll hear the full story, but that wasn't a happy experience.

I think that what is public should be public, and I would put blood there. What is private should be private, and I would put the manufacture of pharmaceuticals and their distribution and sale there.

**The Chair (Mr. Peter Tabuns):** Thank you, Mr. Decter.