HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

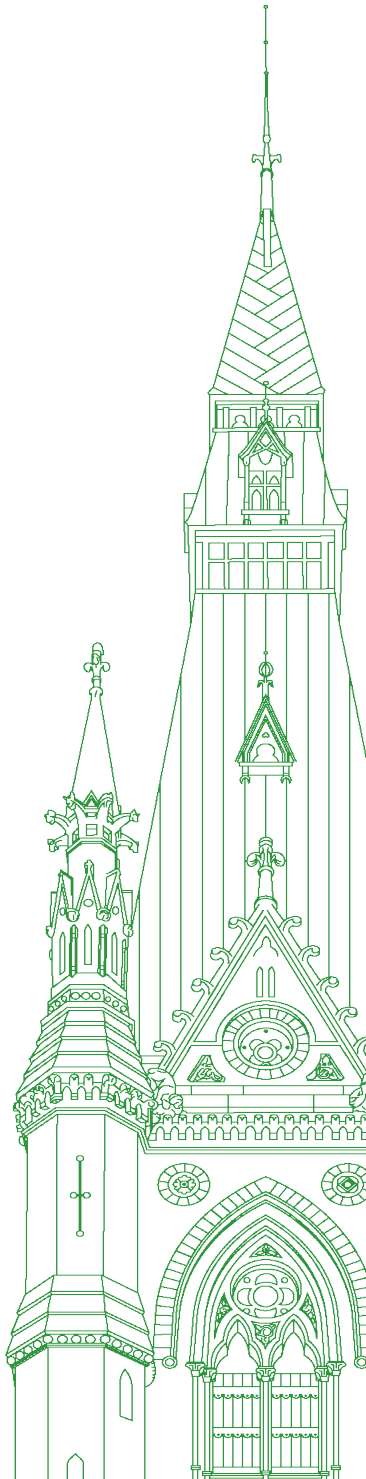
44th PARLIAMENT, 1st SESSION

Standing Committee on Health

EVIDENCE

NUMBER 011

Monday, March 21, 2022



Chair: Mr. Sean Casey

Standing Committee on Health

Monday, March 21, 2022

● (1545)

[*English*]

The Chair (Mr. Sean Casey (Charlottetown, Lib.)): Good afternoon, everyone. Welcome to meeting number 10 of the House of Commons Standing Committee on Health. Today, we will be meeting for two hours to hear from witnesses on our study of Canada's health workforce.

Before I introduce today's witnesses, I have a few regular reminders for hybrid meetings. Actually, I think we can dispense with the reminders, because we have all of our members present, and the witnesses who are appearing virtually have all appeared before. In the interest of brevity, we're going to go right to our witnesses.

We have with us today the Honourable Jean-Yves Duclos, Minister of Health; and the Honourable Carolyn Bennett, Minister of Mental Health and Addictions and Associate Minister of Health.

Online, from the Canadian Food Inspection Agency, we have Sylvie Lapointe, vice-president, policy and programs branch. From the Canadian Institutes of Health Research, we have Michael J. Strong, president. From the Department of Health, we have Stephen Lucas, deputy minister. From the Public Health Agency of Canada, we have Harpreet S. Kochhar, president; and Dr. Theresa Tam, chief public health officer.

Thank you for taking the time to appear today.

We will begin with opening remarks from each of the ministers, beginning with Minister Duclos.

[*Translation*]

Minister, welcome to the committee. You have the floor for five minutes.

Hon. Jean-Yves Duclos (Minister of Health): Thank you, Mr. Chair.

Thank you for giving us the opportunity to appear before you today to speak about main estimates for the health portfolio. As you mentioned already, joining me today is my honourable colleague, Ms. Carolyn Bennett, Minister of Mental Health and Addictions and Associate Minister of Health. Joining us virtually are Stephen Lucas, deputy minister of Health Canada; Dr. Theresa Tam, chief public health officer of Canada; Dr. Harpreet Kochhar, president of the Public Health Agency of Canada; Sylvie Lapointe, vice-president of the policy and programs branch of the Canadian Food Inspection Agency; and Dr. Michael Strong, president of the Canadian Institutes of Health Research.

Let me begin with a few words about the current COVID-19 situation.

Across Canada, the pandemic outlook is improving. Infection rates have peaked in many areas of the country, followed by a slow decline in hospitalization rates.

After two years of following individual public health measures, people in Canada know what to do to keep themselves and each other safe.

Now, as jurisdictions across the country are adapting their public health measures and restrictions in alignment with their respective situations, we are collectively moving towards more sustainable management of the virus.

[*English*]

Today, I'm here to talk about resourcing plans for the health portfolio.

As you know, we tabled our supplementary estimates (C) on February 19. These estimates seek parliamentary approval for $7.1 billion in new spending. Keeping Canadians healthy and safe has been the top priority for the health portfolio, and these supplementary estimates identify key actions toward this goal. This includes the procurement of rapid tests and therapeutics, funding to address anti-indigenous racism in health care, funding to support long-term care, and advancing pharmacare in Prince Edward Island, among many other important investments.

I'm happy to answer any questions you may have about these estimates later this afternoon.

I would like to turn my focus and your attention to the main estimates for 2022-23. In total, we are seeking $14.47 billion on behalf of the health portfolio, which includes Health Canada, the Public Health Agency of Canada, the Canadian Food Inspection Agency, the Canadian Institutes of Health Research, and the Patented Medicine Prices Review Board.

● (1550)

[*Translation*]

I'll start with an overview of Health Canada's plans.

The 2022-2023 main estimates reaffirm Health Canada's focus on providing services that are important to people in Canada, including support for long-term care, improved access to palliative care and safe access to medical assistance in dying.

To achieve these and other objectives, I am seeking a total of $3.88 billion.

As you know, the COVID-19 pandemic has exacerbated existing mental health and substance use challenges for people in Canada. My colleague Dr. Carolyn Bennett will provide details on the investments that address these challenges.

[*English*]

The main estimates for the Public Health Agency of Canada for 2022-23 propose a total budget of $8.49 billion. This proposed spending will help ensure that PHAC has the resources in place to continue to deliver on its mandate to protect the health of Canadians during the pandemic, including for the procurement of boosters and therapeutics, and the continuity of PHAC's pandemic response and recovery.

The Canadian Food Inspection Agency protects people in Canada against food safety risks, supports the food supply chain and safeguards the health and safety of people working in food manufacturing and distribution.

The CFIA has a proposed net increase of $52.1 million in its 2022-2023 main estimates.

This budget includes funding for three items: maintaining a daily inspection presence in federally registered meat processing establishments, maintaining and further strengthening food safety measures, and addressing antimicrobial resistance.

As we learn to live with COVID-19, the importance of investing in health and medical research becomes more important than ever.

The Canadian Institutes of Health Research proposes to spend $1,242 million on health research in 2022-2023. These investments will help provide the evidence needed to make better health care decisions, during the pandemic and beyond.

In closing, Mr. Chair, the investments I have outlined today will help the health portfolio deliver on its mandate of maintaining and improving the health of people in our country. Our commitments, as set out in our estimates and departmental plans, are a reflection of our most pressing health priorities. They demonstrate how we are taking action, and are an assurance to Canadians that we'll continue to protect and improve the health system.

Thank you for the opportunity to provide my comments. I would be pleased to take questions from the committee after my colleague Dr. Bennett presents her remarks.

The Chair: Thank you, Minister Duclos.

Minister Bennett, the floor is yours for five minutes, please.

[*Translation*]

Hon. Carolyn Bennett (Minister of Mental Health and Addictions and Associate Minister of Health): Thank you for the opportunity to appear before the Committee today for the first time as Minister of Mental Health and Addictions and Associate Minister of Health. I am here today with my colleague, Jean-Yves Duclos.

I would like to begin by acknowledging this meeting is taking place on the traditional territory of the Algonquin people.

[*English*]

I'm pleased to share with you our resourcing plans for 2022-23.

We all know that COVID-19 and the protective public health measures associated with it continue to adversely affect the mental health of individuals and families across the country. It's no surprise that many people are reporting an increase in stress, anxiety, depression and loneliness. The pandemic has also led to an even more uncertain and dangerous illegal drug supply, resulting in significant increases in overdose-related deaths.

Our government is committed to being there for Canadians, particularly in these exceptionally difficult times.

As the Government of Canada's first Minister of Mental Health and Addictions, I have been mandated with ensuring that mental health is treated as a full and equal part of our universal health care system. I'm working collaboratively with provinces and territories, experts, community leaders and those with lived and living experience to develop and implement a comprehensive, evidence-based plan to support the mental health of Canadians.

Early in the pandemic, we launched the Wellness Together Canada online portal to provide free, 24-7 mental health and substance use services and resources to people in need across Canada, including one-on-one counselling. In January, the digital access to this platform was enhanced with the companion app called PocketWell, to ensure that Canadians have access to the mental health and substance use services they need, no matter where they live.

Last week, I announced that we will be moving forward in partnership with the Standards Council of Canada, as well as other stakeholders and partners, to develop national standards to address the needs of Canadians related to mental health and substance use. This work on national standards is supported by $45 million from budget 2021. We are committed to ensuring that all Canadians have access to high-quality, safe and equitable mental health and substance use services.

Our hearts go out to all of the loved ones and communities of those we have lost to the worsening toxic drug supply and opioid overdose crisis. We are working closely with our provincial, territorial and municipal partners—along with other key stakeholders like the impressive Moms Stop the Harm—with over $700 million to reduce harms, save lives and get people the evidence-based supports they need.

We know the provision of a safer supply of drugs is essential to help prevent overdoses, and a safer supply is a vital part of our comprehensive approach to combat this crisis. We have invested over $60 million to expand access to a regulated supply of prescription opioids and are committed to doing more. We firmly believe that this is a health issue, and we're working to divert people who use drugs away from the criminal justice system and toward supportive and trusted relationships in health and social services. Our government will use every tool at our disposal to end this national public health crisis.

Our commitment to these and other key priorities is reflected in the health portfolio's main estimates and supplementary estimates (C), which we are here to discuss with you today. These include $82.4 million requested by the Public Health Agency of Canada to support the mental health of those most affected by COVID-19, and $14.3 million requested by Health Canada for the Mental Health Commission of Canada. Health Canada is also seeking an additional $65.1 million for its work to address the opioid overdose crisis, and the Canadian Institutes of Health Research is requesting $2.25 million for two catalyst grant funding opportunities to support the development of national mental health and substance use standards.

● (1555)

Thank you for this opportunity to discuss my new mandate and the health portfolio's estimates. I look forward to expanding on my remarks through your thoughtful questions.

The Chair: Thank you very much, Minister Bennett.

We're going to begin with those thoughtful questions now.

We'll start with the very thoughtful vice-chair of the committee, Mr. Barrett, for six minutes.

Mr. Michael Barrett (Leeds—Grenville—Thousand Islands and Rideau Lakes, CPC): Thank you very much, Mr. Chair. Through you to the ministers and to all the witnesses appearing, I thank them for their time today.

My question is for the Minister of Health. With 10 provinces having established plans that include benchmarks and dates by which all of their COVID restrictions will be lifted—based on advice from their top doctors, from the chief medical officer of health in each of the 10 provinces—what different information does the federal government have that is causing it to not provide dates or a plan that will see federal COVID mandates lifted?

● (1600)

Hon. Jean-Yves Duclos: Thank you, Mr. Chair.

Obviously, we would all like to know by what time COVID-19 will end. In fact, we would all like COVID-19 to have disappeared a long time ago. The truth is that COVID-19 is still here in Canada, and certainly outside of Canada. That's what I think we should be mindful of in the way forward. We want to apply the least disruptive measures in order to protect the health and safety of Canadians, and the conversation will evolve as the situation evolves.

Mr. Michael Barrett: Through you, Mr. Chair, again to the Minister of Health, it would be important for Canadians to know what benchmarks the government has set that will see those restrictions lifted. I can appreciate that in the absence of those benchmarks, it's difficult to set a date. Is there a hospital capacity target that has been established by the federal government and that, once reached, will trigger the lifting of federal mandates?

Hon. Jean-Yves Duclos: As you know, and as we all know, when we speak about restrictions and public health measures, most of the measures in place are in the domain of provinces and territories. The measures that belong to the federal government relate to borders, transportation and the public service. These measures are focused on vaccination, because vaccination is the key to the least disruptive measures possible to protect the health and safety of Canadians and their loved ones.

Mr. Michael Barrett: Again, through you, Mr. Chair, to the Minister of Health, the number of fully vaccinated Canadians is over 85%. We've heard the Prime Minister say that the number is in excess of 90%. What is the vaccination target that has been established and that, once reached, would see the lifting of federal mandates?

Hon. Jean-Yves Duclos: Those are excellent questions.

Let me first speak to the fact that vaccinations still work. We sometimes hear views—and some of them are perhaps not as well informed as they should be—that vaccination doesn't work anymore. Vaccination still works, and it works particularly well if you have a booster dose, which I think we all collectively want to encourage everyone to do. We currently have less than 60% of adult Canadians who have received the booster dose. That's not enough. We need more than that to protect against omicron and future variants.

Mr. Michael Barrett: Through you, Chair, to the Minister of Health, is there a target number, a benchmark that has been established, which, once that number of eligible Canadians have received their booster dose, once that has been achieved, will trigger the end of federal mandates? If it's at 60% now, is it 70%, 80% or 90%?

Hon. Jean-Yves Duclos: That's an excellent question. The answer is complicated and depends on both the prudential precautionary attitudes and the epidemiological situation in Canada and outside of Canada. It also depends on waning immunity, including waning post-infection immunity.

If you are interested—and I think you might be—we might turn to Dr. Tam, who happens to be with us today.

Mr. Michael Barrett: Mr. Chair, I will ask the same question of Dr. Tam, please.

Dr. Theresa Tam (Chief Public Health Officer, Public Health Agency of Canada): Right now, the epidemiologic situation is improving, but it is a little bit unstable. We have seen in European countries, for example, that a resurgence is being undertaken at this point in time.

As the Minister of Health indicated, the federal responsibility, for example, is for the borders. We have to look at the international as well as the domestic situation, and not just the domestic thresholds. At the same time, there is a phased approach being undertaken to begin to lift some of these measures, as you have seen being announced.

Right now, the omicron resurgence, particularly the subtype BA.2, can still occur. I think this is just waiting to see what happens with that situation, ensuring the provinces are still able to cope as they release their measures—they're just doing that at the moment—and having that observation as the federal government makes a decision.

● (1605)

Mr. Michael Barrett: Okay. Thank you for that reply, Dr. Tam. I have very limited time left.

The theme I'm looking to establish, through the chair to Dr. Tam and the Minister of Health, is that we appreciate that the situation is evolving, but we have 10 provinces whose top doctors have all agreed that the epidemiological situation in Canada—based on hospital occupancy, based on waste-water surveillance reports, based on test positivity, based on reported cases every day—has created a situation where their requirements for vaccine mandates and for mask mandates have been lifted almost entirely, with all of them being lifted basically in the next 40 days. We know what that target is.

To the Minister of Health, what is the target we're going to see? If it's hospital occupancy and the situation evolves, once it drops back to 95%, to pre-COVID levels, the restrictions will be lifted, and then if it exceeds 105%, the restrictions will be re-engaged. Is that what we're talking about?

We're looking for what that benchmark is, Mr. Chair.

The Chair: Minister, we're well past time. If you could answer briefly, that would be appreciated. Please be as succinct as possible.

Hon. Jean-Yves Duclos: The question is excellent. You pointed out the fact that these decisions are made locally by provinces and territories, based on their epidemiological situation and their ability to manage the burden on their health care system, including hospitalizations. We still have 5,000 people hospitalized in Canada now because of COVID-19. These are 5,000 beds that cannot be used for other people.

So these decisions are based locally on their level of ability, their circumstances, and their ability to sustain the pressure that COVID-19 puts on them.

The Chair: Thank you, Minister, and thank you, Mr. Barrett.

Ms. Sidhu, you have six minutes, please.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Chair.

Thank you to the ministers and the officials who are appearing today.

Dr. Bennett, you mentioned that you're the first person to hold this portfolio. Congratulations on that.

First, much work has been done to reduce the stigma around mental health and addiction issues, but it still exists, particularly among newcomers and racialized Canadians. Can you tell us how you will ensure that any care and outreach funded by the federal government will be culturally sensitive and intersectional?

Hon. Carolyn Bennett: Thank you so much for the question. Even as we released the Wellness Together platform in all of the languages, we know that we have more to do to make people feel more comfortable accessing support. We were pleased to see that men came, and that the 2SLGBT community and young people were using the site, but I think we know that we have to do better at promoting the site in the more marginalized or ethnic communities. A number of members of Parliament have come to me saying that we need a specialized approach for the South Asian community, where the stigma is still very high.

I think overall, though, COVID has helped people admit that they're struggling. It seems to be more out there that people admit they're having trouble. I hope that, as the overall stigma comes down, we can focus on the populations where it's still too high. We want to make sure that people are able to access the care they need. It means having trusted people in those various communities leading this work. That's why we will need your help and the help of all members of Parliament.

Ms. Sonia Sidhu: Thank you, Minister.

Minister Duclos, there are 11 million Canadians living with diabetes or prediabetes. I have met with many experts, and with Canadians living with this disease who may be at greater risk of severe COVID-19 outcomes. Can you tell us what action our government has taken on this matter?

Hon. Jean-Yves Duclos: Thank you, MP Sidhu, for your leadership. You have been a leader, and because of that you've been able to make things happen quickly. One thing your work brought to Canadians was the National Framework for Diabetes Act. It's extremely important, because it's driven, as you said, toward caring for those who may be at risk or may be living with diabetes, as well as their families and their communities. There is also, associated with that, a $35-million investment over five years to do the research that is needed to care for those affected by diabetes.

It's teamwork, team success, and part of it is not only due to you, obviously, as a person, Sonia, but all those you have been able to work with over the last few months and years.

● (1610)

Ms. Sonia Sidhu: Through you, Chair, I have a follow-up question for Minister Duclos.

Minister, COVID-19 has had a significant impact, particularly on senior populations and elderly individuals. Can you please tell us what investment has been made in terms of seniors in long-term care homes and what actions we are taking to improve palliative care?

Hon. Jean-Yves Duclos: We've done two things regarding safe long-term care, and we'll do more, as I'll mention in a moment.

When we first invested in the safe restart agreement, there was a significant amount of resources intended for and used to help workers, personal service workers in particular, take care of our seniors. We then added last year, in budget 2021, another $3 billion for exactly the same purpose—to support health care workers in order for them to help care for our seniors.

We also said that we would put into place standards, which we are currently developing with external stakeholders and internal capacity, so that as we work with provinces and territories respectfully, we also treat our seniors in a respectful manner.

Ms. Sonia Sidhu: Thank you, Minister.

Ms. Bennett, last week you announced that the government was working with partners like the Standards Council of Canada to create national standards for mental health services. When are they going to be completed? How do you envision these standards being applied?

Hon. Carolyn Bennett: Thank you for the question.

That is $45 million that came out of last year's budget. The Standards Council does not set the standards. The Standards Council works with the people who know the most—the researchers, but also those with lived and living experience and community workers—to find out where there is a consensus that should and could be a national standard coast to coast to coast: the most appropriate care, in the most appropriate place, by the most appropriate provider in the most appropriate time.

What's exciting, at the moment, is that the integrated youth services seem to be a place where nine out of 10 provinces have begun that work of individualized wraparound services for young people up to age 26. That's an example of a national standard, an integrated youth service that would go to 26 wherever you live, so that young people wouldn't be left out.

I think there are some really good examples of national standards. It's a common statement that the provinces and territories came out with together in 2017. I'm very excited about the opportunities to do that. Perhaps perinatal mental health.... One of the things we're worrying about is wellness checks, as well as appropriate medically supervised withdrawal. There are things I've been hearing, and then I go to the CIHR and the Standards Council and say, “Do you think there's a possibility of developing a team that would work on those kinds of standards?”

The Chair: Thank you, Minister, and thank you, Ms. Sidhu.

[*Translation*]

Mr. Thériault, you have the floor for six minutes.

Mr. Luc Thériault (Montcalm, BQ): Thank you very much, Mr. Chair.

Ministers, welcome to this meeting of the Standing Committee on Health.

My first question is for you, Minister Duclos.

The 2019 budget announced $1 billion over two years starting in 2022-23, and up to $500 million per year thereafter for the implementation of a national rare disease strategy. However, the 2022-23 main estimates contain no funds for this initiative, although the measure is included in Health Canada's 2022-23 departmental plan.

> The [government] will also launch a national strategy on drugs for rare diseases and invest up to $1 billion over 2 years to help Canadians with rare diseases access the drugs they need.

Why isn't there any money for it in 2022-23?

What is the status of this strategy's implementation?

● (1615)

Hon. Jean-Yves Duclos: Thank you for the excellent question.

I will give you two clarifications and then ask the deputy minister to give a third.

First, the commitment regarding the billion dollars has been made and will be respected.

Second, this commitment drew a great deal of interest, I would say even a certain enthusiasm, from my fellow health ministers throughout the country.

As for the way the billion dollars is included in the estimates, I will ask the deputy minister, Mr. Lucas, to give you an exact answer.

Dr. Stephen Lucas (Deputy Minister, Department of Health): Thank you, Minister.

[*English*]

Mr. Chair, I would indicate, in response, that Health Canada—as the minister has indicated—continues to consult and engage the provinces, territories and stakeholders. With that, we will be able to define the path forward on this work on drugs to support Canadians with rare diseases. That would allow the funding to move forward and be considered in a subsequent estimate.

[*Translation*]

Mr. Luc Thériault: I understand that currently, there is nothing for 2022-23.

[*English*]

Dr. Stephen Lucas: In the context of the main estimates, at this point, before the start of the fiscal year, I would say that those funds have not been moved forward for appropriations. This will be considered further to consultations in the coming weeks and months.

[*Translation*]

Hon. Jean-Yves Duclos: Today, we're talking about the main estimates, but there are also supplementary estimates (A), (B) and (C). That means other announcements may follow during 2022-23.

Mr. Luc Thériault: Can you give us an inkling of how the strategy's implementation is being organized?

Hon. Jean-Yves Duclos: As I said earlier, we work in partnership with the various provincial and territorial ministers of health. Of course, we also use expertise from outside the Canadian government. Many experts work for Health Canada, but we also work with medical experts, researchers and all Canadian suppliers.

Mr. Luc Thériault: Mr. Chair, I would like to know how much time I have left, so that I may choose the right question to ask.

The Chair: You have over two minutes.

Mr. Luc Thériault: That's excellent.

I have a slightly more specific question.

Minister, I think you would agree that having more than one antiviral available to us to counter COVID-19 is not a luxury.

When I searched the Health Canada website, I saw that Paxlovid, an antiviral for COVID-19, was submitted on December 1, 2021, and accepted on January 17, 2022. It was therefore very quick. I also saw that on August 13, an application for ongoing review was filed for molnupiravir, which has not yet been accepted by Health Canada.

The administration of Paxlovid is known to be restricted because of interactions with other drugs, due to one of its components, ritonavir. Molnupiravir is known to have fewer restrictions related to interactions with other drugs, as it does not contain ritonavir.

My question is simple: when will molnupiravir be approved? Why is the process taking so long? Is there a lack of human resources to do the work required for its approval?

Hon. Jean-Yves Duclos: First of all, you won't be surprised to hear my congratulations for your serious work, Mr. Thériault. Not only is this serious work, this is a serious problem.

Second, you rightly noted that Health Canada gave its approval quickly. One reason in particular was that the department worked with its international partners. I believe we were among the first four countries in the world to approve Paxlovid and the second country in the world to administer it.

Third, provinces and territories already had a fairly large stockpile of Paxlovid and are starting to use it clinically rather effectively. In the last few days, we have had encouraging news regarding the availability of the drug in Quebec's pharmacies.

Fourth, for any other drug, including the Merck company's drug, Health Canada's concerns and obligations are obviously based on the safety and effectiveness of that drug.

If you want to know more, I could turn to the experts at Health Canada.

● (1620)

Mr. Luc Thériault: Absolutely.

The Chair: Thank you, Mr. Thériault and Mr. Minister.

[*English*]

Next is Mr. Bachrach.

Welcome to the committee. You have the floor for six minutes.

Mr. Taylor Bachrach (Skeena—Bulkley Valley, NDP): Thank you very much, Mr. Chair.

Thank you to the committee for allowing me to ask some questions on behalf of my colleague Mr. Davies.

It's good to see you, Ministers.

My first questions pertain to the toxic drug crisis that is being experienced across the country, particularly in my home province of British Columbia, and is leading, as everyone here knows, to a devastating number of deaths in communities of all sizes.

Minister Bennett, my questions are for you as the minister responsible for mental health and addictions. Do you believe that criminalization contributes to the stigmatization and marginalization of people who use drugs?

Hon. Carolyn Bennett: Yes.

Mr. Taylor Bachrach: Do you believe that the criminalization of substance use causes disproportionate harm to racialized and indigenous communities?

Hon. Carolyn Bennett: I think we know that we have to move from a criminal justice system to a system that sees substance use as a health issue, and we will do everything we can to support them there.

I think, as you have said, that the toxic drug supply means that the most immediate remedy is going to be a regulated supply of drugs for people using drugs. That's what we've been announcing, being able to invest over $60 million to be able to do that...pharmaceutical-grade drugs so that people don't have to go to the streets and use the toxic, poisoned and deadly drug supply.

Mr. Taylor Bachrach: I agree, Minister, that this is certainly an important component of the solution, but the reality is that the criminalization of drug users keeps some people away from early treatment and from prevention services due to a fear of being arrested, being labelled or being outed. Do you recognize the role that criminalization is playing in this toxic drug crisis?

Hon. Carolyn Bennett: As you know, the office of the public prosecutor has issued a guidance document that asks police forces across the country not to charge people. That has been a practice now across the country, so people aren't as worried about being charged, because it isn't happening.

However, at the moment, in speaking with Mayor Kennedy Stewart, there is concern about the confiscation of the drugs, even if people aren't being charged. We are looking at all the international models to figure out the best way forward to end this national public health crisis.

Mr. Taylor Bachrach: I accept that, Minister, but the reality is that, despite the practices of some police forces, there are still drug users out there who have criminal records and experience stigmatization and marginalization as a result of those records. There is still the fear that, because drug use is still criminalized in Canada, people who use drugs could suffer legal consequences, and that criminalization prevents them from accessing the health services they need.

Do you recognize the role that criminalization plays in the current toxic drug crisis?

Hon. Carolyn Bennett: At the moment, for me, the toxic drug crisis is about getting a safer supply of regulated drugs to these people. There is no question that the pilot projects that will come forward, hopefully in British Columbia, in Toronto and Vancouver, will be able to put an evidence-based framework around what you're describing. We have moved from one to 38 safe consumption sites, and we're able to invest in all of these programs across the country, four of them last week, on safer supply.

The other piece we're hearing a lot about is that our safer supply programs are being prescribed by physicians, and there is a real movement to look at other ways of getting a safer supply, maybe using compassion clubs, pharmacists, and other ways of doing this. That's what we're hearing as a priority for people using drugs.

● (1625)

Mr. Taylor Bachrach: Minister, I hear the focus on a safe supply. That's something that I believe is welcomed from a health perspective. However, it's not the only component of the solution. Health Canada's own expert task force reported last July that, yes, a safer supply is an important component, but it also emphasized decriminalization and record expungement.

Do you accept these recommendations, and will you implement them?

Hon. Carolyn Bennett: As you know, as in the journey with cannabis, decriminalization still means that people go to the street to get their drugs, and they are still dying. I am focused on getting a safer supply to the people using drugs.

My father was a police officer before the Second World War, and until the day he died at 93, he thought that prohibition didn't work. I come from a certain point of view on this, but this is a journey, and we're going to have to have evidence-based approaches to keep people safe with the proper process and the proper evidence.

Mr. Taylor Bachrach: Do you disagree that there is evidence suggesting decriminalization works?

The Chair: That's your time, Mr. Bachrach, but you will get another chance.

Next we have Dr. Ellis, for five minutes.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Thank you, Chair, and thank you to the ministers for attending today at the Standing Committee on Health.

I'd like to begin with the Minister of Mental Health and Addictions. In numbers, Minister, could you tell us the cost of the Wellness Together Canada portal on a per patient basis?

Hon. Carolyn Bennett: Maybe I can go to the official. I don't have it broken down per patient, but I do know that well over 2.3 million people have used that portal over the last while. The evaluations have been extremely positive.

The provinces and territories are very helpful, but it has—

Mr. Stephen Ellis: That's great. That's terrific.

Hon. Carolyn Bennett: —taken the pressure off their system.

Mr. Stephen Ellis: Minister, I am asking very pointed questions. I'd appreciate it if you would just answer them as such.

If you could—

Hon. Carolyn Bennett: Just a minute—

Mr. Stephen Ellis: —I would really like those—

Hon. Carolyn Bennett: The cost per patient depends on how many people use it. The more people use it, the less the cost is.

Mr. Stephen Ellis: Mr. Chair....

The Chair: Minister, we're going to endeavour to have the questions and the answers be roughly the same length. I think Mr. Ellis has moved on. I'm sure you'll get a chance to elaborate.

Go ahead, Dr. Ellis.

Mr. Stephen Ellis: Thank you, Mr. Chair.

I'm wondering if the minister could table those answers to this committee, please. It's very important. I appreciate that.

To the Minister of Health, I'm having difficulty here, sir, understanding in my own mind.... You suggested that Canadians know what to do with respect to mandates, and I think Canadians know what to do. However, sir, we've heard from both you and Dr. Tam that the answer as to why federal mandates continue is complicated. I find it quite shocking that there's not an answer to be given and that it's much too complex for the health committee and Canadians to understand.

I guess what I have heard from Dr. Tam is that there are perhaps worldwide issues that play into that. Could you please, sir, give us the plan for the Canadian part of that? What are the metrics and benchmarks for Canadians? Canadians want an answer, and I guess that's why we continue to ask this question.

Hon. Jean-Yves Duclos: I'll give you a couple of numbers, which will broaden the discussion, perhaps.

Yesterday, there were probably around 20,000 new cases of COVID-19. Past estimates of the rates of long COVID among infected Canadians are between 10% and 30%. We don't know with omicron exactly, but 10% to 30% of people infected by COVID end up with long COVID. That is a very significant economic and social cost for which there is obviously little precise value when it comes to dollars, but it's a big thing.

Another number is $23,000. That's the average cost per hospitalization due to COVID-19. Again, costs are something. It's not enough, but it gives you an example of the types of numbers and people impacted, which we need to consider.

Mr. Stephen Ellis: Thank you, Mr. Chair.

To the Minister of Health, again, sir, are you suggesting that post-acute COVID syndrome is the reason we will continue federal mandates and keep federal employees off work?

● (1630)

Hon. Jean-Yves Duclos: Another number is 59. Yesterday we had 59 people die of COVID-19. What's the value of those numbers of lives being lost to COVID-19?

Mr. Stephen Ellis: Thank you, Minister. I understand that there appears not to be an answer.

Can you tell me, sir, the number of federal employees currently off work because of federal mandates?

Hon. Jean-Yves Duclos: The Treasury Board Secretariat would know precisely the number, but about 99% of public servants have been vaccinated, which I think is a signal that public servants care about their health and the health of their colleagues.

Mr. Stephen Ellis: Mr. Chair, thank you.

I didn't ask how many people were vaccinated. I asked for the number of federal government employees who are off work due to federal mandates, not how many people are immunized. I get that part.

How many people are off work? What is the number?

Hon. Jean-Yves Duclos: For a good answer, which I think you deserve, you'll need to ask the Treasury Board officials to know exactly how many of the 1% remaining.... There are all sorts of reasons; perhaps they have been partially vaccinated and are looking forward to a second dose.

Mr. Stephen Ellis: Thank you, Mr. Chair.

I have one final question for the Minister of Health.

Is it true, sir, that Medicago, in which the federal government invested $173 million, is one-third owned by Philip Morris, yes or no?

Hon. Jean-Yves Duclos: I wouldn't know the precise percentage, but obviously we are proud of having the first Canadian company produce not only a vaccine, but a vaccine with a technology that is not seen elsewhere in the world.

Mr. Stephen Ellis: It's funded by a tobacco company.

Thank you, sir.

The Chair: Thank you, Dr. Ellis.

Thank you, Minister Duclos.

Next is Mr. Jowhari, please, for five minutes.

Mr. Majid Jowhari (Richmond Hill, Lib.): Thank you, Mr. Chair.

I'd like to welcome both ministers to our committee. I'm going to start with Minister Bennett.

Minister Bennett, in your opening remarks, you talked about the $45-million investment for national standards. As my colleague MP Sidhu was following up, in an announcement on March 14, you talked about the Standards Council of Canada and the fact that they will be working with various stakeholders.

Can you explain to me how these standards are going to help with the following? We know the investment in mental health as part of a total health transfer is an area of interest for a lot of us. We know that there are a lot of gaps in the timelines and the delivery of the services. A lot of the constituents in my health community council are talking about transparency, accountability and regular reporting, as well as benchmarks that right now we don't have, whether they are against some of the leading countries or even nationally here.

Can you explain to us how these standards are going to help us? Thank you.

Hon. Carolyn Bennett: Thank you for the question. I very much enjoyed meeting with your council as well. It's a pretty knowledgeable group.

It is a process. People know what the standards are on blood pressure or what's appropriate for cancer. I think what people don't feel is that we actually know what is the appropriate treatment.

One of the things that are most exciting for me—as I continue to talk about the most appropriate care in the most appropriate place by the most appropriate provider at the most appropriate time—is that throughout COVID we have also seen that the most appropriate place may be virtual. Up until now, the medical community and the mental health community haven't had as much experience with or even a way of paying for virtual care, until COVID.

What we're saying is that developing the standards means that Canadians will know what the appropriate care is, and they can ask for it. They can ask their family doctor or their nurse practitioner to get it. The other exciting part is that we are seeing a stepped care model in which, for maybe the strongest families, the families are just being coached, or it may be that it is peer support or it can be co-treatment with a family doctor and a mental health provider, a social worker, a psychologist or a psychiatrist.

What was really interesting last week, when we did the round table on perinatal mental health, was that from the study of Dr. Vigod, of the 40 people needing perinatal mental health care, only two ended up needing to see the specialized psychiatrist. The rest were helped with other levels of care, so that's the kind of thing.... I think some people think it's not appropriate care unless they get to see a psychiatrist. We know that there are many other mental health providers who are skilled at various other aspects of mental health and substance use treatment.

I think the standards won't mean anything on their own unless Canadians know what they are in terms of mental health literacy, health literacy and all those things that we as parliamentarians are working on.

● (1635)

Mr. Majid Jowhari: Thank you, Minister.

In your mandate letter, you're mandated “to establish a permanent, ongoing Canada Mental Health Transfer to help expand the delivery of high-quality, accessible and free mental health services, including for prevention and treatment.”

How are these standards going to help you with the delivery of this mandate item?

Hon. Carolyn Bennett: Thank you.

The standards are almost like the pillars on which we build a mental health and substance use strategy for the country. This gives us a “what by when and how” in terms of a strategy, and then the transfers will be based on that.

Going across the country on the transfer, I think the words I've heard the most have been “think child care”. People want there to be expectations around data collection, evidence and outcomes.

That is again something we will negotiate with provinces and territories as we are working with them now on a mental health strategy.

Mr. Majid Jowhari: Thank you.

The Chair: Thank you, Minister.

Thank you, Mr. Jowhari.

[*Translation*]

Mr. Thériault, you have the floor for two and a half minutes.

Mr. Luc Thériault: Thank you, Mr. Chair.

Mr. Minister, for the record, I'd like to say one thing about molnupiravir. Right now, approximately 22 countries have approved this drug, including the United States, Mexico, Morocco, Great Britain, Germany, Denmark, Italy, Indonesia, Slovenia, Serbia, Australia and Japan, through patent waiver agreements. It seems to me that we should speed up the process a little to give our workers on the ground, that is, our physicians, a variety of treatment options in certain cases.

Also, Health Canada held a public consultation from March 8 to May 7, 2021, to highlight the multiple problems associated with personal production of medical cannabis. All levels of government have taken exception to the regulations because they lead to issues related to overproduction and misuse of the program, overprescribing by physicians, limited inspection authority for police forces and a shortage of Health Canada inspection officers, resulting in insufficient inspections.

All stakeholders agree that the government needs to overhaul the medical cannabis licensing program and enhance its inspection and enforcement measures. The program has been in place since 2018. It is 2022, so it's been four years.

What steps have been taken so far and what are you going to do in the next few months to address this issue?

Hon. Jean-Yves Duclos: The good news, as you probably already know, is that the Cannabis Act requires the Canadian government to review it. That will be done by March 2023, I believe. The process is already under way. We will be making announcements in the near future to strengthen the consultation process.

As you suggested, we need to take advantage of the fact that we currently have a much stronger legal and regulatory framework then we had at the time. This framework helps us ensure that cannabis is consumed in a safe manner and environment and that we can avoid all the pitfalls and damage caused by the illegal environments that exist and sometimes proliferate, particularly those associated with organized crime.

We will have more activities and investments to, as you mentioned, ensure that the Cannabis Act and the procedures associated with it are improved over time.

● (1640)

The Chair: Thank you, Mr. Minister and Mr. Thériault.

[*English*]

Next, we have Mr. Bachrach for two and a half minutes.

Mr. Taylor Bachrach: Thank you, Mr. Chair.

I'd like to pick up where I left off with Minister Bennett, talking about the toxic drug crisis. In May 2021, as you know very well, the City of Vancouver finalized its application and final proposal to Health Canada for a section 56 exemption under the Controlled Drugs and Substances Act to decriminalize simple possession of illicit substances. We're approaching a year since it submitted that proposal, yet there still hasn't been a decision. At the same time, we're seeing deaths from this crisis rising every single month.

Do you feel that the delay in rendering a response is acceptable? Can you confirm by what date Health Canada will have a response for the City of Vancouver?

Hon. Carolyn Bennett: Thank you very much for that. There is also the proposal, from the fall, from the Province of British Columbia. There is a view, I think, from the province that if there could be one for the whole province, it would be in the interest of the province and the simplest thing to do, rather than having separate plans for different municipalities. We hope they can work together to resolve this. We want to make sure there can be a successful implementation.

With the kind of training that Vancouver has done with the police force, we're getting there. I think we're almost there, and—

Mr. Taylor Bachrach: Minister, if I may, it sounds like you're saying that the ball is in their court, and that the province and the City of Vancouver need to resolve some differences before Health Canada is willing to make a decision.

Is the City of Vancouver's proposal being actively considered? Will there be a decision? When will that decision come?

Hon. Carolyn Bennett: You're quite right. We have to render a decision on each of them separately, which we will do. We are moving very close to that point.

Mr. Taylor Bachrach: Is there a timeline for a final decision?

Hon. Carolyn Bennett: The timeline is when we're satisfied that this is going to be successful and implementable.

The Chair: Thank you, Minister.

Thank you, Mr. Bachrach.

Next we have Mr. Lake, please, for five minutes.

Hon. Mike Lake (Edmonton—Wetaskiwin, CPC): Thank you.

Minister Bennett, does Canada currently have a 24-7 suicide prevention hotline?

Hon. Carolyn Bennett: As you know, there is a line that people can call, the national hotline. There's a separate one for first nations, Inuit and Métis. At CAMH, they are working on that kind of support across the country. Different—

Hon. Mike Lake: Yes, there is a line. I'm curious if you, off the top of your head, know what that phone number is.

Hon. Carolyn Bennett: I do not.

Hon. Mike Lake: It's 1-833-456-4566, for anyone who might be watching and wants to know what it is.

Do you know what the proposed three-digit number is, off the top of your head?

Hon. Carolyn Bennett: It's 988.

Hon. Mike Lake: You know this one off the top of your head, but, clearly, you don't know the other one. Does that tell you something about the importance of a national three-digit suicide prevention hotline?

Hon. Carolyn Bennett: We are working very hard. It was a unanimous vote in the House of Commons, Mike, as you know. We're working very hard.

CRTC asked to have a bit more time on the consultation because of persons with disabilities. We hope that the consultation will finish this month.

Hon. Mike Lake: We passed the motion back on December 11, 2020: “That, given that the alarming rate of suicide in Canada constitutes a national health crisis, the House call on the government to take immediate action, in collaboration with our provinces, to establish a national suicide prevention hotline”. It says “immediate action”. It has now been 465 days since that point in time. If we extrapolate from the numbers, that would be over 5,000 Canadian deaths by suicide since that time.

Why is it taking so long?

Hon. Carolyn Bennett: As you know, the concern has been that it must be hooked up to the most appropriate care. That is the work that CAMH is doing, and it's what we're hearing from the provinces and territories: When someone calls that, what support do they get? Is it possible...? As you know, Mike—

● (1645)

Hon. Mike Lake: We already have a 24-7 line that the Government of Canada promotes on its website. We have a 988 line that's not in use right now but that could be used so that the 24-7 line is just readily available in people's minds. Certainly, there's work that needs to be done on the part of the stakeholders to make sure the capacity is there, but of course we have that line that exists already.

It's 465 days and 5,115 deaths at this point in time since we passed the unanimous consent motion. I'll note that in answers to questions, the first time I asked the question, on December 7, you said, “The CRTC is currently considering public input from consultations that concluded on September 1.” That wasn't actually the case, because at that point, the time frame had been extended. Your parliamentary secretary, who happens to be with us today, later pointed out, as you've just mentioned, that the time frame was extended to reopen the consultations: “the CRTC reopened the consultations to allow for new interventions in accessible formats, such as video.” That was to accommodate people with disabilities.

Now, in the last four or five years, on a repeated basis, including in two election campaigns, your party has declared that everything the government does will be undertaken through a disability lens. In fact, in the House of Commons, there was a big debate on accessibility prior to the 2019 election. I took part in that, as many of your colleagues did. That was a declaration made by your party.

We are now six months past the original September 1 deadline and still consulting, it seems, because the government didn't apply a disability lens to the suicide prevention hotline. Was that an oversight on the part of the government?

Hon. Carolyn Bennett: As you know, the CRTC is an arm's-length organization that we don't interfere with, but it seems that they have decided to reopen the consultation in order to put on that disability lens that is so important.

The other thing, Mike, is that some jurisdictions have their own number. This is about making sure that this is all coordinated.

Hon. Mike Lake: To be clear, the Government of Canada, on its website, points to a 24-7 number that already exists and that you couldn't remember off the top of your head.

This is simply a proposal to direct Canadians who are in their darkest moment to an easy-to-remember 988 number that they can call to presumably get the same services that they would get if they could remember the number that already exists.

Hon. Carolyn Bennett: I think you and I know that suicide prevention is a life-cycle approach and that we actually need to do everything we can in terms of supporting people in mental health concerns throughout, whether it's wellness checks or whether it's all of the things that have had disastrous outcomes. We need to make sure we have a system that will work for Canadians and work in every part of the country—

Hon. Mike Lake: But what—

Hon. Carolyn Bennett: Mike, when 911 came in, rural Canada was way, way behind, because they didn't have the capacity to actually be able to implement 911 at that time. We can't launch something if it won't be universal, and that's I think the work that CRTC is trying to do.

The Chair: Thank you, Mr. Lake.

Thank you, Minister.

That's a fascinating discussion, but we have to give other people a chance.

Next is Dr. Hanley, please, for five minutes.

Mr. Brendan Hanley (Yukon, Lib.): Thank you, Mr. Chair.

Thank you to both ministers and to the officials for appearing.

Minister Duclos, I'm really pleased that you could spend the time with us. The last time you were here, I asked about long-haul COVID or post-acute COVID. I'm glad to see that you already spoke to the importance of long COVID and the burden it is presenting to Canadians. I've certainly heard from constituents in Yukon with long COVID who are having some difficulty in accessing care or receiving a diagnosis. Health care provider knowledge in this area still appears to be quite limited and inconsistent.

I was wondering if you could describe what role you think the federal government should play in advancing progress and addressing the medical needs of and the support for patients with long-haul COVID and their families.

● (1650)

Hon. Jean-Yves Duclos: Thank you very much, Brendan.

I'm pleased to be able to have this discussion with you. Being a medical doctor and public health specialist, you know that in a pandemic there are eventually a lot more impacts than what we had thought earlier. One of these impacts is long COVID.

I mentioned earlier that the best estimate we have up to now is that between 10% and 30% of those infected with COVID will end up with long COVID. That means having up to 100 different symptoms affecting 10 different vital organs. A large number of these people have to either stop working or significantly reduce their hours of work. The estimate is that about 30% of those people affected need to stop working or stop studying; 70% of them need to reduce their hours of work or are absent. A large number—I think about 30%—will consult health care workers more than 10 times, so you see the impact on the health care system as well. All the human costs, the life costs and the tremendous economic costs obviously add up.

I would be glad to turn, if you want, to Dr. Michael Strong from CIHR. He's on the line and would be very pleased—and it would be very useful—to detail the type of research that CIHR is conducting to understand the nature and the impact of that other pandemic.

Dr. Strong, would you be able to do that?

Dr. Michael Strong (President, Canadian Institutes of Health Research): Yes, thank you very much, Minister, and thank you very much for the question.

As the minister has indicated, the consequences of COVID-19 for upwards of 30%, and higher in some populations, will be long-term. That is measured as greater than six months. No organ system is spared. The research that will be conducted going forward will be not only to develop the diagnostic criteria for some of these syndromes, so there can be clarity for the patient populations as to what needs to be treated, but also to clearly understand what the underlying basis of the disorders is.

It is not going to be the same for each target organ, as we look forward on this, so it's going to be complicated. These will be long-term studies that are internationally driven. CIHR will begin that process soon, through the commitments of the government for the $100 million for the long COVID research.

Mr. Brendan Hanley: Thank you.

Mr. Chair, if I may, I'll move on to Dr. Tam.

Dr. Tam, hello again and thank you for being with us today.

There has been a lot of talk from our colleagues, including in this meeting, on mandates and various public health measures and the lifting thereof. I would like to give you an opportunity to explain what we have learned and what we hope to learn from Canada's experience with vaccine mandates and passports.

How would we apply these learnings to either future waves or future viral threats?

Dr. Theresa Tam: Thank you very much for that question, Mr. Chair.

I think there is no denying that vaccines are extremely foundational to our response to COVID-19, and right now the National Advisory Committee on Immunization has provided recommendations, including up-to-date vaccination booster doses, particularly for the high-risk populations. I think it is really important that anyone for whom the booster is recommended and who is eligible get that at this point.

Increasing vaccination in the general population and in targeted ways requires a multipronged approach. I do think that when vaccine mandates were introduced by provincial and territorial governments, and also the federal government for its own area of rules and responsibility, they occurred at a time before omicron, when we saw extremely high vaccine effectiveness against both infection and severe outcomes. Omicron changed that picture, but we know there are certainly studies, including from Simon Fraser University, that show the initial impact, collectively, of the vaccine mandates that were implemented around mid-August, which saw an increase in coverage. But that's different in each jurisdiction, and I think that needs to be studied at a more granular level in terms of the impact of vaccine mandates.

Going forward, I think there is a movement, certainly in the provincial and territorial setting, to move from requirements to recommendations. That's going to be really all hands on deck yet again, using all kinds of techniques to improve vaccine confidence, providing the information that patients and individuals need, and that information has to be provided by credible sources, trusted by the community, including indigenous leaders and racialized communities and their leaderships.

I think there are multipronged ways in which we encourage, recommend and get people to get that additional dose. As the Minister of Health said, the number is not really very high. I am, though, encouraged that booster doses are quite high in the higher-risk populations, but I think in the 50-plus portion, we need to up our game on that coverage. I think all of this can be used—

● (1655)

The Chair: Can you wrap it up, Dr. Tam? We're a little past time.

Dr. Theresa Tam: Okay. All of this experience can be used, because vaccines are going to be useful in future pandemics. We can apply all of the experience of the last couple of years to future applications as well.

The Chair: Thank you, Dr. Tam.

We have Mrs. Goodridge, please, for five minutes.

Mrs. Laila Goodridge (Fort McMurray—Cold Lake, CPC): Thank you, Mr. Chair.

To the Minister of Mental Health and Addictions, you repeated multiple times in your opening remarks that you're working to implement a safe supply of opioids. Can you provide any medical evidence that has been used to support these decisions?

Hon. Carolyn Bennett: Absolutely. We can show, really, the lives that have been saved, particularly now. We will be able, this week, to release what would have happened without safe supply or without safe consumption sites.

Also, Health Canada has approved diacetylmorphine as well. Fentanyl patches are being used at St. Paul's Hospital, in terms of overdose prevention sites. This is working.

Mrs. Laila Goodridge: Could you perhaps table any medical evidence that supports the use of safe supply?

Hon. Carolyn Bennett: Absolutely. I'm sure that CIHR and all.... This is saving lives, when you see what's happening. Even naloxone is not working for what is on the street. Because it's mixed with a benzodiazepine, it's a deadly cocktail that people are getting on the street. For people using drugs, there is no question that a safe supply is saving lives.

Mrs. Laila Goodridge: In my home province of Alberta, they're actually doing a study right now on this very topic. Dr. Keith Humphreys, the chair of the Stanford-Lancet commission, which examined the North American opioid crisis, stated that there is no evidence that this approach will have positive outcomes and that there is significant long-standing evidence that the more opioids there are in the community, the more harm there is in the community.

I think that's very concerning.

Hon. Carolyn Bennett: Laila, I think it would be really good for you to talk to people like Petra from Moms Stop the Harm, in Edmonton. This is an organization of moms who have lost a loved one to a toxic drug supply. They are some of the most effective advocates for this, from all walks of life.

Also, to actually talk to some of the people using drugs, and the people who are—

Mrs. Laila Goodridge: Thank you, Minister.

Hon. Carolyn Bennett: And 30,000 overdoses have been—

Mrs. Laila Goodridge: I have been very succinct in my questions.

The Chair: Yes, indeed you have.

Minister, I'm trying to allocate the time evenly between the two of you.

Go ahead.

Mrs. Laila Goodridge: I've been exceptionally succinct in my questions. I would ask that you try to be succinct in your answers, Minister.

You brought up Moms Stop the Harm. One mom in Lethbridge with Moms Stop the Harm last year stated that their organization was directed by the former health minister to circumvent the province by getting municipalities to pass motions on decriminalization and safe supply.

Has either of your offices directed this group, in any way, to push the government's agenda in public, and how much funding does this organization receive?

● (1700)

Hon. Carolyn Bennett: Moms Stop the Harm is upset with us at the moment that we didn't intervene in the Alberta case, where Premier Kenney is making identification mandatory for people using safe consumption sites, which we know is a deterrent to using the sites.

So, no. Moms Stop the Harm is an advocacy organization that I think is motivated by the fact of losing a loved one.

Mrs. Laila Goodridge: How much funding does this organization receive from your department?

Hon. Carolyn Bennett: I am not aware.

Mrs. Laila Goodridge: Would you please table that with the committee?

Hon. Carolyn Bennett: Absolutely.

I don't know if the deputy....

Dr. Stephen Lucas: Mr. Chair, we can follow up, as the minister indicated, and table that information.

Mrs. Laila Goodridge: Fantastic.

To the Minister of Mental Health and Addictions, you've repeatedly talked about how the addiction crisis is a toxic drug problem and that the solution is safe supply. The last drug that was marketed as safe supply was OxyContin, which is pretty much responsible for our current opioid crisis. It's effectively a marketing term rather than medical terminology.

I'm wondering, what is your department, and your budget, doing to support recovery from addiction, not just safe supply?

Hon. Carolyn Bennett: Thanks for the question.

I think the Sacklers and the people who falsely claimed that OxyContin was not addictive, or was less addictive, are now paying serious consequences. That was a false claim by the pharmaceutical company.

Our safe supply is addictive. Heroin is addictive. Diacetylmorphine is addictive. Dilaudid is addictive. But replacing the toxic, poisoned drug supply with a regulated pharmaceutical-grade narcotic is saving lives.

The Chair: Thank you, Mrs. Goodridge.

Mrs. Laila Goodridge: Do you mean that's better than treatment?

Hon. Carolyn Bennett: I will table.... There's lots of money on treatment. Obviously, there's the emergency treatment fund. There was $150 million that went to the provinces, up to $300 million. There's lots of money going to addiction, and $5 billion on mental health to the provinces and territories. The provinces and territories deliver treatment, and we give the money to the provinces and territories to do that.

The Chair: Thank you, Minister.

Thank you, Mrs. Goodridge.

Hon. Mike Lake: On a point of order, Mr. Chair, my colleague asked for information from the department in terms of funding. I'd like to make sure it's clear that we get information from the government as a whole.

Also, the minister referenced the serious consequences that the Sacklers and Purdue Pharma faced. I would like the minister to table with the committee the serious consequences that they face from the Government of Canada as well.

The Chair: Mrs. Goodridge's request of the minister was clear. I think you may be adding another element to it. I'd welcome you to do that when you have the floor, not on a point of order.

We will now go to Mr. van Koeverden.

Mr. Adam van Koeverden (Milton, Lib.): Thank you, Mr. Chair.

My first question will be on the subject of mental health. Earlier in this meeting, the PocketWell app was mentioned. I downloaded it just before my 40th birthday, a couple of months ago. I was having some ups and downs, as a lot of people do. I've used it a couple of times, and it actually just gave me a notification that it's time to do another assessment. I have to say that anybody who has downloaded this as a result of my putting it on social media or through word of mouth has come back to me to say, "You know what? That thing identified a couple of things I can do, and it's making a difference for me." So I want to say thanks.

I want to ask about PocketWell a little bit and about what else we're doing. I know there are lots of other concrete steps that our government is taking to address mental health. There are a lot, because it's a complex challenge and problem.

I also want to talk about kids. In the previous Parliament, I got to serve as parliamentary secretary for youth. On that file, I got to work with a lot of kids and youth groups. COVID-19 has affected all of us negatively and we've all made lots of sacrifices, but with what kids have lost—particularly when the pandemic has accounted for a quarter of their lives, in the case of my goddaughter—it's meant a really extraordinary upheaval of everything they know.

Through you, Mr. Chair, could the Minister of Mental Health and Addictions talk a little bit about what else we're doing with respect to mental health for people, and particularly for kids?

● (1705)

Hon. Carolyn Bennett: Thank you so much.

I did have my youth council have a look at both Wellness Together and PocketWell. They're hard markers, but they were very positive about them. I've signed up too.

I think it's because of people like those at Kids Help Phone, Homewood, and Stepped Care that the consortium that Minister Hajdu and the department put together at the very early part of COVID has really worked. Now 2.2 million Canadians have used it, not only to browse the kinds of resources that are out there, but also to get 24-7 care and advice if they need it. We will continue to evaluate it, but so far we think the $62 million has been well spent.

For younger people using it, we're very happy that it is something they can access without stigma.

As I was saying to your colleague, I think the integrated youth services are one of the really exciting advantages now coming forward, in terms of consensus, in that you can get wraparound individual care for a young person. It's now building into a real movement across the country, because of places like Foundry in British Columbia. There are actually now training handbooks for peer support. They're getting all of the resources so this can take place coast to coast to coast.

With great leadership like Kids Help Phone, I think we're going to get there.

Mr. Adam van Koeverden: Thank you, Minister.

My next question is for the Minister of Health.

On a similar subject, my PocketWell app gives me advice. It asked me to create a little bit of a strategy to deal with some of those ups and downs. I made a list of things that I should be doing better. Two of those things are getting enough physical activity and exercise—I certainly don't get as much as I used to, but it's still a really important component in ensuring that I'm good at my job and I'm as happy as I can be. It also tells me to eat well and to remind myself that this job can be time-consuming and challenging, but diet and exercise are a part of my strategy.

I know that for us as a government, a big part of our strategy is to ensure that people have resources they can access, including physical activity programs and activities and the infrastructure to do those, and to ensure that we have information on how to eat well and access food, particularly in the era we're in with the rising costs of food.

Can you detail for the committee some of our strategies to help people eat well and exercise more?

Hon. Jean-Yves Duclos: Thank you, Adam. Thank you for referring to your former life. It would be hard for most of us to have the type of active living that you had when you were slightly younger. That would be a standard that, I think, would be of some concern to some of us.

You are correct. I have my five objectives as well: sleeping well, eating well, exercising, looking after my family, and spending some time with friends. When I do those five things, I feel fine.

It's all about recognizing, as you said, that COVID-19 has been hard on all of those five things, especially sleeping well and eating well. You're at home, and not necessarily always happy to cook your own food, so you cheat and buy fast food more often. Exercising is not necessarily the best option when you have to stay home. Spending time with your friends is, obviously, also complicated with COVID-19. Looking after your family, when everyone feels a bit stressed, is perhaps the right thing to do but not always straightforward.

I think the healthy food guide is something that we need to promote more often to better connect it to healthy living. That will increase mental health and physical health, combined together. Without physical health or mental health, there is no health. We as leaders, and you as a very global person, can show the way forward.

● (1710)

[*Translation*]

The Chair: Thank you, Mr. Minister.

Mr. Thériault, you have the floor for two and a half minutes.

Mr. Luc Thériault: Let's talk about the Canadian Food Inspection Agency, Mr. Minister.

We know that local producers have to compete with imported products that are often cheaper than ours but produced to lower standards. Our producers do not want lower standards, they want reciprocity of standards.

I have been here since 2015, and we have been discussing reciprocity of standards since then but it seems like the agency is having a lot of trouble in that area.

When I see the small addition to the budget, I wonder if the Canadian Food Inspection Agency really has the resources to do the inspections needed to ensure reciprocity of standards. If not, what are we waiting for? This is about people's health.

Hon. Jean-Yves Duclos: Your questions involve three components: first, reciprocity; second, the agency's capacity to do its job properly; third, the budget it has to do it.

I will turn to Ms. Lapointe, who is vice-president of the agency. We are fortunate to have her with us. She will give us some quick answers to these good questions.

Ms. Sylvie Lapointe (Vice-President, Policy and Programs Branch, Canadian Food Inspection Agency): Thank you very much for the questions.

Whether food is prepared in Canada or imported, the same standards must be met.

We have enhanced our inspections, laboratory analysis and monitoring programs, and we're designing systems to target foods at a higher risk. We're also strengthening our relationship with the Canada Border Services Agency.

I hope that answers your questions.

Mr. Luc Thériault: So you're telling me that you do not need additional resources to assure us that when a particular country is dumping grapes on us, for example, you have all the inspectors you need to monitor the products on the market and you will have no problem removing from the shelves those that are full of pesticides. That's what you are telling me.

The Chair: Ms. Lapointe, please keep your response brief, if possible.

Ms. Sylvie Lapointe: Yes.

As I said, right now we have a system that's based on defined risks, and we have the necessary resources, including the budget increases we received.

The Chair: Thank you, Ms. Lapointe and Mr. Thériault.

[*English*]

Next we have Mr. Bachrach, for two and a half minutes.

Mr. Taylor Bachrach: Thank you, Mr. Chair.

I'll direct my next questions to Dr. Tam.

Dr. Tam, since I haven't yet had an opportunity to thank you for your work, I'd like to do that, and really express my appreciation for all of your efforts since the beginning of the pandemic.

At a news conference last Friday, you announced that the federal government is actively reviewing all vaccine mandates. You noted that policies may soon shift from an emphasis on requirements to recommendations.

Can you confirm when that review will be complete?

Dr. Theresa Tam: The review of these policies is in the domains of other departments, including the Treasury Board. Some follow-up with that department and the employer, essentially, would be the most appropriate.

Mr. Taylor Bachrach: I interpreted the remarks to include all vaccine mandates across departments, including the ones related to travel. Is the vaccination requirement for domestic air travel included in the review you referenced at the Friday news conference?

● (1715)

Dr. Theresa Tam: Yes. There are different vaccine mandates, if you like, or other mandates in relation to the federal roles and responsibilities. The federal workforce is one, which I just mentioned. Transport Canada and other departments, working with the Public Health Agency and others, will be reviewing and are in the process of reviewing the policies related to domestic travel.

Mr. Taylor Bachrach: Do you have a timeline, Dr. Tam, for when the results of that review might be released?

Dr. Theresa Tam: I don't, personally. Again, that is led by another department. Perhaps the minister will have more information on that.

Mr. Taylor Bachrach: Dr. Tam, is the review that you referenced at the Friday news conference one that each department is undertaking independently, in relation to their purview?

Dr. Theresa Tam: There's a broad interdepartmental approach to reviewing all of these different types of mandates. It is a collective, multidepartmental process, but there are lead departments, depending on which policy you're talking about.

I don't have a specific response for you about the timelines. I know there are active reviews. For the federal workers or federal departments, I know there was a built-in six-month review process, in any case, for that policy.

The Chair: Thank you, Dr. Tam.

Thank you, Mr. Bachrach.

Next we have Mr. Barrett, please, for five minutes.

Mr. Michael Barrett: Thank you very much, Mr. Chair.

I'm going to address my next questions, through the chair, to the health minister. Perhaps he can follow up on what Dr. Tam said in her responses to Mr. Bachrach.

There is a review that Dr. Tam has said is being undertaken with respect to federal mandates. Minister, do you think there should be a timeline by which that review should be completed? If so, when do you think that review should be completed?

Hon. Jean-Yves Duclos: Let's be clear. These reviews happen every week. We have cabinet committee meetings every week—sometimes more than once a week—around these issues. It's not as if we suddenly decided to review policies. These policies are reviewed continuously, based on the things that we know matter. As we said earlier, these are the science, the precautions and the epidemiological situation, both inside and outside Canada.

Mr. Michael Barrett: Thank you for that answer.

This question goes to the health minister again. If you could, please reply in about the same amount of time as I take to ask the question.

Does the government have a plan that would see federal mandates end?

Hon. Jean-Yves Duclos: We have a plan for every possible policy that we need to consider in the current pandemic.

Mr. Michael Barrett: Does the government have benchmarks established as part of that plan that would see an end to federal mandates?

Hon. Jean-Yves Duclos: I'll try to be very quick, because you're very quick and fair.

I mentioned earlier that there are different indicators. I spoke about death, hospitalizations, cases, long COVID and economic, social and personal costs. There are many others I could mention.

Mr. Michael Barrett: Minister, the question is fair, as you said. It's reasonable that Canadians want a plan.

When we were provided, as Canadians, with a solution, which was to get vaccinated, we got vaccinated. When we were told to get boosters, we got boosters. We were told to wear masks, and we're wearing masks.

All Canadians are asking, every single day, is what it is going to take to see the mandates end. They're not necessarily asking that the mandates end today; they want to know what it will take for the mandates to end.

You talk about all of those epidemiological factors. What is the number? If you don't have the numbers today, Minister, I accept that, but will you undertake to come back to us by a certain date with a number that will then trigger an end to the mandates?

● (1720)

Hon. Jean-Yves Duclos: Well, I would be disappointing you if I were to promise that I would come back to you with one number, because there are many different indicators, and that's what we look at—the broad range of indicators. It's sometimes called a dashboard.

We all know that it's a bit complicated. It would be simpler if we had only one indicator, but we look at the range of possible benefits and costs to the different policies that we're using.

Mr. Michael Barrett: Again, Minister, I listed a few things in my previous questions to you. There's the global picture in Canada of all those different areas where you could set benchmarks—hospitalization, hospital capacity, waste-water surveillance reports, vaccination rates. Take a look at that whole picture. Set a benchmark for each one. Once we've checked all those boxes, mandates will be lifted.

Do we have those numbers, Minister?

Hon. Jean-Yves Duclos: I'll give you one number: 700,000. That's the estimate of the number of surgeries that have been either cancelled or delayed because of COVID-19. We haven't yet the ability, with the current hospital capacity, to catch up with that backlog. In many provinces and territories, we're still hospitalizing and looking after too many COVID-19 patients to try to start recovering from the backlog that we have seen over the last few months.

Mr. Michael Barrett: I'm going to follow up on that question, because I don't want to spin my wheels on the last one too much longer.

We know that we saw a 20% reduction in cancer screenings during COVID, and that half of patients had cancer screenings and care appointments cancelled or postponed. A four-week delay in treatment will see a 10% increase in death. Does the government have a plan for 2022, for this year, to address the backlog of cancer screenings and treatments caused by COVID-19?

Hon. Jean-Yves Duclos: Yes, and there are all the associated personal and family costs that come with this. I'm an economist, so I use numbers quite a lot, but behind the numbers are people and lives and families. It's not an abstract thing when you recognize the cost of COVID-19. That's why we need to keep working together to make sure that the policies that we're going to keep assessing and keep evolving will be policies based on outcomes for real people.

The Chair: Thank you, Minister, and thank you, Mr. Barrett.

Dr. Powlowski, you have five minutes, please.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): If I may, I will direct my question to Dr. Tam.

Now, the progressive conservatives would like a date on which we're going to lift the mandates. I think they figure that we're going to base this on some arbitrary decision, like my mother's birthday, or maybe Mr. Duclos' wife's birthday, or Fidel Castro's birthday, or something like that.

Mr. Michael Barrett: On a point of order, Chair, I'm wondering if Dr. Powlowski is speaking about provincial progressive conservatives, or progressive conservatives in a provincial legislature, because in the House of Commons, there's only one conservative party. That's the Conservative Party of Canada.

The Chair: I'm sorry for that interruption. Go ahead.

Mr. Marcus Powlowski: Well, we certainly realize that you're not progressive.

Mr. Barrett, to give him credit, wasn't asking for a date. He was asking us for benchmarks on which we're going to base our decisions. Now, I'm pretty sure we aren't making our decisions arbitrarily on when we're going to drop the mandates. I think it's obviously based on complicated things, on modelling. Even though I, too, have a Master's of Public Health, I don't even understand things like regression analyses and how they work.

I think the Canadian public wants, and I think we all want, the government to be basing its decision on something other than dumbing it down, because in Parliament, that's what we do: We dumb it down. But I don't think we want our policy decisions with respect to health and the pandemic to be dumbed down.

I'd like to give you an opportunity in a couple of minutes to explain it. I want you to explain it in a technical fashion, because I think that's what we base our decisions on. Some of us in this room are doctors. Feel free to maybe go over our heads in describing this. What is modelling, and when you're doing the modelling, what is it based on? Presumably it's case rates. Presumably it's based on hospital admissions and ICU admissions.

Just give us a bit of the hard science on this, please.

● (1725)

Dr. Theresa Tam: Thank you for that question.

Mr. Chair, as you and many who watch the media briefings or the press conferences will know, we've been providing modelling information on a regular basis. There are different types of models. There are ones that are longer-term, but only good for, let's say, a month's time frame, where we input, through surveillance and epidemiological data, some forecasting on the case trajectory but also on hospitalizations, as well as projections on mortality. Those are important if you are thinking about adjusting policies. Are the cases going up? How fast are they going up? Are they coming down and at what rate? What might the impacts be?

Our last modelling certainly would suggest that, with the lifting of provincial public health measures, there could be some resurgence, particularly in the context of a very highly transmissible variant. We are watching that very carefully right now, because the cases are plateauing as they are coming down. They may be at a point of resurgence. We do want to know that the hospitals are not being impacted as that resurgence occurs and feeds into some of the federal decisions.

We also have other types of models that are used for planning purposes. They input a number of variables that include vaccine uptake and vaccine effectiveness. They don't as yet include waning immunity, but all of those models tell us something about how we should strengthen booster doses and look forward to the timing of those and what might happen in terms of provision of those models in the slightly medium and longer term.

Vaccine effectiveness, uptake and all that is taken into account as well. Then there's the international epidemiology and, as many people have seen, there's a resurgence of cases in many areas of the world at the moment.

Mr. Marcus Powlowski: When you are doing the modelling and making your decisions about things like mandates, the primary things you want to avoid are hospitalizations, deaths and ICU admissions. Is that what basically determines policy in terms of when you're going to bring an end to the mandates?

The Chair: Please give a short answer, if you can, Dr. Tam.

Dr. Theresa Tam: Absolutely, but policy-makers also need data on the effectiveness on reducing transmission and infection on top of severity and on top of trajectories on vaccine uptake as well and what difference a mandate might make.

The Chair: Thank you, Dr. Tam and Dr. Powlowski.

Next is Dr. Ellis, please, for five minutes.

Mr. Stephen Ellis: Thank you to our guests here today answering these difficult questions.

Through the chair, is the Minister of Mental Health and Addictions aware of the unregulated sale of cannabis on reserves, especially in Nova Scotia?

Hon. Carolyn Bennett: Of course, it would be Minister Hajdu who will deal with that through the first nations and Inuit health branch in terms of what they are trying to do to keep people well.

On first nations, it is about the first nations leadership having governance for themselves and often policing. If you have a concern about that, please let us know and we'll respond.

Mr. Stephen Ellis: Great. Thank you, Minister, for that. I appreciate it.

Through you, Chair, to the Minister of Health, we've talked extensively about mandates here today. I'm curious to know.... There doesn't seem to be an answer about the mandated nature of a third shot for COVID. Is that in the works?

Hon. Jean-Yves Duclos: There are two angles to that. First is the connection between policy and vaccination status. Second is the value of vaccination status around a third dose.

If you want, we can turn to Dr. Tam for evidence on that.

● (1730)

Mr. Stephen Ellis: That's okay, sir. Thank you for that.

I have another question for you, sir. Prior to the pandemic, it was very clear that hospitals in Canada, both in my home province of Nova Scotia and certainly here in Ontario, functioned at between 90% and 130% capacity. We've heard previously from some witnesses here that the mandates will continue until hospitals are not affected.

You're an economist, sir. I wonder how that's mathematically possible.

[*Translation*]

Hon. Jean-Yves Duclos: I'm going to answer in French, because I express myself a little better in that language.

Of course, in no way are we aiming to return to a system in which people with COVID-19 would not receive care.

I'd like to give you an example, however. In Quebec, a few weeks ago, because of the very high number of hospitalizations, the offload delay rate in the health care system was 80%. In other words, 80% of the usual operations were not possible because of the number of hospitalizations related to COVID-19.

[*English*]

Mr. Stephen Ellis: Thank you, sir.

We've talked a lot about COVID and the effect it's had on our communities. We also know that measles is a very deadly and very contagious illness. Can Canadians expect childhood vaccines to be mandated in the future, sir?

Hon. Jean-Yves Duclos: That's an excellent question.

We might all benefit, including myself, possibly, from turning to the deputy minister or perhaps even Dr. Tam. Dr. Tam would be well equipped to answer that question around measles and vaccination strategy.

Dr. Stephen Lucas: It's over to you, Theresa.

Dr. Theresa Tam: Measles is a very contagious childhood disease, but the vaccines are very effective, to the extent that the elimination of measles is now a global priority. It is really important for people to keep up to date with the vaccination. It may have been delayed due to COVID itself, so it's really important to catch up. The provinces and territories are, in fact, responsible for any of those vaccine policies.

In Canada, there's no specific mandating of measles vaccination, but jurisdictions vary in their requirements. Some require the provision of measles vaccination status for school entry, for example, but that is not within the federal jurisdiction.

Mr. Stephen Ellis: Thank you for that, Dr. Tam.

I have one final question for the Minister of Health.

Sir, to be clear for Canadians—a simple answer of yes or no—is there a plan for ending federal mandates?

Hon. Jean-Yves Duclos: It depends what we mean by mandates. There are mask mandates, vaccination mandates, testing mandates....

Mr. Stephen Ellis: Sir, I mean just the federal ones.

Hon. Jean-Yves Duclos: There's a large range of policies and mandates. I would be dishonest, and I don't think you would appreciate it, if I were to give you a yes-or-no answer.

Mr. Stephen Ellis: I'm sorry, sir. Is there a plan for the ending of federal mandates? I guess that's the question.

Hon. Jean-Yves Duclos: Which mandate do you have in mind?

Mr. Stephen Ellis: All of them, sir.

Is there a plan in the works?

Hon. Jean-Yves Duclos: It would be irresponsible to say yes or no. To be responsible means that we need to follow the evidence, the science and the precautionary principle and adjust and analyze the policies as things evolve.

The Chair: Thank you, Minister.

Thank you, Dr. Ellis.

[*Translation*]

Mrs. Brière, you have the floor for five minutes.

Mrs. Élisabeth Brière (Sherbrooke, Lib.): Thank you, Mr. Chair.

I'd like to thank the ministers for being here.

My question is for the Health Minister.

Of course, we are all very anxious to get back to a more normal life, free of COVID-19. A big part of that normalcy is being able to travel the world and welcome visitors from abroad and our family members who live abroad into our homes.

Can you tell us about the easing of restrictions at the border that will come into effect on April 1?

Hon. Jean-Yves Duclos: The main reason it will be possible to ease restrictions is that the COVID-19 infection rate is falling. It's not quite where we hope to see it in the next few weeks, but it is fast approaching that.

Second, it was not magic that got us here. We're able to ease restrictions because many people have been getting vaccinated and following public health measures to limit transmission, infection and hospitalization.

The really good news is that, as of April 1, testing will no longer be required to enter the country. However, there will be random testing at the border among returning travellers. First, this will accurately determine the number of people returning with COVID-19. Second, it will show us if new variants are entering the country. Third, we will know which countries we should be watching more closely and where we should put our resources. We will also know if variants are coming in faster or easier from certain countries and, if so, in what proportions.

● (1735)

Mrs. Élisabeth Brière: Thank you.

On a completely different note, we know that Alzheimer's is the most common form of dementia in Canada. This disease obviously has a significant impact, not only on those living with it, but also their family members. I have experienced it first-hand, as my mother-in-law has had Alzheimer's for two years. It has changed her life and my father-in-law's life, but also our own lives.

We're seeing an increase in Alzheimer's cases among people 65 and older.

Can you tell us, Mr. Minister, what is being done to support people with Alzheimer's and other types of dementia?

Hon. Jean-Yves Duclos: Mrs. Brière, it's extremely important that we support these people. An aging population is a good thing; more and more of us are getting older and we are generally in better health. However, we must recognize that with aging comes a greater incidence of dementia. Some, like you, and me as well, experience it with their families and loved ones.

About 450,000 Canadians age 65 and older are now living with some form of dementia, whether it's Alzheimer's or something else. Fortunately, since June 2019, we've had a national dementia strategy in Canada, with roughly $212 million in investments over five years. If we had more time, we could ask Dr. Strong to talk about that in more detail. In short, the strategy is about finding ways to not only combat dementia, but also care for people with dementia and the caregivers and families who are also there to help and love these individuals.

[*English*]

Dr. Michael Strong: Thank you very much, Minister.

Thank you for the question. I would be happy to answer if you request it.

[*Translation*]

The Chair: You have one minute left, so you can decide how to use it, Mrs. Brière.

Mrs. Élisabeth Brière: Okay.

[*English*]

The Chair: Go ahead, Dr. Strong.

Dr. Michael Strong: We do have an integrated dementia research strategy in the country, both by ourselves, our Institute of Aging, and working with the Public Health Agency and with a number of research groups across the country. We are looking at everything: how to improve health care for individuals who are afflicted by Alzheimer's disease, as you have indicated, and for their family members, but also very robust programs looking at underlying causes. As we move forward, we are seeing evidence as well that's already suggesting that we may see an earlier presentation of a number of diseases because of long COVID.

It's a very active research area, and I would be happy to comment further at any time.

Mrs. Élisabeth Brière: Thank you.

[*Translation*]

The Chair: Thank you, Mrs. Brière.

Mr. Thériault, you have the floor for two and a half minutes.

Mr. Luc Thériault: Thank you, Mr. Chair.

Madam Minister, once again in Health Canada's 2022-23 departmental plan, with respect to medical assistance in dying, it says that Health Canada must “support policy development that may be required coming out of the independent expert review of MAID for persons suffering from mental illness”.

Have you received the independent expert panel's report? If so, when will you release it? Time is of the essence. Among other things, it could inspire the Special Joint Committee on Medical Assistance in Dying, which has not met since the last general election.

Hon. Carolyn Bennett: Thank you for the question.

It's very important that we hear from experts and people with experience in this area to build a mental health strategy across Canada. It's also important to talk to my provincial and territorial counterparts, as well as experts and researchers from the Canadian Institutes of Health Research, such as Dr. Strong, who is president of the CIHR, and Dr. Weiss, scientific director of the Institute of Neurosciences, Mental Health and Addiction. These individuals are heavily involved in all of our work.

● (1740)

Mr. Luc Thériault: My question was specific. An independent committee was struck at the same time as the Special Joint Committee on Medical Assistance in Dying. Have you received the report from the independent expert panel? If so, when will you be releasing it?

[*English*]

Hon. Carolyn Bennett: I'm sorry, but I didn't hear.... Medical assistance in dying...?

[*Translation*]

Hon. Jean-Yves Duclos: I'd like to make a few comments on this and then I will ask the deputy minister to provide further details.

Yes, the parliamentary committee has work to do, and we will be there to assist them when the time comes and in the manner that they desire.

In terms of when the expert panel report will be tabled, I will ask the deputy minister, Mr. Lucas, to provide details about that.

Dr. Stephen Lucas: The committee is continuing its study. It has almost completed it. We can expect the report to be tabled in the coming weeks.

The Chair: Thank you, Mr. Thériault.

[*English*]

Our last questioner for today will be Mr. Bachrach, for two and a half minutes.

Mr. Taylor Bachrach: Thank you, Mr. Chair.

Dr. Tam, there's now considerable data, including data from the CDC, that shows that those who have been infected with COVID-19 and have recovered are at least as protected, as if not better protected, from infection, serious disease and death compared to those vaccinated with mRNA vaccines. This is a question that several constituents have asked me, and I'm curious as to what the answer is.

Why don't we recognize the protection conferred by infection-acquired immunity in Canadian COVID-19 policy?

Dr. Theresa Tam: Thank you for the question.

Mr. Chair, this is an area of ongoing scientific studies. Variants actually also differ in the amount of immunity that they confer. For example, we do know that those who just got the infection and haven't been vaccinated are not as well protected as those who got two doses of vaccine, for example, and then subsequently got an infection.

The omicron virus variant is also under study at the moment. There is certainly some preliminary data showing that the immunity conferred by this variant varies from person to person. That is why the National Advisory Committee on Immunization still essentially recommends vaccination, even if you have had COVID-19 or if you think you got infected, after a suitable time period, depending on whether you're looking at the primary series or a booster dose, for example. Those who got infected just recently can wait three months before getting their booster shot because of this variability we're seeing in infection-conferred immunity.

Mr. Taylor Bachrach: Thank you, Dr. Tam.

If I may, I'm going to try to squeeze in a question for Minister Duclos.

As you probably know, Dr. David Naylor, the co-chair of the federal COVID-19 immunity task force and former chair of the federal review of the SARS epidemic, has called for a public inquiry into Canada's COVID-19 response "so that we actually get a dispassionate review." He's calling for it to be "led by international experts".

Will you make a firm commitment to launching an independent public inquiry into Canada's COVID-19 response?

Hon. Jean-Yves Duclos: I'm glad that you mentioned Dr. Naylor. He's been a very important ally and expert as we have gone through the last two years of the pandemic. In fact, we meet with him and other experts quite regularly, so we are obviously doing this on a regular and continuing basis.

How we will eventually assess the lessons from COVID-19 more formally in a more open environment is yet to be determined, but we'll be looking forward to your views and those of your colleagues to do that in the right manner.

● (1745)

Mr. Taylor Bachrach: Thank you, Mr. Chair.

The Chair: Thank you, Mr. Bachrach.

Mr. Lake has asked for an accommodation. He's asked for 10 seconds, and I'm going to give it to him.

Hon. Mike Lake: I want 10 seconds to make the point I was trying to make earlier.

Minister Bennett mentioned serious consequences for the Sacklers and Purdue Pharma. I would like her to table with the committee what the serious consequences imposed by the Canadian government on the Sacklers and Purdue Pharma were.

The Chair: Are you able to do that, Minister?

Hon. Carolyn Bennett: I will surely try.

The Chair: Minister Bennett and Minister Duclos, thank you so much for being here with us for an extended meeting. We certainly appreciate all the work you do and your patience with us today.

To those who are with us virtually, I offer the exact same thanks and gratitude to you for all your work and for being with us here today.

To all of our witnesses who are with us, you are welcome to stay, but you're free to leave.

To the members of Parliament, please stay put. We now have to consider the estimates and consider some standard motions that come with the presentation of the estimates.

Thanks again, ministers and witnesses.

With respect to the supplementary estimates, is it the wish of the committee to vote now on the supplementary estimates? Okay.

In all, there are seven votes in the supplementary estimates 2021-22. Unless anyone objects, I suggest we group them together. Is there unanimous consent to proceed in this fashion?

I see consensus in the room.

Shall all votes referred to the committee in the supplementary estimates 2021-22 carry?

CANADIAN FOOD INSPECTION AGENCY

Vote 1c—Operating expenditures, grants and contributions.....$17,623

(Vote 1c agreed to on division)

CANADIAN INSTITUTES OF HEALTH RESEARCH

Vote 1c—Operating expenditures.....$488,824

Vote 5c—Grants.....$5,925,287

(Votes 1c and 5c agreed to on division)

DEPARTMENT OF HEALTH

Vote 1c—Operating expenditures.....$3,724,376,371

Vote 10c—Grants and contributions.....$9,934,194

(Votes 1c and 10c agreed to on division)

PUBLIC HEALTH AGENCY OF CANADA

Vote 1c—Operating expenditures.....$2,963,251,274

Vote 10c—Grants and contributions.....$57,150,105

(Votes 1c and 10c agreed to on division)

The Chair: Shall I report the votes back to the House?

Some hon. members: Agreed.

The Chair: Are we ready now to vote on the main estimates?

In all, there are 11 votes in the main estimates for the fiscal year ending March 31, 2023. Unless anyone objects, I will seek the unanimous consent of the committee to group the votes together for a decision. Is there unanimous consent to proceed in this fashion?

Some hon. members: Agreed.

The Chair: Shall the votes referred to the committee for the main estimates 2022-23 carry?

CANADIAN FOOD INSPECTION AGENCY

Vote 1—Operating expenditures, grants and contributions.....$644,613,251

Vote 5—Capital expenditures.....$43,425,832

(Votes 1 and 5 agreed to on division)

CANADIAN INSTITUTES OF HEALTH RESEARCH

Vote 1—Operating expenditures.....$64,900,611

Vote 5—Grants.....$1,169,850,525

(Votes 1 and 5 agreed to on division)

DEPARTMENT OF HEALTH

Vote 1—Operating expenditures.....$1,215,459,268

Vote 5—Capital expenditures.....$17,149,187

Vote 10—The grants listed in any of the Estimates.....$2,481,521,084

(Votes 1, 5 and 10 agreed to on division)

PATENTED MEDICINE PRICES REVIEW BOARD

Vote 1—Program expenditures.....$15,677,393

(Vote 1 agreed to on division)

PUBLIC HEALTH AGENCY OF CANADA

Vote 1—Operating expenditures.....$7,853,559,297

Vote 5—Capital expenditures.....$23,300,000

Vote 10—Grants and contributions.....$538,766,436

(Votes 1, 5 and 10 agreed to on division)

The Chair: Shall I report the main estimates 2022-23 to the House?

Some hon. members: Agreed.

Is it the will of the committee that we now adjourn?

Some hon. members: Agreed.

The Chair: Thanks, everyone. We are adjourned.