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Chair: Mr. Sean Casey



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• (1100)

[English]

The Chair (Mr. Sean Casey (Charlottetown, Lib.)): I call this meeting to order.

Welcome to meeting number 46 of the House of Commons Standing Committee on Health.

Today we will meet for two hours to consider the supplementary estimates (B).

Today's meeting is taking place in a hybrid format pursuant to the House order of June 23, 2022.

I will remind you that screenshots or taking photos of your screen of those participating virtually is not permitted.

In accordance with our routine motion, I'm informing the committee that all witnesses have completed the required connection tests in advance of the meeting.

Colleagues, could I have your attention? Once we get to 12 o'clock you're going to regret this extra couple of minutes of chatter, because you're going to want to question the ministers, I'm sure.

Okay. I've just gone through the preliminary remarks and I have indicated that witnesses have completed the required connection tests.

I would now like to welcome the ministers who are joining us for the first hour: the Honourable Jean-Yves Duclos, Minister of Health; and the Honourable Carolyn Bennett, Minister of Mental Health and Addictions and Associate Minister of Health.

They are joined by the following officials, who will stay with us for the entire meeting: from the Canadian Food Inspection Agency, Philippe Morel, vice-president of operations, by video conference; from the Canadian Institutes of Health Research, Dr. Michael Strong, also by video conference; from the Department of Health, Dr. Stephen Lucas, deputy minister, Heather Jeffrey, associate deputy minister, and Dr. Supriya Sharma, chief medical adviser; and from the Public Health Agency of Canada, Dr. Harpreet Kochhar, president, and Dr. Howard Njoo, deputy chief public health officer and interim vice-president, infectious disease prevention and control branch.

Thanks to all of you for taking the time to be with us today.

We're going to begin with opening remarks from each minister.

Minister Duclos, if you would like to begin, you have the floor for five minutes or less. Welcome to the committee.

[Translation]

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

I would like to thank you for inviting us to appear before the committee today.

We are grateful for this opportunity to talk about our work in the health portfolio and our financial overview for supplementary estimates (B) for 2022-23.

I am accompanied today by Carolyn Bennett, Minister of Mental Health and Addictions and Associate Minister of Health, as well as: Dr. Stephen Lucas, Deputy Minister, Health Canada; Heather Jeffery, Associate Deputy Minister, Health Canada; Dr. Supriya Sharma, Chief Medical Advisor and Senior Medical Advisor, Health Canada; Dr. Harpreet Kochhar, President of the Public Health Agency of Canada; Dr. Howard Njoo, Deputy Chief Public Health Officer, Public Health Agency of Canada; Dr. Michael Strong, President, Canadian Institutes of Health Research; and Philippe Morel; Vice-President of Operations, Canadian Food Inspection Agency.

• (1105)

[English]

Before we address the issue at hand, our appearance here today also provides us the opportunity to share with you the latest information related to the shortages of children's and infants' analgesics.

Thanks to close collaboration with our industry partners, a record number of children's analgesics are currently being manufactured across the country, with some companies producing twice as many units as they did at the same time in 2021.

As an example of this increased production, during the month of November only, a total of 1.1 million units of children's Advil products from Haleon will have been made available for the Canadian market, which is a significant amount versus the typical November.

This is obviously good news for Canadians: Children's pain medication is being produced in large numbers in Canada. This increased domestic supply is in addition to the importation of more than one million units announced last week, distribution of which is currently under way across Canada.

An additional importation of around half a million units is scheduled for the next three weeks. As we continue to approve increased supply to community pharmacies and retailers, work continues to ensure pediatric hospitals are well stocked and in a position to manage the shortage.

We are also looking to find longer-term solutions with provinces and territories, industry and stakeholders such as pharmacies and children's hospitals, and we will continue to keep the committee apprised of the progress.

[Translation]

To the matter at hand today—supplementary estimates—the Government of Canada continues to address the long-term effects of the pandemic, and our budgetary needs reflect this, as I mentioned earlier.

At this time, we are seeking \$3.41 billion for the health portfolio. Beginning with Health Canada, I am seeking an additional \$1.9 billion. This funding will be used to address Canada's ongoing COVID-19 response, as well as ongoing health care issues.

It also includes funding to improve mental health supports and services, as well as funding to address the opioid overdose crisis and problematic substance use.

My colleague, Minister Bennett, will have more to say about those two issues in a few moments.

[English]

As part of supplementary estimates (B), PHAC is seeking an increase of \$1.4 billion to its reference levels. This includes \$118 million in new funding and \$1.2 billion in reprofiles from 2021-22.

Through supplementary estimates (B), the Canadian Institutes of Health Research are also seeking an increase of \$106.1 million. This investment will help implement the important clinical trials fund and provide funding to support the study of the long-term health impacts of COVID-19, as well as other important initiatives.

[Translation]

And finally, the Canadian Food Inspection Agency, CFIA, will see a budget increase of \$19.5 million.

Overall, this increase will help the agency respond to the impacts of COVID-19 on Canada's food production and supply chain, as well as to the economic implications stemming from disruptions in employment.

[English]

In conclusion, our commitments as set out in our supplementary estimates (B) are a reflection of our most pressing health priorities. They demonstrate how we are taking action to protect and improve our health system for all Canadians.

Merci. Meegwetch.

The Chair: Thank you very much, Minister Duclos.

Next is Minister Bennett. Welcome to the committee. You have the floor.

[Translation]

Hon. Carolyn Bennett (Minister of Mental Health and Addictions and Associate Minister of Health): Thank you, Mr. Chair.

I am pleased to be here today to talk about a number of investments requested in the 2022-2023 supplementary estimates (B).

I would like to begin by acknowledging that we are meeting on the unceded traditional territory of the Algonquin people, who have been the stewards of this land and water since time immemorial.

[English]

I am pleased to be here, of course, with my colleague, Minister Duclos, and our colleagues from Health Canada, from the Public Health Agency and from CIHR.

• (1110)

[Translation]

While COVID-19 has increased the number of people experiencing mental health problems, it has also made many of us more willing to talk about our own mental health.

[English]

We hope that this begins to reduce the stigma that remains a significant barrier to seeking care.

Since 2015, we have made historic investments to support mental health and to deal with problematic substance use, including the \$5 billion to the provinces and territories to increase the availability of mental health care; \$598 million for a distinctions-based mental health and wellness strategy for indigenous peoples; \$270 million for the Wellness Together portal; \$45 million to develop some national standards on the priorities I articulated by the provinces and territories; \$350 million in the substance use and addictions program since 2020; and many other targeted investments on substance use and mental health promotion innovation.

The \$5-billion investment through provincial and territorial bilateral agreements is currently providing \$600 million of additional annual funding until 2027.

I am also pleased to say that the online portal, Wellness Together Canada, and its companion pocket app, PocketWell, which have specific funding included in the supplementary estimates (B), have assisted Canadians in getting the help they need both directly and as a stepping stone to receiving advice or finding more specialized care.

We know, sadly, that when so many Canadians need support, that support is still all too often out of reach. There is much more that needs to be done. Among other further actions, we will continue to engage with provinces, territories and stakeholders to invest additional funding through a mental health transfer.

The Standards Council of Canada, together with our provincial and territorial partners, is also developing national standards for evidence-based mental health and addiction services on the six priority areas identified with our provincial and territorial colleagues.

We are particularly encouraged by the incredible early progress of national standards for integrated youth services.

We welcome the CRTC's decision to approve the new 988 three-digit suicide prevention line, and we are working to ensure it has the capacity for a very successful launch next fall.

We want people to know that if they are struggling with thoughts of suicide, or know someone who is, help is available right now at 1-833-456-4566.

The toxic drug and overdose crisis continues to take a tragic toll on families, loved ones and communities. Our government will use every tool at its disposal to work with its partners to end this national public health crisis. Since 2017, we have committed more than \$800 million to address the overdose crisis. We are taking concrete steps to divert people who use drugs away from the criminal justice system. This is a public health issue.

Approving B.C.'s decriminalization proposal for personal possession of small amounts of certain substances was an important step. So far, we have also supported 27 projects supporting a safer supply of drugs.

We must demonstrate to Canadians that we share their concerns and have been listening to those with lived and living experiences, the experts, and those on the front lines, to put in place evidence-based actions to address the parallel pandemics of mental health and the tragic ongoing toxic drug and overdose crisis.

[*Translation*]

I look forward to exploring this topic further by answering your thoughtful questions.

[*English*]

The Chair: Thank you very much, Minister.

We're now going to proceed with rounds of questions beginning with Dr. Ellis for six minutes, please.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Thank you very much, Chair.

Thank you to both ministers for being here, and to your officials as well.

It is certainly an important time for Canada, with the health care crisis we have, not only in the delivery of health care but in mental health as well. Again, thank you for being here.

Minister Duclos, through you, Chair, if I may, the Prime Minister spoke very openly in the House of Commons about the 7,500 doc-

tors, nurses and nurse practitioners that \$3.2 billion was going to bring to this country.

The question is, where have we spent that money? How many of those doctors, nurses and nurse practitioners in each of those specific areas are actually here working on the ground now?

• (1115)

Hon. Jean-Yves Duclos: Thank you, Dr. Ellis.

Thank you, everyone.

First, on the statement of what we've done until now.... As we know, COVID-19—although it's not over—is better than it could have been. That's, in part, because the federal government invested \$72 billion to a large extent to support the safety and the health of Canadians. That is continuing through vaccination, rapid tests and access to treatments like Paxlovid.

Second is the additional \$2 billion that was announced in the last budget to reduce the backlog in surgeries. That, obviously, comes through supporting health workers, nurses and doctors, hiring more of them, recruiting more of them and retaining more of them.

Finally, there are other measures that are supportive of the health workforce, including the \$3 billion in long-term care, the \$3 million in mental health care and the \$3 billion in support to home care and community care services.

Mr. Stephen Ellis: Thank you for that, Minister.

I guess the question was perhaps not clear. I didn't ask about COVID. I asked specifically about how many of the 7,500 doctors, nurses and nurse practitioners for \$3.2 billion are actually working on the ground.

The Prime Minister spoke very clearly about these numbers in the House of Commons. I know you were there. I was there. I heard him say it in person. That's the question for which I'm looking for an answer on behalf of all Canadians and, perhaps, most specifically, on behalf of the 100,000 Nova Scotians without access to primary care.

Sir—through you, Mr. Chair, if I may—please provide the answer to how many of those actual health practitioners are on the ground.

Hon. Jean-Yves Duclos: On that specific piece, we would certainly want to commend the efforts of the provinces and territories, which in the past months, thanks in part to the support of the federal government, have been able to repair the damage created by COVID-19 by recruiting more health workers, by training more of them and by retaining more of the nurses who otherwise would have left the profession.

The \$2 billion I mentioned earlier—the increase in the CHT from \$43 billion to \$45 billion—and the forthcoming additional increase to the CHT from \$45 billion to \$49 billion, which is a 10% increase, are all supportive of the efforts of the provinces and territories to hire, recruit and retain more of our health care workers.

Mr. Stephen Ellis: Thank you, Minister.

Mr. Chair, I guess that answer is not forthcoming, unfortunately. That being said, maybe I'll try something different.

Wait times are an entirely different topic and an incredibly important topic here in Canada. I've had an opportunity to meet with some of our orthopaedic colleagues. There is no health care shortage of orthopaedic surgeons, I'm told, so they're able to perform these surgeries.

Only \$2 billion of the \$6 billion available for wait time changes has now been deployed. We do know very clearly that folks who are awaiting total joint arthroplasties are often not able to work, which is creating difficulties for their families, and those on the wait lists need medications, etc. It would appear that would be an easy deployment of more of those funds. Can you please tell me what the government's opportunity is going to be there for deploying the funds specifically for total joint arthroplasties?

Hon. Jean-Yves Duclos: That's a great question. It points again to the \$2-billion additional investment that we provided to the provinces and territories just a few weeks ago. That \$2 billion is currently invested by the provinces and territories to reduce these very significant backlogs, as you said, in surgeries and diagnostics.

That's in addition to the efforts, as you also pointed out, that the provinces and territories are making to provide better access to family health teams, access to primary care and access to family doctors. That's key to making sure that people don't have to go to the emergency department and undertake difficult and expensive surgeries for things that could have been cared for and cured if they'd had access to, as you said, appropriate and accessible primary care and family health services.

Mr. Stephen Ellis: Thank you, Minister.

Mr. Chair, we heard about a Canada mental health transfer in the 2021 platform of the Liberal party. None of that money was deployed in budget 2022, and none of it was deployed in the fall fiscal update.

Can you give us an update, sir? The country wants to know when this mental health crisis is going to be addressed and when the money is going to be deployed. We still see that the finances are not being deployed out there. Canadians are hurting. They need to be served by this government. There's money out there that your government, sir, has committed. That money is not being deployed.

The questions that need to be answered, of course, are “when?” and “why?”

• (1120)

Hon. Jean-Yves Duclos: On the Canada health transfer, as I mentioned briefly earlier, it moved from \$43 billion to \$45 billion about nine months ago, plus an additional \$2 billion for backlogs, surgeries and treatments. It's going to increase to \$49 billion in March 2023, which is an increase of 10%. It will then move up

to \$51 billion, then to \$53 billion and to \$55 billion. Over four years, an increase of about 25% is already guaranteed.

The Prime Minister also pointed to the fact that we will be doing more. We need to. We acknowledge that we will be doing more. As you said, it's to acknowledge the fact that our health workers and patients are hurting across Canada.

The Chair: Thank you, Minister.

Next we have Ms. Sidhu, who's participating virtually.

Go ahead, Ms. Sidhu, for the next six minutes.

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

Thank you, Minister Duclos and Minister Bennett, and all the officials who are appearing at the health committee today.

My first question is for Minister Duclos.

Minister, I see the funding to support new national women's health research, which is an initiative to advance research in high priority areas.

COVID-19 highlighted the importance of health research and innovation.

Can you tell us the importance of investing in women's health research and what our government is doing?

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

Not only do I appreciate that question, but I think my colleague Carolyn will also appreciate it very much. CIHR is a key federal institution that supports not only research on diseases but also research in support of patients, families and caregivers. We often speak of diseases. More importantly, we want to speak of the importance of supporting those living with different diseases. That includes mental disorders and all of the impacts that these disorders and diseases have, like I have said, on families and communities.

There has been a total investment of \$414 million in 965 research projects since March 2020. Many of them focus on COVID-19, but many others focus on mental health and substance use support needs of Canadians across our country, in particular through the difficult time that we've seen in the last two and a half years.

Again, there's a great level of support on the part of the federal government, but, more importantly, there have been immense efforts by researchers and scientists across the research community in Canada, which we not only want but need to celebrate on every possible occasion, including today.

Ms. Sonia Sidhu: Thank you, Minister.

Minister, we know that there's significant pressure on our health system. Right now chronic diseases like diabetes play a role, and investing in healthy eating and research can help ease those burdens.

Can you tell us what you're doing to invest in research prevention and treatment?

Hon. Jean-Yves Duclos: Thank you, MP Sidhu.

Sonia, first of all, I think most people around this room would know of your significant work and considerable success in moving forward with a framework for diabetes in Canada. We're grateful to you and to all the other partners, leaders and experts who have supported that framework that we tabled on October 5, just a few weeks ago.

That framework is important and is also complementary to other investments and efforts we're making, including the release and implementation of Canada's new food guide, which we know is key to helping Canadians eat healthier and live healthier.

Just a few weeks ago, we also announced important front-of-package nutrition labelling, which is going to be of great help by informing Canadians of the type of healthy food they might be able to purchase in a grocery store and to encourage the food industry to reduce the levels of sodium, sugar and fat in the food that people rely on to live their lives.

Again, MP Sidhu, Sonia, thank you for your leadership on that. We're quite fortunate to be able to support that leadership.

Ms. Sonia Sidhu: Thank you, Minister.

Minister, parents were concerned about the children's pain medication shortage. What type of steps are being taken to increase our domestic manufacturing capacity for these critical medications?

• (1125)

Hon. Jean-Yves Duclos: There are two things. First, due obviously to the terrible viruses that are impacting our children and our young children in particular, the demand for analgesics has increased dramatically over the last few weeks.

Domestic production has also increased by about 100% in Canada over the last few weeks. That's good news. To make sure that families and children have access to the appropriate medication at the appropriate time, we have also approved emergency importations of a large number of medicines and analgesics from outside of Canada, which are currently filling the shelves and the stocks of community and hospital pharmacies across our country.

Ms. Sonia Sidhu: Thank you.

My final question is for Minister Bennett.

Minister Bennett, do you believe a one-stop approach will increase the likelihood of youth getting access to mental health or ad-

diction support in the most appropriate and timely way? Can you expand on that?

Hon. Carolyn Bennett: Yesterday we had a very exciting announcement. We were able to demonstrate that all 13 jurisdictions have come together to understand that this model of integrated youth services that was led by the Foundry in British Columbia, the hubs here in Ontario as well as Aire Ouverte in Quebec....

The idea that you can get the most appropriate care by the most appropriate person at the most appropriate place and at the most appropriate time means that, all of a sudden, things such as peer support.... Those with lived and living experiences are able to make it feel safer for young people to come. They get primary care. They get a social worker, a psychologist or an addiction medicine person helping with their education, getting a job and housing, all in one place, with an integrated record.

The exciting thing is that yesterday we were able to announce that the CAMH and CIHR will not only be working on these evidence-based models but also creating the evidence as we go to be able to demonstrate what works and what doesn't. I think this is a huge leap forward in how we actually deliver integrated services to Canadians instead of this patchwork quilt of non-systems that was a huge challenge to youth in the past.

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

[*Translation*]

I now give the floor to Mr. Garon for six minutes.

Mr. Jean-Denis Garon (Mirabel, BQ): Thank you, Mr. Chair.

Ministers, welcome to the committee.

My question is for the Minister of Health.

To further optimize the resources of the health care system, Quebec has had, over the past 20 years, the Castonguay-Nepveu, Rochon and Clair commissions, and the Rochon, Couillard, Barrette and Dubé reforms.

Despite this, according to some Liberal parliamentarians on Parliament Hill, Quebec and the provinces have value-for-money problems and have not made all the required efforts, thus justifying the imposition of conditions for health transfers.

In light of these facts, is that also your position?

Hon. Jean-Yves Duclos: My position is based on the discussions with the 14 health ministers. Over the past year, we have held 11 virtual meetings. The last meeting was held in person in Vancouver a few weeks ago. We all agree on the same solutions and priorities, including those you are referring to. Having access to a family doctor for primary care is critical to ensuring that people who are sick receive care quickly, rather than waiting for their condition to worsen before going to a hospital emergency room.

Access to appropriate and timely mental health care is also a priority of every health minister in the country.

Access—

Mr. Jean-Denis Garon: Minister, I am sorry to interrupt you. I am not doing it out of discourtesy, but I want to manage my time well. I hope you understand.

After three commissions and five reforms, to justify your conditions for transfers, do you consider that Quebec has not made the necessary efforts to optimize its resources?

Hon. Jean-Yves Duclos: We are well aware of the context of your question. Indeed, what is happening now is even more complicated than what was happening 10, 20 or 30 years ago because the population is getting older, including the health care worker population, which is resulting in nurses and physicians leaving in large numbers.

The challenges we face are even more serious than those experienced a decade or two ago. For that reason, resources and efforts must be even greater and more sustained than we could have anticipated not long ago.

• (1130)

Mr. Jean-Denis Garon: Minister, I see you are avoiding answering my question, but I accept your answer.

I will now move on to another issue, which is the taxation of medical cannabis. The reason I am turning to you is because you are the Minister of Health, former president of the Treasury Board, and a highly qualified economist.

Most prescription drugs are normally exempt from GST, QST and excise tax. However, medical cannabis products are subject to completely different taxation, as all taxes apply.

Have your department and you, as an individual, begun to think about the tax treatment of cannabis prescribed for medical purposes?

Hon. Jean-Yves Duclos: There are two elements to this question. The first one is more the purview of my colleague the Minister of Finance, who I'm sure you will want to ask about the taxation of all products, including medical cannabis.

From the perspective of the Department of Health, our goal is obviously to protect people's health and safety. I think we can be proud, although nothing is perfect, of the substantial progress that has been made over the past few years in Canada. The legalization and regulation of cannabis has provided thousands of people, including young people, with greater protection from the effects of the illicit market in terms of the supply of cannabis.

Again, nothing is perfect and there is still room for improvement, but we can be quite proud of what has been done over the past few years.

Mr. Jean-Denis Garon: Thank you, Minister.

I want to discuss the youth issue with you. Currently, in Canada, there is an object circulating called the cannabis wax vape pen. It is a small coloured object that looks like a pen and that does everything to attract the eye of teenagers, while being discreet, even almost undetectable, since the vapour that emanates from it is odourless. It's used to consume liquid cannabis extracts that, when distilled, reach THC levels of up to 99%, well above the regulatory level of 30%.

Are you aware of this problem? What is currently being done to address this complete violation of current regulations?

Hon. Jean-Yves Duclos: That's a great question, and it's about both the regulations and the need to enforce existing or upcoming regulations.

I will turn to deputy minister Lucas to give you an overview of how all this is done within the Department of Health.

Dr. Stephen Lucas (Deputy Minister, Department of Health): We have a team that enforces our regulatory frameworks.

[English]

The focus is identifying specific incidents or concerns. When that information comes to their attention, they follow up and work as appropriate in conjunction with law enforcement. Certainly this is an area they will have been focused on, and any illegal products are subject of to compliance and enforcement actions.

[Translation]

Mr. Jean-Denis Garon: Is the cannabis wax vape pen, in particular, whose use seems to be increasing, part of events that have been reported to you concerning which efforts are starting to be made?

Dr. Stephen Lucas: I don't have any information on that specific issue. However, as I said, when we receive information that regulations have been violated, our team works proactively and in close collaboration with the police to enforce them.

Mr. Jean-Denis Garon: Thank you.

The Chair: Thank you, Mr. Garon.

[English]

Next is Mr. Davies please for six minutes.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you, Mr. Chair.

I'll be splitting my time with my colleague, Gord Johns, the NDP critic for mental health and addictions.

Ministers, officials, thank you for being here with us today.

Minister Duclos, I would like to start with you if I could. The provinces of course are claiming that the federal government is only paying about 22% of health care costs in Canada. Do you agree with that number, and if not, what number do you think is more accurate?

Hon. Jean-Yves Duclos: Here we have an example of a futile fight and a useful battle. The futile fight is on dollars, tax points and percentage points, because if we were to do that, we would need to recognize that since 1977, if you take into account both the cash transfer and the tax points transfer, 35% has been the norm and is still the norm now. The total support of the federal government for health care is about 35%. It went up during COVID-19 and it's back around 35% now. That's a futile debate, because it would suggest the federal government doesn't need to do more, but we said we will be doing more. That's why the useful debate, this useful battle, is how we are going to unite together and fight for health care workers and patients across Canada.

• (1135)

Mr. Don Davies: Do you subscribe to the theory that the federal-provincial cost share should be fifty-fifty?

Hon. Jean-Yves Duclos: That fifty-fifty comes from the law or a rule dating from 1960 or something of that sort, which—

Mr. Don Davies: Some of the best things come from 1960s, Minister.

Hon. Jean-Yves Duclos: I was thinking of you in particular obviously, Don.

But beyond that, at that time my understanding—and we can discuss this further if you want to—is that the federal government was paying only for hospital costs, but not any other costs. Obviously health care is more than just going to a hospital; it's having access to a physician, having access to a nurse. That's why the 50% is nonsense now because it was supposed to be that the federal government would only pay for the hospital costs. The federal government needs to assume responsibility beyond the cost of hospitals.

Mr. Don Davies: Thank you. So let me move to that. At the recent health ministers meeting in Vancouver, you announced that the federal government was prepared to put more money into the Canada health transfer provided that the provinces agreed to two specified conditions.

Did you communicate how much money that would be, and if so, how much?

Hon. Jean-Yves Duclos: It's very good that you point to those two outcomes that we were hoping to share, because we had all agreed on them until just a few days prior to the conference. These were plans to support health workers and to modernize our health care system—supporting health care workers, because we all understand that it's the only way to support patients, and modernizing our health care system, because the use of data in our health care system is antiquated. We don't have a world-class—

Mr. Don Davies: Minister, I don't mean to interrupt. I agree with you on the conditions. My question is about the amount of money. You said you'd put more money in. I'm asking if you actually specified the amount of money you'd put on the table.

Hon. Jean-Yves Duclos: What we said, because the Prime Minister had asked me to say it, was that we were willing, and were hoping, to increase both the CHT and bilateral funding to provinces and territories to support the priorities on which we had all agreed until then—

Mr. Don Davies: Did you attach a number?

Hon. Jean-Yves Duclos: —meaning supporting health care workers with a pan-Canadian health workforce plan that was exceptional, built by the efforts of provinces and territories, may I say, and a data plan to make sure that people had access to their electronic medical records, for instance, and that health care providers could use data safely to care for their patients.

Mr. Don Davies: Thanks, Minister.

I'll turn it over to my colleague now.

Mr. Gord Johns (Courtenay—Alberni, NDP): Today marks two years since one of my staff members lost her brother Ryan to toxic drug poisoning after he was unable to access treatment. Every day more families receive tragic, life-altering news because their loved ones don't have the supports they need.

Minister Bennett, at this committee on June 15, I asked about investments in supports for people who use substances or who are in recovery. You spoke about the substance use and addictions program, saying, “We know the SUA program is hugely successful and oversubscribed. We will get that money out the door, and if we need more money, we'll go get it.”

This month I received a response to a question on the Order Paper demonstrating how oversubscribed the program is. After two calls for proposals, only 14% of the funding sought has been granted. The response mentioned funding availability as a reason for not selecting projects, as well as a list of 138 projects being kept in an inventory for future consideration.

It's clear that we need more money to provide the supports that people need. When are you going to “go get” the money?

Hon. Carolyn Bennett: Thank you.

It is heartbreaking. We are very grateful for your leadership on this. The debate that you and MP Hanley had earlier this year was hugely important in having all members of Parliament share that this isn't a “they” problem anymore. This is a “we” problem. We all know way too many people affected by this crisis.

• (1140)

Mr. Gord Johns: And we all know we need more resources, too.

Hon. Carolyn Bennett: I think the \$116 million in last year's budget and another \$100 million in this year's budget.... I mean, last week I was able to announce another 24 projects. We are signing these agreements as quickly as we can.

Mr. Gord Johns: You're at 14%.

Hon. Carolyn Bennett: In the spring, with the Prime Minister, we were actually able to renew a number of these. We are working quickly on this. We are working with our partners to make sure that the innovation is taking place and that the kinds of substance use and addiction programs can be scaled and—

Mr. Gord Johns: Minister, you said you'd go get the money. Are you going to go get the money?

Hon. Carolyn Bennett: We have the money getting out the door on the \$116 million, we have the other \$100 million, and we will get whatever more money we need.

Mr. Gord Johns: What about the 86%?

Hon. Carolyn Bennett: We are working on it.

The Chair: Mr. Johns, we're past time.

Next is Mrs. Goodridge, please, for five minutes.

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

Thanks to the ministers for being here, and for all the departmental support

This is a really quick question for you, Minister Duclos: On what date did you first raise the issue about children's pain medication shortages with your department?

Hon. Jean-Yves Duclos: If you want more details, the department can provide them. The department follows such situations on a daily basis.

Mrs. Laila Goodridge: No, Minister, I asked you this: On what specific date did you first raise this with your department? I've asked your department. They've refused to give me an answer.

Hon. Jean-Yves Duclos: As I just said, the department collects that data on a daily basis and comes to my office whenever that is useful.

Mrs. Laila Goodridge: Well, that's disappointing to a lot of parents who have been struggling with this for a long time. That is another non-answer.

Minister Bennett, let me switch gears here. The Canada mental health transfer was an election promise of \$4.5 billion. When are we going to see that? We need this money desperately. We've heard tons of data. When are we going to see that money?

Hon. Carolyn Bennett: Thank you for the question.

I think what we are hearing is that having designated funds for mental health and substance use has really been important. It has been important from 2017, with the \$5 billion that was there, and the provinces and territories are now getting an ongoing \$600 million a year to 2027.

Now we're working with the provinces and territories on their six priorities so that we can develop the kinds of programs on integrated youth services, on additional—

Mrs. Laila Goodridge: Thank you, Minister.

Hon. Carolyn Bennett: —mental health and primary care, on all kinds of things that will involve lateral agreements, but also the data return, so that we know that—

Mrs. Laila Goodridge: I appreciate it. I have a very limited amount of time. I'm asking for very succinct questions so I'm going to be asking and imposing on you that you answer very succinctly.

How much of that money has been allocated to the provinces today?

Hon. Carolyn Bennett: We now have the \$5 billion allocated since 2017. It will continue until 2027, and \$600 million a year is going now annually. We are working with the provinces and territories on the design of a program that will—

Mrs. Laila Goodridge: How much has been allocated directly to the Province of Alberta today?

Hon. Carolyn Bennett: The Province of Alberta is getting its share of the \$600 million this year.

Mrs. Laila Goodridge: Can you please table with the committee how much of this money has actually been allocated to every single province across the country and the territories?

Hon. Carolyn Bennett: Right now in Alberta, for this year of 2021-22, Alberta is getting \$69.81 million—

Mrs. Laila Goodridge: I didn't ask how much they're getting. I'm asking how much was allocated—

Hon. Carolyn Bennett: —of additional money because of the bilateral agreements.

Mrs. Laila Goodridge: It's just unfortunate, I think, that this is part of a trend we're seeing. We're seeing emergency rooms that are overcrowded from coast to coast to coast.

We know that there are kids ending up in these emergency rooms because the parents can't find children's pain medications and the kids could have fevers. We have people who are struggling with mental health and addiction issues who have nowhere else to go and are filling up our emergency rooms at record rates.

We're seeing an absolute lack of action from this government to actually solve these problems. People are struggling and suffering today. What are you doing to actually make sure people get the support they need so that they don't fill up our emergency rooms?

Hon. Carolyn Bennett: It's a great question, because that's exactly what we're doing by building up the integrated youth services. Those kids don't go to emergency anymore. When we look at decrim, when we look at SUAP, that program, we're going to watch the paramedic response, the visits to emergency, the hospitalizations...we are already seeing those changes. Building up a system so that people don't have to go to emergency is exactly what we're doing coast to coast to coast.

● (1145)

Mrs. Laila Goodridge: Minister Duclos...?

Hon. Jean-Yves Duclos: You heard Dr. Bennett. Not only is she the first mental health and addictions minister, but she's also, as you well know, a very distinguished physician. When she speaks about how to make people not have to go to an emergency department because of a failure in the system to access a family physician or mental health in the right place at the right time, these are significant efforts that we need to continue making together.

The Chair: That's five minutes, Ms. Goodridge.

Mrs. Laila Goodridge: Minister, I see that my time is up, but we are actually seeing a crisis right now in our emergency rooms. The time to act was six months ago or six years ago. It's critical that we get this done now.

The Chair: Thank you, Ms. Goodridge.

Now we have Dr. Hanley, please, for five minutes.

[Translation]

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

I want to thank the ministers and all the senior officials for being here in committee. It has been a long time since we met in person.

[English]

Minister Bennett, I also have several questions for you.

To start, I think there's been some recent confusion regarding politicization of the approaches to addressing the toxic drug crisis, which we know requires an array of responses along a spectrum of prevention, health promotion, harm reduction, access to clinical treatment services, including opioid agonist therapy, other clinical supports, adequate social supports, access to treatment and recovery for those who are ready.

Also, may I mention legislative actions such as those we've accomplished with Bill C-5, which addresses unfair mandatory minimum policies and modernizing drug policy, including, ultimately, decriminalization of personal possession of illicit drugs?

As an MP, I represent the Yukon, which is still struggling in the opioid drug crisis but nevertheless has made some substantial gains in a number of these areas.

My first maybe very quick question is, how much should we rely on values alone versus evidence in determining drug policy or, for that matter, any health policy?

Hon. Carolyn Bennett: I think you know the answer, Dr. Hanley. This has to be evidence-based.

I think we have suffered through 10 years of an ideological approach that took one of the four pillars that you just mentioned of international drug policy—prevention, harm reduction, treatment and enforcement—and took out that harm reduction pillar. Now we have to build it back up in the way that you just said. Get the naloxone out onto the streets. Be able to understand that harm reduction includes these things that are four years old—methadone, Suboxone and Sublocade—but also all other safe supply.

As you know, we've reversed 42,000 overdoses in the safe consumption sites.

Mr. Brendan Hanley: Thank you.

On that note, how robust is the evidence to support harm reduction in general and safe supply, in particular, as one of the spectra of approaches to tackling the drug crisis?

Hon. Carolyn Bennett: I think the CRISM part of the CIHR is monitoring all of this very closely. Certainly, even in the integrated youth services, research and evidence are very much part not only of using the evidence, but creating the evidence as we go.

It is about us understanding that we have to be going on. In the agreement with British Columbia, we will be measuring the indicators not only on public health saving lives, access to emerg and all of those things, but also public safety as we watch petty crime go down and as we watch the other indicators of public safety.

Evidence is everything in how we take decisions in drug policy.

Mr. Brendan Hanley: Thank you.

Minister, I have the privilege of co-chairing with Senator Stan Kutcher the all-party mental health caucus. We met just yesterday, actually, and were presented with data documenting the mental health effects of the pandemic on Canadians.

Another one of the themes we've discussed is how we can build mental health literacy. That's, to me, familiarity with the terms and principles of mental health and mental illness, so that we can all be better equipped to maintain good mental health and to prevent, recognize and respond to mental illness when it occurs. That's whether we are members of the public and citizens, parliamentarians, health care providers or patients.

I'm wondering if you could speak to the importance of supporting better mental health literacy and what role we can all play in improving that.

● (1150)

Hon. Carolyn Bennett: Firstly I want to thank you and the all-party mental health caucus, which worked so hard on that handbook for mental health literacy for all parliamentarians and our teams. It has been hugely important that people are using the right words and are able to understand their feelings and describe their feelings, but also know how to navigate themselves or their loved ones to help.

I think that when we look at stigma, the best way to replace stigma is with education. When we raise the mental health literacy of our population, we can understand that we've been asking the wrong questions. It's not, "What's the matter with that person?" It's, "What happened to that person?" in terms of being trauma-informed.

Is what we are giving culturally safe, or is it a high barrier because people have been treated badly before and are afraid to reach out for help?

If we could do more on mental health literacy in the curricula of all the schools across the country... It has been the goal of Dr. Kutcher that when we have health classes, there are mental health classes, too, so that people are able to be in touch with their feelings, so that stress for an exam isn't an anxiety state and so that the grief after someone has died is not a depression.

What are normal emotions, and when do those normal emotions tip over into the kind of illness that requires treatment?

The Chair: Thank you very much, Dr. Bennett.

[Translation]

Mr. Garon, go ahead for two and a half minutes.

Mr. Jean-Denis Garon: Thank you.

Mr. Duclos, in a number of municipalities in Quebec, and probably in the rest of Canada, as well, there seems to be a fairly substantial slippage in terms of medical cannabis cultivation licences. I hear about this frequently from elected municipal officials. It is even believed that, in some cases, criminal organizations are now using licences for criminal purposes.

I'm not asking the officials, I'm asking you. What level of priority are you giving to this problem? As minister, what concrete steps have you taken? Now that cannabis has been legalized, marketed and regulated, is there less and less need for licences? Without abolishing licences, should the rules be tightened quite substantially?

Hon. Jean-Yves Duclos: That's a great question.

Let me first quickly remind you why medical cannabis has become so important in recent years. It's mainly because, prior to the legalization of cannabis, it was the only way people could have access to cannabis. Moreover, this right had been recognized by the courts. That's why this way of obtaining cannabis for medical purposes was recognized and continues to exist now.

With the legalization of recreational cannabis, things have changed a lot. As I mentioned earlier, the situation in terms of health, safety and youth protection, in particular, has improved significantly.

That said, there is always room for improvement. There is an important opportunity to take advantage of, and that is the review of this piece of legislation—

Mr. Jean-Denis Garon: I apologize for interrupting you, but I have only a few seconds left.

How much of a priority is this issue for you?

Municipal officials talk to me about it almost every month.

What have you done, as minister, to correct this situation?

Hon. Jean-Yves Duclos: This is a very important priority. If you have not already received them, we will be sending you some very important details that we provided a few weeks ago that indicate how seriously the department is taking this issue. You can then share that information with your constituents.

Mr. Jean-Denis Garon: Minister, I will watch my mail very carefully.

Thank you very much.

By the way, I was also waiting for your Christmas card.

Hon. Jean-Yves Duclos: I believe you received that email a few months ago. However, owing to your heavy workload, you may have forgotten some of the details. In any case, we will send it to you again with updated details.

Mr. Jean-Denis Garon: Thank you.

The Chair: Thank you.

[English]

Mr. Johns is next, please, for two and a half minutes.

Mr. Gord Johns: In another Order Paper question, I asked whether the government agrees with the recommendations of its expert task force on substance use. In response, it was indicated that the government agrees with the spirit of the recommendations. One of those recommendations was, "An expert committee should be convened within three months of this report to lead the design of a national safer supply program, with the goal to increase access to safer supply for up to one (1) million Canadians at risk of death from drug toxicity."

Last week, in response to the Conservative leader's misinformed comments about safer supply, you said, "The evidence is clear on this. Safe supply saves lives."

It's been nearly a year and a half since the task force made that recommendation. What steps are you taking to establish a national safer supply program? Have you established a committee to lead the design?

• (1155)

Hon. Carolyn Bennett: Thanks for the question.

Yes, indeed the national community of safer supply has been struck and is advising the government, as is Shannon Nix in her part of Health Canada.

I don't know whether Heather wants....

I'd be happy to let you know the members of that committee and the work that is being done.

I think the community of safer supply is working hard with those who are prescribing, but I think, Gord, you and I know that the coroner's report in B.C. is extremely troubling. Only 30% of the people who died of opioid overdose were actually diagnosed with opioid use disorder.

I think we know we have to go further than just a prescriber model.

Mr. Don Davies: Thanks.

The last question is for the Minister of Health.

Minister, Canada's rising food prices are hurting families that were already struggling. Nearly a quarter of Canadians report going hungry due to costs and two million children across the country are now at risk of going to school hungry.

Across the country in the last election, both the Liberal Party and the NDP pledged to invest \$1 billion to establish a national school nutritious meal program to ensure that no child is forced to struggle through the day on an empty stomach. We know nutrition is a key part of health.

Can you confirm when that funding will be in place and when Canadians can expect a national school nutritious meal program?

Hon. Jean-Yves Duclos: Thank you.

It is totally appropriate and appreciated that you point to healthy eating as an important social and physical determinant of healthy living and healthy being. That's why, as you've signalled, we did commit to doing more when it comes to providing healthy meals and healthy snacks to children, particularly those whose families can't afford to do that with the current circumstances and the pressures of the cost of living.

This is a commitment that involves several ministers. It is an important one to the Minister of Agriculture. My other minister, Minister Gould, who is the Minister of Families, Children and Social Development, is also a part of the effort.

We look forward to working with you in making sure that we can make progress on that important support that children and families in Canada need to remain healthy.

The Chair: Thank you very much, Mr. Johns and Mr. Minister.

Ministers, I'd like to finish this second round, which means we have two more five-minute rounds, one from the Conservatives and one from the Liberals. I hope you'll bear with us.

Mr. Kram, please, you have five minutes.

Mr. Michael Kram (Regina—Wascana, CPC): Thank you very much, Mr. Chair, and thank you to all of the witnesses for being here today.

Minister Bennett, I believe the last time we talked was earlier this month at the breakfast event put on by the Canadian Institute for Public Safety Research and Treatment, or CIPSRT, which based at the University of Regina. As I'm sure you're aware, CIPSRT was established about five years ago with a \$5 million funding grant, which runs out at the end of the fiscal year.

Through you, Mr. Chair, I would like to know if the government has any plans to fund CIPSRT moving forward.

Hon. Carolyn Bennett: I think CIPSRT is one of the examples of creating the kind of evidence necessary for law enforcement to be able to have the tools they need to stay safe themselves and also to access care when they need it. I think what we've seen with CIPSRT, particularly at Depot where those young recruits are regularly checking in on their mental health, is that this model really works.

We are working with my colleague Minister Mendicino on support for CIPSRT that is ongoing.

Mr. Michael Kram: Okay. It's good that you're working on it, but is there going to be any plan for actual funding?

The reason I'm asking is that they are starting to run out of time. They are bound by the ethical code of conduct for mental health research, which says that if they're going to allow new subjects to enter the program, they have to have enough time for them to complete the program. That means they will not be able to accept new subjects past Christmas. If you look at the calendar, Christmas is coming up soon.

So I'm wondering, for the people at the University of Regina who may be tuning in today, what they should be doing. Should they be winding down operations because there will be no funding moving forward, or should they be ramping up operations? When are they going to know about their futures?

● (1200)

Hon. Carolyn Bennett: I promise you that I will continue to work with Public Safety and be able to express my support for the program.

It really is making a huge difference. As you know, a number of law enforcement agencies around the country are using this model, and we do think it could be an example of something where we could have a national standard so that all law enforcement would have this kind of mental health support and protection.

Mr. Michael Kram: Okay. I'm not getting a very concise answer, Minister Bennett.

If you can't provide a concise answer as to whether or not CIPSRT will be funded moving forward, can you provide an answer as to why you cannot provide an answer? This is a five-year program that is coming to an end in a few more months. Why has this not been on the government's radar?

Hon. Carolyn Bennett: I assure you that it is on our radar and my radar. As you know, Minister Mendicino was at the breakfast with those very laudatory comments and the evidence they are producing on a regular basis. I promise you that Minister Mendicino and I will be there, wanting to do whatever we can to support the project.

Mr. Michael Kram: Thank you, Minister Bennett.

I will be handing over the rest of my time to Dr. Ellis.

Mr. Stephen Ellis: Thank you very much.

Through you, Mr. Chair, Minister Duclos, the CMA president described our health system as on the brink of collapse. This, to me, would be an all-hands-on-deck type of strategy that would be needed to solve this problem. The question is what are you doing about it?

Hon. Jean-Yves Duclos: Dr. Alika Lafontaine is right. The system was harshly impacted by COVID-19. Even now, as we speak, about 10% of hospital beds are occupied in Canada by people with COVID-19. Also, there is flu. There are respiratory viruses impacting children everywhere.

Moreover, our health care workers are tired. Many of them are sick. Many of them have left. Unfortunately, many others are thinking of leaving.

In addition to that, there are severe demographic pressures in Canada, which will last for many years to come. That's why we need to work together and invest the sufficient resources needed to go forward.

Mr. Stephen Ellis: Thank you very much, Minister.

Again, through you, Mr. Chair, I guess what Canadians are expecting is some action. The meeting with the provincial ministers really ended in failure. Somebody walked away from the table. It depends on which press you read who it was: you or them.

The finger-pointing needs to be done. Canadians want action. The system is failing them. Your government, sir, is failing them, and Canadians see no action whatsoever. What are you doing, specifically?

Hon. Jean-Yves Duclos: Mr. Chair, can I go?

You pointed—

The Chair: We're out of time, so be concise, please.

Hon. Jean-Yves Duclos: That's very unfortunate.

The Chair: You have one more round of questions.

I know it's a massive question. I'm sorry that he put it in right at the very end.

Go ahead.

Hon. Jean-Yves Duclos: It was a great question. The answer could have been great if I'd had more time.

I will say that the good news is that the meeting was important. We were all aligned with the same priorities, the same diagnostics. The unfortunate thing is that we were not allowed to speak openly and publicly about the results we wanted to achieve together.

The Chair: Thank you very much.

The last round of questions is going to come from Dr. Powlowski.

You have five minutes.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Well, I'm going to give you the opportunity to give that great response, so I hope it's good.

Some hon. members: Oh, oh!

Hon. Jean-Yves Duclos: Okay. Thank you, Marcus.

You would have loved to be there, too, Marcus—

Some hon. members: Oh, oh!

Hon. Jean-Yves Duclos:—because between health ministers, we spoke of things that matter to Canadians, like access to a family doctor. You're a family doctor; you know what it means. Access to mental health services in the appropriate manner and at the right time is most important to Canadians. Reducing backlogs in surgeries and treatments.... A million surgeries have been delayed because of COVID-19. Our health workers are struggling to catch up with those backlogs, but the current circumstances make it very difficult for them to do so if all of those viruses that go around....

By the way, one way to protect the health workers is to be vaccinated. I know everyone around this room believes in vaccination. To be vaccinated against the flu, against COVID-19.... It's not perfect, but it works. It saves lives, and it protects the health of patients and also the mental and physical health of our workers.

We have good news, therefore, and you would have been so happy to see, Marcus, that everyone was on the same page. Unfortunately, the premiers asked my colleagues, the health ministers, to stop speaking about results and the health outcomes that matter to Canadians, and all they talked about was dollars. Dollars, although they are necessary, are not enough to generate the outcome that Canadians need to seek. Sending dollars to finance ministers is not my job, and it's not Carolyn's job either. It is not our job here at the federal government. We're here to support Canadians, and we want to support, in the process, our colleagues the health ministers.

You would have been very happy to see this, except for the fact that we were not able to speak openly about the great conversations we had in private.

• (1205)

Mr. Marcus Powlowski: Am I right that there was the offer for federal financing to address the health care workforce shortage as well as to address long waiting times for surgeries?

Hon. Jean-Yves Duclos: The answer is twofold.

First, we have been providing an enormous level of support throughout COVID-19: the \$72 billion just for health and safety; the eight out of every 10 dollars that the federal government paid out to support the efforts of provinces and territories; the recent increase in the CHT; the 10% increase in the CHT in March 2023, the \$9 billion—\$3 billion for mental health, \$3 billion for home and community care, \$3 billion for long-term care. That's all there, in addition to \$2 billion to reduce backlogs in surgeries and treatments that we announced just a few weeks ago, which is making a big impact now in the ability for provinces and territories to look after workers and patients.

We've done a lot, but the Prime Minister said that we need to do more. That's why we made that announcement prior to the conference in Vancouver.

You would have been proud of that, too, Marcus.

Mr. Marcus Powlowski: I have a question for Dr. Bennett about the amount of money going for mental health and substance abuse.

I know we make decisions that are evidence-based, so supposedly we're doing the right things. We believe in harm reduction. It should be working. However, having recently gone to Vancouver—where Don Davies and Gord Johns are from—it's hard to see that things have gotten better. Hastings Street is awful. It looks like a slum from a third world country, and I've lived in a lot of third world countries.

Thunder Bay has, apparently, a higher-per-capita overdose rate than Vancouver does.

What can you say in order to encourage us that things are, in fact, getting better, that our money is, in fact, getting well spent?

Hon. Carolyn Bennett: I think focusing on the Downtown East-side has been a real problem, and we've been very upset with the video coming from the Leader of the Opposition. Even Ben Perrin, the previous public safety adviser to Stephen Harper, said that no public figure should use real human misery as a backdrop for a political pitch. It is using them as props to peddle snake oil, and it's disgraceful.

For us to use that stereotype when so many of the people dying are construction workers, people in natural resources or people who've had psychic pain or physical pain who were cut off from their medication and who go to the street for their drugs and are using alone and dying alone.... It's really important that we help them. Those are the sons of Moms Stop The Harm. Those are the people we are losing.

We watched that mom in Sudbury put in number 245 and number 246 of the little crosses of all the sons and daughters who have died in the overdose crisis there in Sudbury. This is across this country. It is extraordinarily important that the harm reduction of methadone, suboxone, sublocade and dilaudid and all of those things.... It is really important, but it is about changing our minds.

As we said last week during National Addictions Awareness Week, this is about creating a community of compassion. You cannot underestimate the 42,000 overdoses that were reversed at a safe-consumption site. Those 42,000 people would have been dead.

This is terrible. It's about the toxic drug supply, but it's also about understanding addiction, which is physical. When people are seeking medicine to not be dope sick, it is very, very misguided to think that a one-size-fits-all approach is going to work. We're doing everything we can to stop this national tragedy.

• (1210)

The Chair: Thank you, Dr. Bennett.

Thank you, Dr. Powlowski.

To both ministers, that concludes two full rounds. We kept you longer than we were supposed to, so we are grateful for your patience in staying on. We're grateful for your making yourselves available and being so patient with us.

Thank you so much.

Colleagues, we're going to suspend for about three or four minutes, just to let the ministers carry on, and then we'll continue on with officials.

• (1210)

(Pause)

• (1215)

The Chair: I call the meeting back to order.

The officials are with us and were introduced at the outset of the meeting, so we're just going to continue on with questions until about 12:45, at which time we'll have to stop in order to formally adopt or not adopt the supplementary estimates. There's a series of votes that we need to undertake, so we'll stop at about 12:45 to do that.

Next up is Dr. Ellis for five minutes.

Mr. Stephen Ellis: Thank you, Chair. Thank you to the officials for continuing to be here today.

These are certainly important questions that we want to continue to try to have answers to.

I mentioned previously when the the ministers were here that the CMA president talked about how we have a system that is on the brink of collapse. I certainly would be more forceful with my words. I think we're in a system that's collapsing around us.

Sadly, as we've heard from the minister, there hasn't been an answer with respect to the promise of the Prime Minister of this country for 7,500 doctors, nurses and nurse practitioners. We may go ahead and say this isn't the purview of the federal government, but guess what. It was the Prime Minister who said that.

Unfortunately, there doesn't appear to be any answers with respect to how many of those folks are actually on the ground.

Dr. Lucas, if I might ask you that particular question, exactly how many of the 7,500 doctors, nurses and nurse practitioners have been hired?

Dr. Stephen Lucas: Mr. Chair, I'll start by recognizing the incredible contribution that health workers have made through the pandemic and continue to make, and the challenges that they're facing, as Dr. Ellis noted and Dr. Lafontaine has spoken about in his role as CMA president.

As Minister Duclos noted, as part of its focus on a priority to work with provinces and territories in the health system, the government committed \$2 billion to support clearing backlogs. Through that, they're recognizing that a critical element of that is support for hiring health workers.

Under the direction of the federal, provincial and territorial health ministers, officials have been working to support methods to retain and recruit, to support better data and planning, and to innovate in care models to support health workers, including increasing recruitment and supporting internationally educated health workers. This work continues.

• (1220)

Mr. Stephen Ellis: Thank you.

Through you, Chair, if I may, Dr. Lucas, could I ask your department to specifically table with this committee how many of the 7,500 doctors, nurses and nurse practitioners have been hired to date with the \$3.2 billion that has been pledged?

Dr. Stephen Lucas: Mr. Chair, we're happy to follow up with a report on information about health workers in the country.

This is an area where we're working closely with provinces and territories, the Canadian Institute for Health Information and other health stakeholders.

Mr. Stephen Ellis: Thank you very much.

Through you, Chair, if I might, to follow up with respect to that, Dr. Lucas, can you actually tell me how many international medical graduates have been hired in this country in the last year?

Dr. Stephen Lucas: Mr. Chair, I don't have that information off-hand.

Provinces and territories have that information through their own processes. We can work to provide a report based on information from the Canadian Institute for Health Information and other stakeholders on internationally educated medical graduates and other health professionals.

Mr. Stephen Ellis: Thank you very much.

Through you, Chair, if I might, would you agree, Dr. Lucas, that international medical graduates are going to form a significant part of our response to the terrible crisis that's ongoing for recruiting more health care providers in this country quickly?

Dr. Stephen Lucas: Mr. Chair, I would indicate that there is a broad recognition of the support needed across all health professions, through existing health professionals trained at institutions across Canada. Provinces and territories, working with those institutions, are seeking to increase enrolment and recruitment. As in past years and decades and looking ahead, internationally educated health professionals, including many who are here in Canada, need support to go through the credential recognition process. They can contribute in health professions, as indeed is the case now, and will contribute in the future to the health workforce in Canada.

Mr. Stephen Ellis: Thank you very much.

Through you, Chair, I think I have time perhaps for a little bit more.

Your government committed specifically to an autism strategy from a federal lens.

Can you please comment on the autism strategy?

Dr. Harpreet S. Kochhar (President, Public Health Agency of Canada): Mr. Chair, we have been working on developing an autism strategy based on the engagement and information that we had collected through our constant work with provincial, territorial, indigenous and other stakeholders.

We have also focused on putting together a specific workshop or a specific meeting, which happened in the middle of November, just to make sure that we have collected all the information so that

we could get that robust strategy in place. This is something that we will be able to finalize by spring 2023.

The Chair: Thank you, Dr. Kochhar and Dr. Ellis.

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

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

Welcome to the officials.

I'm going to start with Dr. Lucas.

At a very high level in these supplementary estimates, they are asking for about \$25 billion in votes. It's broken down among areas: indigenous reconciliation, immigration and strategy and COVID-19 funding, as well as the cost of public servants' salaries.

I want to focus on COVID-19. My understanding is that supplementary estimates (B) are asking for about \$4.8 billion in funding for measures related to COVID-19. Can you tell me to date how much, with this additional \$4.8 billion, would be the total spend or what we are planning to spend on COVID-19?

• (1225)

Dr. Stephen Lucas: Mr. Chair, I'll speak in part to that from a Health Canada perspective and turn to Dr. Kochhar to speak from a Public Health Agency perspective.

Certainly the supplementary estimates do include important investments to support our work on COVID-19.

On the side of Health Canada in particular, it includes statutory funding of nearly \$1.8 billion to support the acquisition of rapid tests. To date, we have acquired over 800 million rapid tests to support Canadians across the country in all regions, of which 560 million have been acquired this year and provided to the provinces and territories, not-for-profit organizations and others to support communities across the country.

We also have support in the estimates to support our work on the regulatory system to ensure expeditious review, ensuring the safety, efficacy and quality of vaccines and treatments for Canadians.

I'll turn to Dr. Kochhar to speak specifically to the public health side.

Dr. Harpreet S. Kochhar: Thank you.

Mr. Chairman, what we are looking for is basically a \$1.42 billion re-profile.

This is mostly focused on the COVID component, which is medical research and vaccine development, and which is again one of those core pieces where we are continuing to receive more bivalent vaccines. There are also logistics for vaccine distribution as we move the vaccines when we receive them from the manufacturers to the PTs.

Also, there is a component of the national emergency strategic stockpile in there.

Finally, there is some amount of testing, which is related to both waste-water surveillance and other testing that the National Microbiology Laboratory continues to do as such.

Mr. Majid Jowhari: Thank you, Dr. Kochhar.

You were talking about the research and vaccine development. I also noticed that we're earmarking \$732 million to support public health measures in developing countries.

Do any of the officials have any idea of what the scope is?

Dr. Harpreet S. Kochhar: The information on that component is mostly related to our efforts to really provide those ancillary aspects for vaccination. Where we donate the vaccines, we also provide them with ability to have other aspects, such as syringes, needles and other components.

Also, there is a piece that continues to be focused on how we can assist them with their own capacity-building so that we can reduce any variants of concerns or interest originating from that component. That's an investment to really focus on that.

Mr. Majid Jowhari: Thank you.

There is also about \$400 million for border and travel measures and isolation sites. Can any of the officials comment more specifically around the travel measures, the border and travel measures? I'm interested in knowing where this \$400 million is being spent.

Dr. Harpreet S. Kochhar: This is the \$400 million that was asked for the border measures that have been taken away as of October 1, but we are finalizing most of the contracts that were in place for mandatory random testing, compliance and verification and so on, so we're tying it up.

However, this \$400 million will not be used completely. We will again want to make sure that we have tied up the rest of the contracts, and then the rest of the money will not be utilized as such. That was a supplementary ask earlier, during the time going up to December of 2022.

The Chair: Thank you, Mr. Jowhari.

[Translation]

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

Mr. Jean-Denis Garon: Thank you, Mr. Chair.

My next question is for the Deputy Minister of Health, Mr. Lucas.

Quebec recently released its 2022 policy on rare diseases, which focuses on three areas: awareness and training, access to diagnosis and promotion of research.

The Minister of Health's mandate letter mentioned a national strategy on high-cost drugs. Recently, the Member of Parliament for Richmond-Arthabaska, Alain Rayes, had to ask the minister about one of those drugs during question period.

I would like to know how this undertaking is progressing in the department.

• (1230)

Dr. Stephen Lucas: Health Canada is working closely with the provinces and territories, as well as other stakeholders, including industry, patient advocacy groups and others, to develop a national strategy for high-cost drugs for rare diseases, specifically to provide funding to address the high cost of those drugs.

Mr. Jean-Denis Garon: I just want to clarify the meaning of my question to make good use of our time.

When you say you work with a variety of stakeholders, what exactly are you doing?

Are you just having conversations or is a more specific plan starting to emerge?

Is this strategy making progress?

Dr. Stephen Lucas: Yes, the strategy is making progress.

[English]

We've had several rounds of consultation. We worked on a draft strategy. We engaged provinces, stakeholders and other colleagues through the course of last spring.

We are working to finalize the rare disease strategy and, specifically, drugs for rare diseases in the coming weeks, such that Canadians can receive the support from this. The government provisioned funding in budget 2019 to support this.

[Translation]

Mr. Jean-Denis Garon: Thank you.

On another topic, the Quebec government and Quebec physicians have called for a national breast implant registry, as implants can pose a significant health hazard to the population.

It appears that there is currently no registry for these medical devices and that this issue would fall under federal jurisdiction.

The committee will probably carry out a study on this soon, but I would like to know if this issue is being taken seriously.

Have any steps been taken to better protect women's health and keep a registry of these medical devices?

Dr. Stephen Lucas: This is a very important issue for Health Canada.

I would like to yield the floor to Dr. Sharma to answer your question.

[English]

Dr. Supriya Sharma (Chief Medical Advisor and Senior Medical Advisor, Health Products and Food Branch, Department of Health): The issue of a registry for breast implants, joints or other medical devices has been raised in the past as well. We're in the process of working with CIHR to put together what's called a "best brains exchange", which brings together experts in different federal departments to ask the questions.

If we need a breast implant registry, what would that look like? Who should host it? What would that entail?

That's something that's being actively planned right now. It will be happening in January 2023, and then we'll be working with partners to advance it.

[Translation]

Mr. Jean-Denis Garon: Thank you. I'm coming back to—

The Chair: That's all the time you had left, Mr. Garon.

Mr. Jean-Denis Garon: How much time did I have left?

The Chair: Two and a half minutes.

Mr. Jean-Denis Garon: Oh, sorry.

So I'm done.

Thank you.

[English]

The Chair: We'll go to Mr. Davies, please, for two and a half minutes.

Mr. Don Davies: Thank you.

I have a few questions here. I'm curious to follow up on the investment the federal government made to construct the new biologics manufacturing centre in Montreal to produce vaccines. We were expected to produce up to two million vaccine doses within a certain amount of time.

Can you confirm if we are producing the doses of the COVID-19 vaccine at the NRC's biologics manufacturing centre?

Dr. Stephen Lucas: Mr. Chair, I will respond in part and would recommend any follow-up with the National Research Council.

Indeed, the investment made has resulted in the construction of a biologics manufacturing centre. It is going through the final stages of its good manufacturing practice compliance and assessment of batches of vaccine produced there. It is being done through a partnership with Novavax to produce that vaccine.

Mr. Don Davies: Is there any idea when we might see actual doses produced?

Dr. Stephen Lucas: They're being produced now to ensure that full regulatory compliance and the test results on the quality of the batches can be ascertained to complete the certification of the facility.

[Translation]

Mr. Jean-Denis Garon: Mr. Chair, there seems to be an issue with interpretation.

[English]

The Chair: Just a minute, Dr. Lucas.

[Translation]

Mr. Jean-Denis Garon: Mr. Chair, there seemed to be an issue with interpretation. I think it's now working.

The Chair: You say it's working.

Mr. Jean-Denis Garon: If you speak in English, we will know.

[English]

The Chair: Is everything okay now?

[Translation]

Mr. Jean-Denis Garon: It's working, thank you.

[English]

Mr. Don Davies: Can I make sure I have my time?

The Chair: Yes.

Mr. Don Davies: Thanks.

The Chair: Dr. Lucas, I don't know whether you finished your answer, but—

Dr. Stephen Lucas: It was just that the process for the certification of the facility and the specific vaccine batches being produced are working towards completion.

For information on further steps towards production, the National Research Council would be the best—

• (1235)

Mr. Don Davies: Okay, we'll ask them then.

Recently in the news, there's been some confirmation that alcohol is a carcinogen. It is linked to at least seven types of cancer. I'm wondering if there's any concern in the department about this, and any move to make alcohol containers carry warning labels in Canada like tobacco products do.

Dr. Stephen Lucas: I'll turn to Heather Jeffrey to respond.

Ms. Heather Jeffrey (Associate Deputy Minister, Department of Health): We have been working with the Canadian Centre on Substance Use on the low-risk drinking guidelines that were put out for consultation.

In addition, we've been supporting research and community approaches. We know that certain populations most frequently experiencing harms from alcohol include women, indigenous peoples as well as youth.

We're focusing on awareness in advertising, both from Health Canada and also with our provincial partners. We're continuing to fund the low-risk drinking guidelines for awareness and risk.

CIHR, as well—

Mr. Don Davies: With respect, it was about labelling on products.

Ms. Heather Jeffrey: Part of our consultations included funding a study with Yukon on labelling of alcohol to see the evidence on what labelling can assist with, as well as funding through SUAP managed alcohol programs and clinical management. This is part of the consultations and what we're working on for next steps.

The Chair: Thank you, Ms. Jeffrey.

Thank you, Mr. Davies.

Next is Ms. Goodridge, please, for five minutes.

Mrs. Laila Goodridge: Thank you, Mr. Chair.

I'm going to get right into it. We've been bringing up the issue of Children's Tylenol for quite some time in this committee, as you are well aware. Yesterday you released that in the last two week period, 1.1 million units of children's pain medication have come into the country and are now being distributed to hospitals and pharmacies across the country.

My question is, can we expect to see 1.1 million units arriving every two weeks?

Dr. Stephen Lucas: I'll start responding and then I'll turn to Dr. Sharma to contribute.

As we discussed last with the committee, and as Minister Duclos noted, efforts have been made to work with manufacturers to increase domestic production. Indeed, it's up a hundred per cent, as noted in the information pertaining to the 1.1 million units of Advil in November.

The additional 1.1 million noted in a report to the committee today pertains to the special importation of foreign-labelled medicine, including Tylenol.

We are continuing to engage with manufacturers to increase that domestic production on an ongoing basis, and—

Mrs. Laila Goodridge: We have a very limited amount of time.

Is the answer yes, we expect to be bringing this in at about that rate every two weeks, or no, we don't think we'll need it? What's the answer?

Dr. Supriya Sharma: The short answer is yes. We'll continue to be working with all the manufacturers, the larger ones and the smaller ones, to increase supply.

There are a number of proposals already on the table that are in the magnitude of millions of units coming in. It's difficult to know exactly when those might come in.

We know that there's still a demand out there. We know that the demand is still outstripping supply. We're working to get millions of doses, in addition to the ones that are already in the country.

Mrs. Laila Goodridge: My next question is super simple. I'm a parent, not a doctor. What the heck is a unit? I agreed to it thinking that this was better than nothing, but this makes no sense. Is this a case? Is it a bottle? What size is the bottle? This makes zero sense.

Dr. Supriya Sharma: They are generally bottles. The bottles come in different sizes. They can be anything from.... For example, when we're looking at retail acetaminophen, the bottles are actually a slightly larger size than the bottles we would normally have: 120

milligrams versus 100 milligrams. The hospital bottles are a little bit bigger than that.

The units do vary, but they are basically bottles.

Mrs. Laila Goodridge: To shift gears and go back to questions around the Canada mental health transfer, are there plans in place to get the \$4.5 billion that's been promised by the Liberals to be allocated, or is this still just a pipe dream?

Ms. Heather Jeffrey: As Minister Bennett outlined, the \$5 million over 10 years is still only halfway through to completion. That money is continuing to flow right now in real time to provinces and territories. In last year's budget, the government undertook to continue its work in consulting with provinces, territories and community organizations to build the underpinnings for additional investments in mental health.

We have been engaging in consultations across provinces and territories, and also in thematic round tables, on a variety of areas, including perinatal mental health, integrated youth services and other areas of required investment in mental health and substance use.

● (1240)

Mrs. Laila Goodridge: All right.

To shift gears yet again, do you believe addiction is a health condition?

Ms. Heather Jeffrey: I think we've been really clear in our position in government, and also Minister Bennett, that we view addiction as a public health issue.

Mrs. Laila Goodridge: But do you see it as an illness?

Ms. Heather Jeffrey: I will defer to Dr. Sharma to talk about the medical diagnosis.

Dr. Supriya Sharma: Basically, there are criteria, called DSM criteria, for mental health conditions that are considered conditions. There are conditions in that diagnostic area that refer to dependence. It's usually called "substance use disorder", but there are different variations.

Yes, it's considered an illness.

Mrs. Laila Goodridge: What is the treatment for substance use disorder?

Dr. Supriya Sharma: The treatment really varies by person. It's very similar to other issues that are related to mental health in that it's not one size fits all. Depending on the individual, depending on their circumstances and depending on their illness, they may respond to one type of treatment differently than another type of treatment.

In general, it's making sure that they're getting care and getting wraparound health care in terms of being able to deal with other illnesses they may have and then basically working with them to figure out which ones are the best option for them.

Mrs. Laila Goodridge: Really quickly, do you believe recovery is possible?

Dr. Supriya Sharma: You know, as I think Minister Bennett said, words matter. Recovery is really about getting people to a place where they are in the best health possible. That's a journey. We're trying to limit harms from substance use. The underlying illnesses that cause substance use disorder are really complicated, but the goal is to have people in good physical and mental health.

The Chair: Thank you, Dr. Sharma and Ms. Goodridge.

The last round of questions for this panel will be posed by Mr. van Koeverden.

You have the next five minutes, please.

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

I appreciate the time that you've provided us with today and all of the answers we've received to these questions. Thank you very much for being here, and thank you for what you've done to be able to produce these supplementary estimates.

My questions today will focus on kids. They won't be specifically directed to any official.

I think Canadians are sometimes concerned, and very rightly so, perhaps, with the way the Canada health transfer is set up and the federal government's ability to be able to target certain priorities. Specifically, I've been focused on children and on children's health care, particularly preventative health care, and trying to find ways as the federal government to have a positive impact on the health of kids in Canada.

We've seen through various reports that the health of kids in many respects is heading in a negative trajectory rather than in a positive one. We would like to think that in Canada, being a wealthy country with lots of resources, we should be able to do better. It's challenging, though, because many of those priorities are difficult to find in a document like supplementary estimates. Our funding goes to provinces in such a general manner.

Can you speak a little bit—this is for anybody who would like to—about the relationship the federal government has with provinces and territories and about how we can start setting some priorities so that we can tackle some of the biggest national issues our country faces with respect to kids?

Dr. Stephen Lucas: Thank you, Mr. Chair. I will start, and then I'll turn it over to Heather Jeffrey to speak further.

Certainly, support for children's health is a key priority for Health Canada and the Public Health Agency and in work at the Canadian Institutes of Health Research, including work they've recently moved ahead on in terms of supporting research into pediatric cancer. We use federal responsibilities as well as convening to support other areas, including healthy eating through a tailored use of the Canada food guide; healthy living and active living as another key area to support communities and children's programs across the country, working with community groups; and a focus on pediatric medicine, as we've been discussing, certainly recognizing from a regulatory perspective that we need more targeted efforts on tracking pediatric medicines and formulations in Canada.

Importantly, to your question, one of the areas in which we're working closely with the provinces through targeted bilateral funding under the 2018 agreements on mental health and substance use is integrated youth services, where, as Minister Bennett noted, we've made significant progress across the country.

I'll turn to Heather Jeffrey to give you a little bit more information on that.

• (1245)

Ms. Heather Jeffrey: Integrated Youth Services, as Minister Bennett outlined, was an important priority area of the \$5 billion in investments in mental health bilateral agreements that were made. That is ongoing.

She spoke as well to the fact that integrated youth services, which are really about receiving youth with peer counsellors who understand their living experience, wrapping them with the full suite of support services they need—medical, social, housing—and ensuring they have all the supports they need to get through their challenges....

We now have 50 operational sites as a result of those investments in our partnership with provinces, and there are an additional 60 under development.

We also know that youth need to be reached in different ways. Text and virtual online services, through Wellness Together Canada, have been very successful in reaching, in particular, LGBTQ+ youth and others who want to speak with others with the same experiences they are going through. An additional \$15 million investment to Kids Help Phone is part of that to make sure that youth who are in crisis have someone to reach out to 24-7.

Mr. Adam van Koeverden: Thank you very much.

Moving on to vaccination, from the perspective of some of the most avoidable diseases like measles, mumps and rubella, as well as the flu, we've seen that some jurisdictions across the country have been a little more hesitant in their messaging in encouraging their populations. I am speaking particularly of very young children and the elderly.

Parents in my riding have been writing to me about their concerns that their children are more susceptible to some of these very avoidable diseases because of lower vaccination rates.

How can the federal government encourage provinces and territories to be more proactive in encouraging their communities to get vaccinated for some of these diseases we didn't need to worry about as much a couple of years ago?

Dr. Howard Njoo (Deputy Chief Public Health Officer and Interim Vice President, Infectious Diseases Programs Branch, Public Health Agency of Canada): I will go at it in two ways. Certainly in terms of routine vaccine preventable diseases, I think COVID-19 has had an impact.

In the provinces and territories we've had very good discussions with the chief MOHs, and they do acknowledge there has been some slippage. Obviously because of public health measures over the past two years, some children haven't been able to go to clinics and get their routine vaccinations against measles, and so on.

However, we have been fortunate so far with historically higher vaccine coverage for what we call the "routine childhood vaccine-preventable diseases". I think we haven't had many cases of measles reported, and even in the last year or so, since March 2021 until November 1 of this year, we have actually had three reported cases of measles to date. They're all imported and associated with travel.

It doesn't mean that we can rest on our laurels, and I think our provinces are continuing to do their quota to catch up with regard to routine measles and other childhood vaccine preventable diseases.

With respect to what's happening right now, and I think we all see it in the media, there's the triple menace of COVID-19 still being around and influenza and, especially for young children, RSV. I think it speaks to the fact that for the past couple of years there hasn't been the exposure to the viruses that might have been happening in previous years.

I think the message is that the federal government, and certainly with the provinces and territories, for which there are vaccines available.... At this point it is COVID-19 and now there are vaccines available for those six months and older, obviously as well as for influenza. You can also give those to children six months and over.

I would say that we want to continue pushing, supporting provinces and territories, be it with various campaigns, and also supporting what's happening at a local level to say that everyone should avail themselves, because if we can prevent ongoing transmission of both influenza and COVID-19 by using vaccine, as well as good public health measures at a personal level, continuing the use of masks, etc.—certainly in indoor spaces—and good hand hygiene, all of that is going to contribute to mitigating against transmission and protecting our children.

The Chair: Thank you, Dr. Njoo.

Thank you, Mr. van Koeverden.

To all of our officials, thank you so much for being with us. Thank you for all that you do to support Canadians and provide us with good and thorough information that's presented patiently and professionally.

We're going to move right to the votes now. You're all welcome to stay, but you're free to leave.

Thank you.

Colleagues, there are eight votes in all in the supplementary estimates (B) 2022-23. If I have unanimous consent, we can group the

eight votes together. Absent unanimous consent, we'll deal with each one individually.

Do we have unanimous consent to group all eight votes together?

Some hon. members: No.

The Chair: I will now put the question on each vote separately.

Mr. Clerk, we'll have a standing vote.

CANADIAN FOOD INSPECTION AGENCY

Vote 1b—Operating expenditures, grants and contributions.....16,128,427

(Vote 1b agreed to: yeas 7; nays 4)

CANADIAN INSTITUTES OF HEALTH RESEARCH

Vote 1b—Operating expenditures.....6,377,773

Vote 5b—Grants.....92,357,334

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

DEPARTMENT OF HEALTH

Vote 1b—Operating expenditures.....142,194,433

Vote 10b—Grants and contributions.....28,201,095

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

PUBLIC HEALTH AGENCY OF CANADA

Vote 1b—Operating expenditures.....1,317,165,601

Vote 5b—Capital expenditures.....11,150,000

Vote 10b—Grants and contributions.....34,451,915

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

The Chair: Shall I report the supplementary estimates (B) to the House?

Some hon. members: Agreed.

The Chair: Is it the will of the committee to adjourn the meeting?

• (1250)

Mr. Stephen Ellis: Excuse me, Mr. Chair.

Are we not having a meeting on Thursday? Is that not true?

The Chair: I received a text during this meeting, indicating that the whips have agreed that the health committee meeting on Thursday will be cancelled. That's the information I have as well.

Mr. Adam van Koeverden: Since we're not adjourned yet, does that mean there might be time for private members' business on Tuesday next week?

The Chair: I'm in the hands of the committee. Certainly, Ms. Romanado is ready to present.

We have the report to finish, but we have two pieces of private members' business that we need to deal with as well. They've been referred by the House.

Mr. Ellis, go ahead.

Mr. Stephen Ellis: Thank you, Chair.

We've been at this report forever. My suggestion is if we really believe that there is a health care crisis in this country, we need to get that report out before we start looking at private members' business.

That's my two cents' worth. Thank you.

The Chair: That was, otherwise, the plan for Thursday. It was to continue with the report.

Once again, I'm in the hands of the committee on that.

I would say that unless there appears to be consensus, we'll continue on with the report.

Mr. Davies, go ahead.

Mr. Don Davies: Yes, and I would just point out that we also have the children's health study, so we already have two open files. I would rather work on those before we open a third one on private members' business.

The Chair: Yes, okay.

Go ahead, Mr. Jowhari.

• (1255)

Mr. Majid Jowhari: Mr. Chair, I believe we are very close to the conclusion of the report, and, if we agree as a matter of planning to be in a position that, once we've completed the plan, if there's time left, about an hour can be dedicated to the private members' motions—at least one of them—and we'll move on to the other studies on the Thursday following. That's from a planning point of view.

Thank you.

The Chair: I want to consult with the clerk on one thing. I think, if we leave the private members' business in abeyance long enough, it's deemed reported back to the House. I need to consult on that first, because, if there is a deadline, you need to know it.

It appears that we're not mandated to deal with it before Christmas, as much as that might be the will of the committee, and it's certainly the will of the sponsors of the bills.

Ms. Goodridge, you have the floor.

Mrs. Laila Goodridge: Thank you, Mr. Chair.

I appreciate the suggestions from my colleagues to try to fit it in so we can get as much in as possible, but I think that you are putting the cart before the horse if we do it that way.

I think that specifically the bill on firefighters' cancer is something that deserves to have witnesses so that we make sure this is set up properly. I'm the member of Parliament for Fort McMurray—Cold Lake, and firefighters in my community saw what was an entire lifetime's worth of exposure to many of these carcinogens in a month's time, so I think it is incumbent on us not to try to rush through this just to rubber-stamp it.

I think this is a critically important bill. This is not about being obstructionist; this is about making sure that we are doing our due diligence as parliamentarians to ensure that the best possible legislation is going forward. Knowing that we do not have a deadline of the Christmas break ahead of us, let's plan for success rather than try to just jam everything in.

The Chair: Okay, thank you, Mrs. Goodridge.

I'm going to come to you, Mr. Davies and Mr. van Koeverden.

First, the deadline is 60 sitting days from when it was referred to the House. With the two private members' bills, that takes us into late January or early February. We can request a 30-day extension, so, if we don't get it done before Christmas, we are looking at fairly soon in the new year. If we're talking about several meetings with witnesses, it's something that needs to be on our radar, albeit perhaps not immediately.

We have Mr. Davies and then Mr. van Koeverden.

Mr. Don Davies: I will suggest that we finish the report, and then I'm okay with going to Ms. Romanado's bill. I personally think that the bill should pass very quickly. I'm not averse to hearing from witnesses, but I support it.

The children's health study is something we can schedule at our own pace. The other two matters I think are more pressing. I would hope that we can get through the report in the next two or three meetings.

I want to take a moment just to ask the analysts again for a clean copy of the report that contains all of the amendments up to date, maybe highlighting what's been parked so we can most efficiently come back to it and get through that.

I think we're close to coming to the end of the recommendations; we just have to go back to the body of the report to clean up some of the places we parked. Let's get that done and then proceed to Ms. Romanado's bill.

The Chair: Mr. Davies, it's my understanding that everyone has received a version of the report that has all of the changes incorporated up to November 2, but I'll let the analyst speak to that.

Ms. Sarah Dodsworth (Committee Researcher): Yes, that has been circulated. I believe it was sent Friday afternoon, so it should be in your inboxes. We're happy to answer questions, if you have any.

The Chair: Go ahead, Mr. van Koeverden.

Mr. Adam van Koeverden: Thank you, Mr. Chair.

I agree wholeheartedly that we need to get to the end point of the report on human resources in health care. I also think that, if we are mutually and collectively committed to that end, then it's very achievable in the next couple meetings.

I do want to point out that there's been a considerable amount of filibustering and obstruction on that one, and it's extremely incumbent upon all of us to get it done. I totally appreciate that it may be putting the cart before the horse, but if we're mutually committed to getting it done, then let's act like it.

• (1300)

The Chair: Ms. Goodridge.

Mrs. Laila Goodridge: Thank you, Mr. Chair.

I would like to move a motion that we ask for an extension of 30 days for the two private members' bills so that we have some breathing space when we come back from the Christmas break. Whether we need it or not I don't think is something that we need to necessarily discuss, but let's just ask for it in advance.

With unanimous consent, we can do anything.

Mr. Stephen Ellis: Surely you can agree to that.

Mrs. Laila Goodridge: I'm just asking for the extension so that we don't have to come back the first meeting in January to do it.

Mr. Adam van Koeverden: I've been working with Sherry to try to get this through. She really wants to get it through before Christmas. I know our firefighters would, too. I don't think we need a lot of witnesses. My perspective is that we don't need an extension.

The Chair: There's a motion on the floor to request an extension of time for the consideration of Bill C-252 and Bill C-224, and the motion is in order. The debate is on the motion.

Mr. Davies.

Mr. Don Davies: Mr. Chair, I just want to clarify this because I didn't quite hear it. Are you saying that if we don't pass the bill within 60 sitting days, it would automatically be deemed passed and referred back to the House?

The Chair: That's correct.

Mr. Don Davies: Okay. Thanks.

The Chair: I see no debate. We're ready for the question.

Are we in favour of requesting a 30-day extension for the consideration of Bill C-252 and Bill C-224 before the committee?

All those in favour, raise your right hand, please.

(Motion agreed to [*See Minutes of Proceedings*])

The Chair: Is it the will of the committee to adjourn the meeting? I see consensus.

The meeting is adjourned.

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