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Chair

Mr. Bill Casey

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● (1550)

[*English*]

The Chair (Mr. Bill Casey (Cumberland—Colchester, Lib.)): I call this meeting to order. Thank you for waiting for us. I am sorry we are late.

I am pleased that we made it. Lately, we have sometimes not made it all, but we made it a little bit late.

I have just checked with some of the members. If it is possible, we would like you to reduce your introductory statements to five minutes. If you could do that, it would allow us more time to ask questions and learn more.

We will start with the opening remarks by the Department of Health.

Mr. Jamie Tibbetts (Assistant Deputy Minister and Chief Financial Officer, Chief Financial Officer Branch, Department of Health): Thank you, Mr. Chair and committee members.

On behalf of Health Canada, I am pleased to appear before you to discuss the proposed changes to spending from what was previously outlined in the main estimates. Today, I am sitting here with Mary-Luisa Kapelus, the director general of strategic policy—I am going to get the full name wrong—for the first nations and Inuit health branch of Health Canada.

I am Jamie Tibbetts, the chief financial officer and assistant deputy minister for finance at Health Canada.

Allow me now to provide you with a quick overview of the supplementary estimates that were tabled on May 10, 2016. The department has put forward several important initiatives, which will result in an increase in funding of $165.2 million. This means that Health Canada's total budget will now be about $3.9 billion for the current fiscal year. These are outlined in the supplementary estimates, if you have them before you, on pages 2-26 and 2-27.

Most of the items included in these supplementary estimates are related to measures announced in budget 2016, particularly around infrastructure spending initiatives. In terms of specifics, the department is seeking, in voted appropriations, increases of $94.9 million for affordable housing and social infrastructure projects. This includes $82 million to support community health facility infrastructure, consisting of nursing stations; health centres; acute care facilities, known as “hospitals”; and drug and alcohol treatment centres on first nation reserves. That $94 million also includes $12.8 million to repair and retrofit existing infrastructure associated with the aboriginal head start on reserve program.

Another key item we have put forward in the supplementary estimates, related to budget 2016 infrastructure spending, is $25 million to renew and enhance the public health components of the first nations water and waste water action program. We continue to provide public health services related to water and waste water in 395 first nation communities across Canada. This falls under the category of public transit, green infrastructure, and existing programs mentioned in the budget.

Another increase the Department of Health is seeking is $25.4 million, again from budget 2016, for the initiative called “Addressing Climate Change and Air Pollution”. It is a renewal of funding. It allows Health Canada to continue to provide scientific research, under the clean air regulatory agenda, on how air pollution impacts health.

Health Canada is also seeking $12.7 million for infrastructure spending initiatives to support a variety of infrastructure improvements, such as upgrades to the security of federal laboratories to address failing structural, electrical, mechanical, plumbing, ventilation, and fire systems, etc. These are in various regions in the country.

Another request is for $2.4 million for this fiscal year for the federal contaminated sites action plan. It is related to budget 2015, and it is phase III implementation of the federal contaminated sites work.

Finally, there is $600,000 to maintain critical food safety activities, which is, again, a renewal of funding that had sunsetted in the prior fiscal year.

I will cut off my comments here.

Thank you, once again, for inviting us here today. We look forward to answering your questions.

● (1555)

The Chair: Perfect. Thank you very much.

Next is the Canadian Institutes of Health Research.

Dr. Alain Beaudet (President, Canadian Institutes of Health Research): Thank you, Mr. Chair.

As president of the Canadian Institutes of Health Research, or CIHR for short, it is my pleasure to address this committee and apprise the committee of some of our recent activities that are helping drive innovations in health care.

As I am sure you are aware, CIHR is the Government of Canada's agency responsible for supporting all sectors of health research, from biomedicine to social determinants of health.

[*Translation*]

Our mandate is not only to support the creation of new knowledge, but also to ensure that this knowledge is translated into practice in order to improve health services and products, and, in turn, the health of Canadians. In other words, we are ensuring the social and clinical impacts of health research, and stimulating health innovation.

This is achieved through investments in two types of research projects. The first type of projects are investigator-initiated, as they are spurred by the curiosity of researchers. They account for approximately 70% of CIHR's annual budget. The remaining 30% are priority-driven projects, which respond to emerging threats such as Ebola or H1N1; major societal issues such as obesity or dementia; or emerging opportunities in health innovation, such as big data and personalized medicine.

[*English*]

In your review of the supplementary estimates (A), you will see that CIHR has requested the funding allocated through budget 2015, which will advance health research into two priority areas for Canada. The first is in the area of clinical trials, a cornerstone of evidence-based practice, and a critical step for determining which intervention, drug, or diagnostic procedure works, and for whom.

A new investment of $13 million a year, announced through budget 2015, will be allocated toward a major new initiative aimed at developing innovative approaches to the conduct of clinical trials in Canada. This innovative clinical trials initiative is part of Canada's strategy for patient-oriented research, or SPOR, a broader program developed in partnership with the provinces and the territories as well as with charitable and private sectors, to bring health innovations to the bedside and share best practices across the various jurisdictions in the country.

Through its innovative clinical trials initiative, CIHR will fund researchers to develop and adopt innovative methods for carrying out clinical trials as alternatives to traditional randomized control trials. Developing new and innovative methods for clinical trials will offer the possibility to test interventions, drugs, and practices in the real world as opposed to narrowly selected population samples, and to take advantage of the provinces exceptional data banks through emerging big data analytics. Through this initiative, we hope to stimulate the development of new approaches aimed at reducing the cost of conducting trials, at reducing the amount of time needed to answer research questions, and at increasing the relevance of research findings to patients, health care providers, and policy-makers.

The second area where CIHR is driving innovation in health is in antimicrobial resistance, or AMR. Increasingly over the last few years, AMR has been recognized internationally as an emerging health crisis that threatens to undermine our ability to control bacterial infections.

[*Translation*]

As you know, antimicrobial resistance results from the adaptation of microorganisms to antimicrobial medicine, which allows it to counter the effects. The evolution of resistant strains is a natural phenomenon that has always occurred; however, we are now seeing a disturbing acceleration of this phenomenon due to misuse in animal farming, veterinary medicine and clinical use among humans.

If the spread of antimicrobial resistance (AMR) is not checked, and if new methods for treating bacterial infections are not found through research, we face returning to a pre-antibiotic-like era. This would be absolutely devastating and, in some respects, reverse decades of scientific progress.

To put this into perspective, according to a major 2014 study, 300 million people are expected to die prematurely because of drug resistance over the next 35 years. This would lead to a decrease in the world's GDP of between $60 trillion U.S. and $100 trillion U.S.

● (1600)

CIHR has identified AMR as a research priority for over 10 years, and has launched a number of strategic initiatives in this area to better understand and address the health challenges posed by antimicrobial resistant infections, including the development of alternatives to antibiotics, such as phage or monoclonal antibody approaches. Many of these initiatives are being carried out in collaboration with international partners, notably, the European Commission, with which CIHR co-directs a research funding initiative.

[*English*]

The additional $2 million per year allocation provided through budget 2015, which will be further leveraged through a one-to-one matching from private sector partners, will be devoted to supporting research aimed at developing, evaluating, or implementing point-of-care diagnostic tools to improve appropriate identification and, therefore, treatment of microbial infections.

Through targeted initiatives, like the two initiatives I have described today, CIHR is building and mobilizing Canada's research capacity to address critical health issues and opportunities in health. These efforts aim to maximize the collective efforts of the many players in the Canadian health research enterprise to unlock resources and reap the benefits of our joint investments.

Thank you, Mr. Chair.

The Chair: Thank you. Now we have the Canadian Food Inspection Agency.

Mr. Paul Mayers (Vice President, Policy and Programs Branch, Canadian Food Inspection Agency): Thank you, Mr. Chairman. I am Paul Mayers, vice-president of policy and programs at the Canadian Food Inspection Agency, or CFIA.

The $38.8-million increase reflected in supplementary estimates will help the agency continue to deliver on its mandate for food safety, animal and plant health, and the Government of Canada priorities.

There is $14.1 million to maintain critical food safety activities that prevent, detect, and respond to food-borne illness outbreaks. This renewed funding will support activities focused on listeria in ready-to-eat meat, as well as the broader food safety inspection system.

There is $12.5 million to maintain daily shift presence in federally registered meat processing establishments. This renewed funding will primarily support front-line meat inspectors and program specialists in Canadian meat-processing plants. It will sustain domestic and international confidence, while supporting continued trade.

There is $5.5 million allocated to maintain critical food safety activities, which have been part of the action plan to modernize food safety inspection in Canada.

This renewed funding will support critical program activities that are now a core part of the food safety system. These include enhanced inspections, laboratory testing, program management, health risk assessments, and training, all of which are designed to prevent, detect, and respond to food-borne illness outbreaks through increased inspection, addressing listeria in non-meat products, and investing in modernizing the agency's food safety oversight for both meat and non-meat products.

There is $5.1 million to maintain the CFIA's inspection verification office, which strengthens the agency's overall system. This renewed funding is required to maintain delivery of unannounced reviews of CFIA's inspections of federally registered establishments based on risk. These reviews make sure that inspections are being carried out according to CFIA guidelines. By tracking results from these verifications, the CFIA is able to identify trends, systemic issues, and best practices, which help to inform and improve the overall performance of Canada's food safety inspection system.

There is $1.6 million to maintain and upgrade federal infrastructure assets. In 2016-17, the CFIA will begin a two-year initiative to undertake structural stabilization of the general services building and address aging infrastructure at our Lethbridge laboratory in Alberta.

The Lethbridge laboratory has a rich history of contributing to animal health and protecting our animal resources through diagnostic testing and research initiatives. The Lethbridge lab celebrated its 110th anniversary last year.

● (1605)

[*Translation*]

Mr. Chair, the increased funding I have discussed today allows the CFIA to continue to innovate, to continue to be vigilant and to continue to work on behalf of all Canadians. It provides a clear indication of the value the government places on food safety and consumer protection.

Thank you.

[*English*]

The Chair: Thank you very much.

Now to the Public Health Agency of Canada.

Mr. Carlo Beaudoin (Chief Financial Officer, Office of the Chief Financial Officer, Public Health Agency of Canada): Good afternoon, Mr. Chair and members of the committee. My name is Carlo Beaudoin. I am the chief financial officer for the Public Health Agency of Canada. I am here today with Elaine Chatigny, who is our assistant deputy minister of the health security infrastructure branch. It is our pleasure to be here today.

Budget 2016 proposes to provide $129.5 million over five years, starting in 2016-17, to seven departments and agencies to implement programming focused on building the science base to inform decision-making, protecting the health and well-being of Canadians, building resilience in the north and indigenous communities, and enhancing competitiveness in key economic sectors.

For the Public Health Agency of Canada, the 2016-17 supplementary estimates (A) would increase spending authorities by $1.7 million to a total of $591.4 million. This increase is in support of new funding for climate change announced in budget 2016. The Government of Canada has committed to working with international partners to reach global agreements anchored in science and leading toward a low-carbon, climate-resilient economy.

This funding of $1.7 million will be used for year 1 of the program. The agency will be returning to request additional funding for years 2 through 5 in the fall of 2016, for a total investment of $9 million over five years. This means $1.8 million per year, if we include employee benefits and accommodations.

[*Translation*]

With this new funding, the Public Health Agency of Canada will provide the public health focus on climate change adaptation with respect to the spread of infectious diseases at the national level. We will work closely with provinces and territories in this regard.

[*English*]

The new program will provide funding for enhanced surveillance and monitoring on Lyme disease and related vectors in collaboration with provinces and territories; development of public health tools, such as risk assessments and risk modelling; enhanced laboratory diagnostics; health professional education and awareness activities; and partner and stakeholder engagement.

This investment fulfills the Public Health Agency of Canada's role in supporting the government to deliver on its budget 2016 commitment to help Canadians adapt to the impacts of climate change and to protect the health and well-being of Canadians.

We're happy to address any questions from members of the committee. Thank you.

The Chair: Thank you very much.

We'll open up the first round with seven-minute questions and answers, starting with Mr. Ayoub.

[*Translation*]

Mr. Ramez Ayoub (Thérèse-De Blainville, Lib.): Thank you, Mr. Chair.

I would also like to thank the witnesses for being here today.

Sometimes witnesses appear before the committee at just the right time.

My question is for the Canadian Food Inspection Agency.

We learned recently that the agency had recalled certain products due to listeria. In the amounts you request to detect this bacteria, I would have liked to see a distinction between the detection and protection processes for meat or other products. I will not list the products that have been recalled since there were a number of them. A few days ago, it was granola bars.

Can you tell the committee about the detection methods used?

● (1610)

[*English*]

Mr. Paul Mayers: Thank you for the question. Listeria monocytogenes is an environmental pathogen. As a result, it can be present in a wide variety of products as an environmental contaminant. The approach that the agency uses in terms of its oversight with respect to listeria includes sampling and testing of a diverse range of products. We have seen over the years listeria-related recalls range in products from fresh-cut fruit, frozen vegetables, to most recently, chocolate milk. That wide diversity of product types highlights the challenge for the agency in terms of its oversight.

The methodology for the detection of the organism, however, is primarily focused in food processing plants on environmental sampling of the plants through swabbing of the food production environment and laboratory testing of those samples to detect that listeria is present in the plant environment, as well as final food product sampling and testing. That methodology is similar between both meat and non-meat products.

[*Translation*]

Mr. Ramez Ayoub: Granola bars are prepared and wrapped and ready to be eaten. How difficult is it to detect contamination before these products reach the shelves? In the case of meat, is it unlikely that they will stay on the shelves since they are purchased quickly.

Will the budget you requested help you improve processes in those cases?

[*English*]

Mr. Paul Mayers: The improvement relates to a greater focus on preventive controls on the part of both industry and government. Indeed, the Safe Food for Canadians Act includes important enhancements in terms of authorities with respect to the requirement that businesses assess the potential routes of introduction of hazards.

This particular organism is an environmental contaminant, so great care needs to be taken in the food-processing establishment with respect to sanitation. That is the best method of preventing the emergence of this organism in foods of wide types. The organism is destroyed by processes like cooking, but many of the products in which we've seen problems with listeria are not subject to further cooking by the consumer, such as energy bars or fresh fruit. Therefore, prevention, as you've noted, is a critical component.

This investment enables the agency to enhance its work with the food processing industry, particularly as it relates to non-meat foods, to improve the oversight of their sanitation activities and, as I noted earlier, to carry out strategies such as sampling the food processing environment to identify the presence of the organism and intervene appropriately to prevent its presence in the final food.

[*Translation*]

Mr. Ramez Ayoub: Thank you for your answers.

I now have a question for officials from the Public Health Agency of Canada.

The agency has request an additional $1.6 million for a horizontal climate change and air pollution initiative.

How do the agency's actions pertain to climate change and air pollution?

● (1615)

Mr. Carlo Beaudoin: Climate change has a huge impact on public health. Consider Lyme's disease or the West Nile virus. We carefully monitor the progression and development of these diseases. We also work to improve diagnostic tools in our laboratories to make it easier to make appropriate diagnoses. We are developing tools to help health professionals recognize and treat these illnesses which are spreading in the North.

There are also other illnesses related to climate change.

Mr. Ramez Ayoub: You are referring much more to the illnesses than to climate change as such.

Mr. Carlo Beaudoin: Yes, I am referring to the impact of climate change on public health.

Mr. Ramez Ayoub: Thank you, that answers my question.

I have no further questions, Mr. Chair.

[*English*]

The Chair: Dr. Carrie.

Mr. Colin Carrie (Oshawa, CPC): Thank you very much, Mr. Chair. I'd like to start off by asking a couple of questions of Mr. Mayers.

You mentioned in your speech, $5.1 million for the inspection verification office, so I wanted to ask you a bit about inspection modernization. The agency said that this is the biggest transformation of the food safety inspection process it's ever undertaken.

I was wondering a couple of things. First, does the agency have all the inspection resources it needs to safely implement this massive change? Also, have you done a scientific audit to determine if you have the resources to effectively implement the inspection modernization?

Mr. Paul Mayers: In terms of the resources to implement the change, yes, the agency has the necessary resources to implement this change. It has seen significant investment in terms of front-line inspection.

In terms of a specific resource audit, the Safe Food for Canadian Act does include a specific obligation with respect to an audit of resources five years after the coming into force and the agency is committed to following that course.

Mr. Colin Carrie: I'd like to ask a couple of questions about the Public Health Agency of Canada. When you're looking at estimates, it's interesting what's in there and what's not.

I was in Oshawa on the weekend and I had an ex-teacher come up to me talking about these marijuana dispensaries that are popping up across the country. The Prime Minister and the minister said that they're legalizing marijuana to keep the proceeds from organized crime and to keep marijuana products out of the hands of kids.

One of these dispensaries that has popped up in Oshawa is at 8 Simcoe Street. They're advertising that they're selling medical cannabis. I think everybody knows that Health Canada is responsible for administrating Canada's medical marijuana program, but some of these dispensaries are also selling kid-friendly products, like brownies and cookies, candies like gummy bears, and things along those lines.

As a public health issue, do you guys see this as a public health concern, these dispensaries popping up across the country, and do you have any resources to perhaps inspect them to see if there are any safety issues?

Mr. Carlo Beaudoin: We are not involved in the inspection of those dispensaries. To my knowledge that is a provincial and local jurisdiction, so we're not involved in the inspection of those dispensaries.

I'm sure our chief public health officer would have opinions on the public health impact of those dispensaries. As the head accountant, I really couldn't comment on that side of it.

Mr. Colin Carrie: Health Canada did a lot of work with natural health products and they had the ability to go and inspect health food stores to see if vitamin C was correctly labelled and things along those lines. These products are labelled. They're being sold.

I think even HST is being collected from it and the Prime Minister said they want to keep these proceeds out of organized crime. A lot of people are concerned. Is the money from the sale of these products going to organized crime? What about the safety of our kids?

Mr. Tibbetts, you had your hand up. Can you comment on that?

Mr. Jamie Tibbetts: Perhaps I could respond to that.

Dispensaries are illegal as are other sellers of marijuana that are not licensed under the current laws to do so. The operations are selling, basically, as you have pointed out, untested products that could be unsafe and a particular risk to children.

If people possess a medical marijuana prescription or a licence, there is a distribution chain through the licensed providers that are inspected and are providing product that meets the inspections that Health Canada performs, not the Public Health Agency. In fact, they are inspected with significant rigour, as you probably know.

The government is in the process of setting up a task force to consult on the future direction of legalization of marijuana and has promised to bring in legislation next spring to help deal with it. In the meantime, the position is that they are illegal and Health Canada supports the local law enforcement that is going on around these.

● (1620)

Mr. Colin Carrie: Yes. The challenge, though, in being a local MP is that I had this ex-teacher come up to me saying his kids have these products or their friends do, and they're eating it going to school and giggling all afternoon because they're having these edibles.

It's interesting because the Prime Minister actually said they're legalizing it to keep the proceeds out of criminal hands. My understanding is that these dispensaries are not legal, but nobody is doing anything about it. These edibles in Colorado, they've seen a huge increase of kids going to hospitals as a result of eating them.

I know that Health Canada has the mandate to inspect vitamin stores. I'm just amazed. Are you meaning that the minister hasn't given you a mandate to put money to inspect these areas to see if there are safety issues in these things that are getting into the hands of our kids?

Mr. Jamie Tibbetts: That's correct. At this point the inspections that we do are in the licensed provider areas. We've seen much more activity in places like Vancouver, Toronto, and larger centres where the local governments are doing policing and other ways of combatting this. This will be fully discussed through the engagement process that the minister has put in place with the provinces and territories to come up with a new framework—

Mr. Colin Carrie: I'm just concerned because I'm hearing from my local constituents.... You'd think that if the Prime Minister and the minister's putting this out there, that they're going to be legalizing it, they'd at least give you the resources to make sure these dispensaries aren't selling unsafe and dangerous things that could be diverted to our kids, and that the proceeds are not going to organized crime, because that was the promise. I'm just a little disappointed.

Let's move on to another question. It's about tobacco, and I know the minister wants to, interestingly enough, take down tobacco advertising at the same time as legalizing marijuana. However, there was an article in the *Financial Post* about Australia's experience with these plain labels. I was wondering whether you guys have done an investigation on the best science to make decisions on this plain packaging issue. Have there been any studies done on that?

Mr. Jamie Tibbetts: Yes, there have been studies done by Health Canada over several years on tobacco labelling. We've been actively involved in evolving labelling in this country for many years now.

Plain labelling is one of the areas where we're coming forward with options to government for decisions on how to implement the direction that is in the mandate, which is a model similar to that in Australia, as you've mentioned. That will be used to inform the Canadian solution in that sort of realm, so some of the pros and cons of that model will be looked at and I would imagine slightly modified as we move forward with implementation.

Mr. Colin Carrie: Yes, I was concerned—

The Chair: That's it. Thank you.

Mr. Davies.

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

Thank you for being here today.

During the election there was a promise by the Liberal Party to invest $3 billion in home care funding over the course of a four-year term. No funding that I can see appeared in budget 2016.

Now, assuming the economy stays the same is there room for an additional $3 billion in home care investments over the coming three fiscal years within the fiscal projections made in the budget or in these estimates?

Mr. Jamie Tibbetts: I represent the finance of Health Canada and not the Department of Finance or the Treasury Board.

The money is in the mandate, and it is part of the negotiations around the renewal of the health accord as are things such as mental health and other estimates.

● (1625)

Mr. Don Davies: I'm asking if the money's in the budget or in the estimates.

Mr. Jamie Tibbetts: It is not yet in the 2016-17 estimates. It was not in budget 2016 either. It was likely, however, in the fiscal framework planning through the Department of Finance.

Mr. Don Davies: Similarly, in terms of the health accord escalator we know that the previous government altered that to go from a 6% escalator down to a floor of 3% in 2017, or inflation.

Has there been any provision made by this government either in the budget or in these estimates for any change to that 3% escalator after 2017 that you can point me to?

Mr. Jamie Tibbetts: Not that I'm aware of.... Again, at Health Canada we deal with annual lapse in preparations and some planning in our reference levels. That funding, though, will not come through Health Canada.

It will go through the Canada health transfer that is done with the Department of Finance likely following the renewal of the health accord, which, with an aging population as well as the fiscal challenges all governments are facing for an affordable health care system, will be part of the dialogue and discussion that are under way now.

Mr. Don Davies: Now, the Assembly of First Nations has called for the establishment of at least 80 mental wellness teams to service the mental health needs of indigenous communities across Canada. I'm told there are currently only 10 mental wellness teams across the country.

On May 31, just a month ago, Dr. Tom Wong, from Health Canada, told the indigenous affairs committee that Health Canada is "Right now...doing the calculation on how much that would cost" to close the funding gap.

Do you have any timeline or any further information on that costing to share with the committee?

Ms. Mary-Luisa Kapelus (Director General, Strategic Policy, Planning, and Information, First Nations and Inuit Health Branch, Department of Health): This is one of our initiatives that we're working very closely on with the Assembly of First Nations. We have an engagement protocol with them, so we are well aware of Regional Chief Day's request.

Again, it's a very complex sort of calculation, but we are working closely. We do not have a number at this point in time, but we continue—

Mr. Don Davies: Any rough timeline?

Ms. Mary-Luisa Kapelus: It depends on the timeline of the assembly as well.

Right now, at this point, I would say we're making progress with our partners.

Mr. Don Davies: That's good to hear. Thanks.

I want to move to the Canadian Food Inspection Agency. There's almost $11 million in the supplementary estimates (A) to be spent to maintain daily inspection presence in federally registered meat processing plants.

Can you tell me if, today, inspectors are present every day at all federally regulated meat processing plants?

Mr. Paul Mayers: Yes.

It is not just every day, but every shift that occurs in a federally registered meat processing facility. CFIA is present in all processing plants that are federally registered.

Mr. Don Davies: Mr. Mayers, I'm advised, and maybe I'm wrong, that they are present in all federally registered meat plants, but not in federally regulated meat processing plants.

Is that a distinction that is incorrect?

Mr. Paul Mayers: To clarify, for federally registered meat slaughter plants, there is continuous presence of the Canadian Food Inspection Agency. It's not just that they're present every day, but they're present for every minute that product is processed.

For meat processing plants, CFIA inspectors visit those plants every day, every shift, but they are not present 100% of the time. It is an inspection done every single shift.

Mr. Don Davies: Okay.

Now I'm also told that there are a number of food safety inspection positions that are currently vacant.

Is that the case?

Mr. Paul Mayers: As you can imagine, with a workforce the size of the agency's, we do have departures and hiring. Occasionally, there are vacancies, absolutely, and that fluctuation is also impacted by the seasonal business that the agency undertakes. There are certain areas of our inspection activities, for example, that are seasonal in nature because of the nature of the products that they're associated with, so we do see seasonal variations in terms of our workforce.

Of course, we respond to departures with hiring, but it isn't instantaneous. So, yes, there are occasionally vacant positions in the agency.

● (1630)

Mr. Don Davies: I'm advised that we're not just talking about seasonal or normal, typical vacancies, but chronic, established vacancies. I've been told that inspectors working in northern Alberta are short-staffed by 33%, and six of 18 inspection positions were not staffed.

According to a recent Abacus Data survey, almost 60% of meat inspectors say that the shortage of inspectors is so acute that the daily presence at meat processing plants is possible only some of the time.

Is that an overstatement?

Mr. Paul Mayers: I believe it is.

We have an obligation for not, as I said, just daily but every single shift, and many plants run more than one shift a day.

Mr. Don Davies: Are you saying that's being met?

Mr. Paul Mayers: That is being met.

Mr. Don Davies: Okay.

The Safe Food for Canadians Act was passed by Parliament in 2012. It's still not in force. Section 68 of the act required an audit within five years to determine whether CFIA had the resources needed to fulfill its inspection enforcement work.

Despite the bill being in limbo, is there some sort of audit going on to ensure the safety of the Canadian food supply pending the passing of that bill?

Mr. Paul Mayers: To be clear, the Safe Food for Canadians Act achieved royal assent in 2012, so it is passed. It is not yet in force. The regulatory framework that supports it has gone through the normal regulatory development and consultation process. It's our intent to present the regulations in part 1 of the *Gazette* later this year.

We fully intend to keep our commitment with respect to the audit, which will be within five years of the act coming into force.

Mr. Don Davies: Thank you.

The Chair: Thank you very much.

Mr. Oliver.

Mr. John Oliver (Oakville, Lib.): Mr. Tibbetts, I would like to come back to marijuana and the pop-up shops that the hon. member identified. The Prime Minister of Canada and the Government of Canada has yet to introduce any law or make any changes to the existing legislation as they begin to think through legalizing and regulating the production of marijuana. The laws that are in place today are the existing laws that have been in place for many years, and medically available marijuana has been in place now for some time.

I was curious whether the previous prime minister or the previous minister of health, who I believe is now the leader of the opposition, ever provided funding for you to do inspections of the medical marijuana shops.

Mr. Jamie Tibbetts: Do you mean the licensed providers?

Mr. John Oliver: The providers, yes.

Mr. Jamie Tibbetts: We do fund that internally within Health Canada through allocations of around $8 million a year, I believe. We've been inspecting those licensed providers since they have been created. There are now over 30 of them in Canada.

There's a process for their application, their assessment, the security checks, the ongoing inspection of every point of their establishment from turning the lights on—

Mr. John Oliver: That's unchanged today.

Mr. Jamie Tibbetts: It's unchanged. It's still the same framework that was in place under the former government.

Mr. John Oliver: So pending the introduction of new legislation and new changes, it is the—

Mr. Jamie Tibbetts: Correct.

Mr. John Oliver: —status quo from the previous administration.

Mr. Jamie Tibbetts: We will come in with options on that and then design our programming based on the direction of government.

Mr. John Oliver: Okay.

I'm really not sure whether my second question is for the Canadian Food Inspection Agency or the Public Health Agency, but the Senate recently released a study on childhood obesity and one of the highlights they focused on was the complexity in labelling for dissolvable sugars. There are about 17 or 18 different labels that dissolvable sugars can be labelled under.

They were looking for different food labelling, particularly to help identify sugar and a few other elements that lead to obesity in children. I know it's probably a small number, but is there anything provided in the estimates to deal with enhanced labelling, particularly of sugar?

Mr. Carlo Beaudoin: The short answer is that we are doing some work on obesity and food safety, but really, the labelling side and the regulatory side fall under Health Canada, so I believe Mr. Tibbetts may be better placed to answer.

Mr. John Oliver: Mr. Tibbetts.

Mr. Jamie Tibbetts: We are doing that work at this point within existing resources. We were studying this under the former government, actually, and we did put out proposals on how to regulate this in the *Canada Gazette*. We're now in the process of doing the consultation around those options, doing some comparison with the United States and the directions they've been taking, and are continuing the work that we have been doing in this area.

● (1635)

Mr. John Oliver: Okay.

Also, they had recommended very significant updates to the Canada food guide. I know it's several years old and it's very complex to read through, very hard for parents to really understand what is being recommended for children in terms of a proper balance. Is that also affordable under the existing estimates?

Mr. Jamie Tibbetts: These are funds that are in our main estimates, not in the supplementary estimates, just to be clear.

Mr. John Oliver: The main estimates....

Mr. Jamie Tibbetts: Yes. We have an area within the health products and food branch that works with the Public Health Agency of Canada on the content and renewal of that document from time to time. It is under review, as it often is.

Mr. John Oliver: Yes, I understood that. Is there a point in time when there will be a fairly substantive review of it and a new release that's more consumer friendly?

Mr. Jamie Tibbetts: Yes. I can't give you the specific date, because I don't think it's that targeted as a specific out, but it is within the next year or two that this will come together through, again, consultations that are under way with stakeholders and others.

There is no specific million-dollar project to do it. It is part of the normal operations of the health products and food branch and there is a timeline to get something done within the next year or so.

Mr. John Oliver: Thank you.

The investment in first nations' infrastructure, it's so great to see the funding going into nursing stations, drug and alcohol treatment centres. In addition to the infrastructure, are you able to find and attract health care professionals to staff the nursing stations and work in them? Are you also looking at that availability?

Ms. Mary-Luisa Kapelus: Yes, I'm happy to share with you that we actually have made some strides in that regard through our nursing recruitment and retention campaign. We've increased by 31 in three of our regions the number of nurses in recent hires in the last year, which is great news for us. It still remains a challenge due to factors, such as attracting these workers to the remote and isolated areas, but we definitely are making strides.

Mr. John Oliver: Okay.

Also on potable water, it's obviously a critical issue. It's hard to believe that so many Canadians are living under boil water advisories and have been doing so for years. With that targeted infrastructure funding, are there fairly hard dates set for when you're hoping to see potable water provided to first nation communities?

Mr. Jamie Tibbetts: Yes. In the supplementary estimates there is about $25 million of renewal of funding for Health Canada work, the funding to first nation communities to do that inspection and to fund environmental health officers to look for contaminants in water. It is Indigenous and Northern Affairs Canada that actually funds and builds water treatment facilities, so you have that appropriate separation of duties between the health inspector and the builder and operator.

Indigenous and Northern Affairs, in a recent committee I was in, stated that they see the funding they have now will resolve the problems and build the appropriate facilities in all communities over the timeline of the federal water and waste water plan.

Mr. John Oliver: I think every one of my colleagues around the table here would strongly encourage that to happen. Potable water is such a fundamental element of good health and is important for any community.

My other question is for CIHR. One of my colleagues will be asking some questions about the antimicrobial resistence and strategies there.

As you know, the health committee is studying a national pharmacare program. I was curious if you could reflect, Mr. Beaudet, on whether you feel that the outbreak of any microbial resistence is in part due to people not taking existing antibiotics properly. They may be starting a dose, feeling better, stopping, and starting again. We just heard recently that almost one in four Canadians are either not filling or stopping their prescriptions because of affordability. Do you think, as we move forward, a properly funded pharmacare program would help to avoid that from arising in the future?

Dr. Alain Beaudet: There is no question that this is part of the problem. It is not the only thing, as you well know, but it's certainly part of the problem. I think over-prescription is another huge problem, not being able to rapidly diagnose at point of care whether it's a viral antimicrobial infection with the result that the doctor will protect himself and prescribe an antibiotic where really no antibiotic should be prescribed. All of these things are part of the issue.

That is why we've decided to focus our latest investments into developing point-of-care diagnostics. We feel this is an area where we can make a real impact. Hopefully, it will work rapidly.

● (1640)

The Chair: Thank you.

Okay, we go to round two now. These are five-minute rounds.

Mr. Webber.

Mr. Len Webber (Calgary Confederation, CPC): Thank you, Mr. Chair.

Thank you all for your presentations. I had a lot of sticky notes in the estimates here and I threw a few away after your presentations because they were so clear.

There are a couple of questions I do have here, though. I don't know whether to give you the page number or what, but on page 2-27, there is the listing of transfer payments to first nations and Inuit health infrastructure. I know my colleague over here, John Oliver, talked about the nursing stations and the potable waters and contaminants. Is that part of this $92 million that is going to contributions for first nation and Inuit communities?

Mr. Jamie Tibbetts: Yes, if you're looking at the contribution page of $91,801,000, that is funding for what we call a social infrastructure program that is made up of two main things. It's not the water actually. It's $12.8 million for aboriginal head start on reserve program, which is to repair facilities. My colleague here can give much more detail on that. It is to repair facilities of existing children's programs on reserve. There is $82.1 million for major capital repairs, expansion, and new buildings that are going to be built, expanded, or repaired. They are mostly new builds, but there are some repairs as well.

Mr. Len Webber: That's not specifically out of the health budget?

Mr. Jamie Tibbetts: We are funded to do that normally as well, but this is a 273% increase over our normal funding in these areas. It is part of the government's plan to stimulate the economy, but also to catch up on aging infrastructure that has been in great need. We have selected the top priorities that are ready to be done within this two-year window to have a positive impact.

Mr. Len Webber: I'm happy about that. I have a strong background with the aboriginal communities, so whatever we can do to help them out, I'm pleased to see.

Back in the annex A-6, in vote 1a, there's a $53.56-million expense. I read the paragraph over and over again, and it's difficult to determine what exactly this $53.561 million is for. I can certainly read it out to you. I don't know whether you have it there.

It says, “Operating expenditures and...authority to spend revenues to offset expenditures incurred in the fiscal year arising from the provision of services or the sale of products related to health protection,” but it goes on to say, “payment to each member of the Queen’s Privy Council for Canada who is a Minister without Portfolio or a Minister of State who does not preside over a Ministry of State of a salary not to exceed the salary....”

It goes on and on. I'm confused.

Mr. Jamie Tibbetts: I'm not a lawyer, but I would be confused myself. As an accountant, I understand it because I've been around it for a long time. These are boiler-plate standard wordings put in main estimates to describe votes. Health Canada has three votes: an operating vote, a capital vote, and a grant and contribution vote.

Mr. Len Webber: Sure.

Mr. Jamie Tibbetts: That one you just read, we call it the operating vote for short.

Mr. Len Webber: The operating vote, okay.

Mr. Jamie Tibbetts: That is the legal definition of what the money can be spent on. It's basically for salaries, and O and M, or overhead-type expenditures that a department makes to run the department. The rest includes the minister's salary and car allowance. They put this wording in there, but it's really technical speak for our operating vote.

This main estimates includes $53 million. Of the $165 million we're receiving, $53 million of it is in operating the balances.....

● (1645)

Mr. Len Webber: I'm intrigued. I would love to know what the minister and her staff are making.

Mr. Jamie Tibbetts: I love this stuff.

Mr. Len Webber: What about expenses for cars and stuff? Can you break that down at all?

Mr. Jamie Tibbetts: In our main estimates, it's actually public.

Mr. Len Webber: Sure, I know it is.

Mr. Jamie Tibbetts: We publish it in our public accounts. It's actually quite small. It's part of a heavily controlled minister's expense allowance.

Mr. Len Webber: I'll ask one more if I have time.

The Chair: It'll have to be a short one.

Mr. Len Webber: It's 1-16. I guess you don't have it there. It's under the horizontal items. It's $25.559 million. You have already—

Mr. Jamie Tibbetts: Yes, I know what it is.

Mr. Len Webber: Exactly what is it?

Mr. Jamie Tibbetts: In the supplementary estimates detail, it's called “Funding for short-term investments in public transit, green infrastructure and existing programs”. That's the broad, horizontal label for many departments that are getting approval to do infrastructure-type things. Our water money is under that category, so the full $25 million is for first nations water and waste water. It is a renewal of the exact same level of funding we had last year, so it's carrying through the same programming we've been doing to support Indigenous and Northern Affairs in ensuring safety of the water on reserves.

Mr. Len Webber: Thank you very much. I appreciate it.

The Chair: Ms. Sidhu.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Chair, and my thanks to all the presenters for your great information.

Health Canada has asked for a total of $165 million in horizontal funding for a variety of projects such as affordable housing, social infrastructure projects, and improving community health care facilities on reserves. Can you describe how these funds will be used to improve community health care facilities on reserves?

Mr. Jamie Tibbetts: I'll let my colleague answer.

Ms. Mary-Luisa Kapelus: As Mr. Tibbetts said, we have the social infrastructure fund. We have various facilities across the country right now in various degrees of condition. Some are newer. Some are older. Some are very old. We have a long-term capital plan that we developed with our first nations partners. This plan is a prioritized plan. We have identified priority areas, mostly things that are risks to health and safety. It could be as small as a door that doesn't function. We have a range of those sorts of things, from new builds, to replacements, designs, or renovations. There's a variety of those, and we have a number of projects in play that will benefit from this fund.

Ms. Sonia Sidhu: Which communities are expected to receive funding from this initiative?

Ms. Mary-Luisa Kapelus: I have a very long list here. If there's an area in particular you're interested in, as Mr. Tibbetts also alluded to, we have the aboriginal head start facilities that are being retrofitted to service the program, but we have them essentially in every region and it depends on the region. There are a number of them across the country.

Ms. Sonia Sidhu: My next question is to PHAC, the Public Health Agency of Canada. When this committee was first briefed on Zika virus, we were told it was not a threat to Canadians. Shortly thereafter there was a case in Ontario that caused some concern. Do you feel the funds allocated to PHAC are sufficient to continue to contain any such cases and continue to monitor effectively?

Ms. Elaine Chatigny (Branch Head, Health Security Infrastructure Branch, Public Health Agency of Canada): We are currently working with our colleagues throughout the Americas, through the Pan American Health Organization, World Health Organization, to monitor the evolution of the spread of the virus in the Americas. Currently internally we do a lot of work, as we heard earlier, around climate change and adaptation on other vector-borne diseases, whether Lyme disease or West Nile virus. These are all founded on the concept of doing research on vector-borne diseases, to determine how mosquitoes, for example, or how ticks, in the case of Lyme disease, adapt to the environment and what kind of risk they pose to the population.

We do modelling. We do a range of work. We work in partnership with academia. Our lab in Winnipeg is currently doing a lot of confirmatory testing on Zika samples that are sent to it. There's a lot of work already being done, because it's part of what we do at the Public Health Agency in terms of trying to prevent, detect, and respond to vector-borne diseases like Zika. Certainly, we are looking at where there may be opportunities to enhance our programming. For example, could there be opportunities to do more research and development with key partners? Those are all the things we're looking at currently.

But certainly, we are actively involved in the Zika response and we have been from the very beginning.

● (1650)

Ms. Sonia Sidhu: My next question is for CFIA.

How do you feel inspections are going overall? I have met with a few animal protection advocates in my riding, who are particularly concerned about horses and other animals. Can you describe how you are currently doing in terms of enforcement of the Meat Inspection Act and the Health of Animals Act?

Mr. Paul Mayers: Thank you very much. Our oversight with respect to the Meat Inspection Act is our highest area of intensity, as I described earlier, because we have continuous presence in meat-slaughtering establishments in order for those establishments to be able to operate. That is a very significant proportion of the agency's activities.

As it relates to the Health of Animals Act and in particular, issues such as animal welfare, this is an area of tremendous interest, both for Canadians and for Canadian businesses. The federal responsibility with respect to animal welfare relates to the transportation of animals and to the humane slaughter of animals in federally registered establishments.

The humane slaughter of animals in federally registered establishments is addressed by that intense inspection oversight that I mentioned. As it relates to the transportation of animals, we have a very active program of oversight with respect to animal welfare in transportation. However, there is equally a recognition that the current regulatory framework for animal transportation would benefit from modernization in terms of developments in the science. We're committed to doing that, and indeed, there is the intent to bring forward a new regulatory proposal later this year with respect to the transportation of animals, to achieve that modernization.

In both areas of federal responsibility in that regard, we have a very serious focus and commitment on the part of the agency.

Ms. Sonia Sidhu: That's it, Chair.

The Chair: You're done.

Ms. Harder, go ahead, please.

Ms. Rachael Harder (Lethbridge, CPC): Thank you.

For my first question, I'm just going to come in where we're talking about diseases linked to climate change. I'm just wondering if you can tell me a little about the criteria that are used by Health Canada to determine whether or not a disease is in fact linked to climate change.

Mr. Jamie Tibbetts: The money we're receiving under climate change is highly for scientific research and advice. It is to fund scientific programming at the same level that was there before. The $25 million in these supplementary estimates is a continuation of ongoing programming.

The actual detailed criteria, I do not have. I know it is part of the air quality management system that we are part of. We conduct various socio-economic and health benefit analyses on pollution, greenhouse gases, and whatnot, to inform decision makers.

There's health risk assessments for specific air pollutants and air pollution emission sources. There are communication outreach programs that are funded through that, so the Canadian public also gets to see it.

The actual detailed scientific criteria are beyond me. I can have something provided to the committee, should you wish.

● (1655)

Ms. Rachael Harder: Okay. Yes, I would be interested to know that. With that comes the question of where we are finding the scientific link between the health concerns that are noted and the climate change that's taking place.

I know the Zika virus was referenced over here. That's an interesting one to me, because from what we know it's passed down through mosquitoes. Mosquitoes have been with us since the beginning of time, unfortunately. Perhaps that's due to climate change; perhaps it's due to other factors. I'd be interested in knowing what science is behind that decision-making process, and the allocation of this funding for further study, research, and whatever implications go along with that.

Mr. Jamie Tibbetts: There are several outputs or outcomes that are associated with the funding to support that analysis and that reporting.

For example, there's radon analysis and how it affects people outside. It's not air pollution, but it's a similar type of scientific research that informs that. It's the safety and health risk assessment process that's under way. It's lab work, at times. It is quite detailed.

I don't think I can answer much more than that without wasting your time and spinning here, so I think we could probably get you a bit more that's at this level of science.

Ms. Rachael Harder: Sure. Thank you.

The other question that I would have would be with regard to potable water, which has been brought up. There's a fair bit of money in the budget toward that. I would agree with my colleagues around this table that it's certainly something that is very necessary and should be contended for.

My concern is this. It's understanding that initiatives in this direction have been taken in the past. I'm curious to know whether or not there are accountability measures in place to make sure that this funding is indeed used for this, so that this problem is in fact solved, so that these individuals do have the water they need to live the healthy lives that they deserve.

Ms. Mary-Luisa Kapelus: One of the things that I'd like to add to earlier parts of the discussion on this is the fact that we are working much more closely with our first nation partners in this and building capacity with them to monitor and test themselves.

An example I can give you is that in Quebec when I was working there, and it's still a best practice, we were doing a training, sort of a community training program, that is building that capacity at the community level so they can monitor it themselves, day to day. We found that when we're talking about accountability and that ongoing monitoring, when the communities themselves are empowered to do this work there's much more ownership and control over it.

As Mr. Tibbetts alluded to, this is a balancing act with our colleagues over at Indigenous and Northern Affairs. We work with them as well, because they have the infrastructure part of it. But it's empowering the first nations themselves that we see as the real way to make progress on this. We've been monitoring that very closely. We continue to have indicators to demonstrate.

I think one of the ones I can share with you is that even just the perceptions of first nation residents themselves have improved dramatically from 2011, where we've seen an increase to 71% as viewing their tap water as safe, as compared with 2007 when there was 62%. We believe it's due in large part to this empowerment initiative that we're trying to work with them on.

Ms. Rachael Harder: That's excellent.

What is our time frame for making sure that this funding is given out to the reserves and to see potable water realized?

Mr. Jamie Tibbetts: The funding we receive now is for two years, this year and next. It was an extension of programs that have gone back several years. The progress that my colleague has mentioned has been steady in that period of time. On fixing it permanently, there will always be potential issues of tests uncovering things, but getting it up to where it's comparative to similar communities in similar places in Canada is the objective.

Indigenous Affairs are the ones that should be answering, because they run the water treatment plants, not us. We just test. If we or the first nations find something, then you have a boil water advisory. As I understand it, though, these facilities will be up and running at that expected level in the short to medium term. First nations having capacity and health risks associated with water are decreased.

We put very specific indicators in the RPPs or the DPRs that we report on to show this progress—how many boil water advisories we've issued, what percentage of communities have access to training, all these things—and the trends, are quite positive.

● (1700)

The Chair: Your time is up.

Thanks very much.

Dr. Eyolfson.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Thank you very much.

Thank you, everyone, for these great presentations.

Dr. Beaudet, you said a couple of things about antibiotic use and resistance. I practised emergency medicine for 20 years, and it's a topic that's near and dear to my heart. I agree with what you were talking about with Mr. Oliver, regarding the part of it that is incomplete treatment. We know that a lot of the problems with drug resistance in tuberculosis in the U.S. was because of an incomplete eradication program. It was good to see that brought up and its importance.

An issue that I've started to do some research into, and I will probably be talking to you privately about at some time in the future, is antimicrobial resistance and the use in agriculture. I know it's a very controversial issue. I was concerned about it before. I'm reading this now, and I'm terrified, quite frankly. I knew we were heading to a bad place, the way this was going.

Where are we in the research on this? Do we have any ideas or answers on where we should be going with regulations on this from the research so far?

Dr. Alain Beaudet: From a research perspective, first of all, as you know, there are still a lot of questions regarding the passage of resistant genes from bacteria that infect animals and the bacteria that infect man, the relationship between the agricultural use and the medical use of antibiotics. More and more evidence, as you know, is pointing to the fact that there is a connection, and that there's clearly a role for the use of antibiotics, not only in humans but also in agriculture. That's the first thing.

One of the major problems, as you know, is that the business model for antibiotics is very different than the business model for other drugs. Antibiotics are not expensive and they are not given for a long time, even though patients often don't take them for the full 10 days, unfortunately. The treatment by and large is not very expensive. From a manufacturing standpoint, the usual business model of making antibiotics is not working as it does for other drugs, because they're cheap, people don't take them for a long time, and they are cured.

We're facing a real problem here. Do you know how many antibiotics there are in the world's pipeline right now for all the pharmas that are being trialled? It's nine new antibiotics. You can imagine that the incentive for pharmas to develop antibiotics is not there, because if you develop one, it means essentially that you have to develop one that won't be used, that we will keep in reserve in case we have a bug that's really resistant to absolutely everything else.

From a sales perspective, it's not great. We really have to do research on changing the model system and looking at new ways of developing drugs, ways that are very different. That's another area of research that will have a very profound influence on the way we treat both animals and humans.

Mr. Doug Eyolfson: I've been talking to some representatives of the livestock industry, and I know there are different ways antibiotics are used. Sometimes they're used to treat infections. From what I understand, there are some who use them because they're using them prophylactically, or they tend to grow better. One of the claims I've heard from representatives of the livestock industry is that these are something called “ionophores”, which as a physician I've never heard of, but these are apparently some sort of antibiotic that is not related at all to the antibiotics that are for use in humans. That sounded suspicious to me. I'm glad to see you're nodding. This is not the case, from what you're saying.

● (1705)

Dr. Alain Beaudet: If it's an antibiotic, it's acting against the proliferation of bacteria. You have various mechanisms that are used to kill bacteria. If it affects bacteria in the livestock, it will affect other bacteria as well.

Mr. Doug Eyolfson: Okay, thank you. You would agree that any use like this has an implication for human health.

Dr. Alain Beaudet: Yes.

Mr. Doug Eyolfson: Thank you.

The Chair: You finished early. You have 14 seconds.

Mr. Doug Eyolfson: Yes, I have no more questions at this point. Thank you.

The Chair: Mr. Davies, you have 14 extra seconds.

Mr. Don Davies: What will I do with it?

I want to return to the question about the Canadian Food Inspection Agency. I know the agency inspects meat. I think in my first briefing I was told that its jurisdiction extends even to go into restaurants to check the menus and to make sure they are conforming. Leaving aside our position on the merits, I'm quite shocked that the Food Inspection Agency is not inspecting facilities that are selling edibles with a psychotropic drug in it, marijuana.

My first question is this. Did the previous Conservative government instruct the CFIA to inspect those food selling establishments?

Mr. Paul Mayers: Our colleagues from Health Canada may wish to comment.

Mr. Don Davies: Is it yes or no, sir?

Mr. Paul Mayers: The presentation of a product with a claim, with respect to any drug or drug related, is covered by Health Canada and not by the Canadian Food Inspection Agency. Our mandate extends to foods. It is true that a product can be both a food and a drug, but when that is the case, Health Canada manages it as a drug.

Mr. Don Davies: Okay, so with whoever would be inspecting things as a drug, if someone is selling an edible to the public that contains a psychotropic drug, is there any inspection to make sure the public know what they're eating?

Mr. Jamie Tibbetts: Inspection of these dispensaries, and the brownies, or whatever, that are in them—

Mr. Don Davies: Yes.

Mr. Jamie Tibbetts: No.

Mr. Don Davies: They're not.

Mr. Jamie Tibbetts: Not that I'm.... Unless there's something happening at the municipal level, it's not been....

Mr. Don Davies: We're inspecting a meat facility to make sure we don't get sick from meat, but we're not inspecting a facility that's selling an edible with a drug in it to make sure someone doesn't get sick from that.

Mr. Jamie Tibbetts: That's correct.

Mr. Don Davies: Okay.

I didn't get an answer to my question. Were you ever instructed by the Conservative government to go into any of these facilities to do any inspections, whether from a health or from a food inspection agency perspective?

Mr. Jamie Tibbetts: No, because they're not legitimate. We were not instructed to not inspect, or to inspect illegitimate—

Mr. Don Davies: It's because they're not legitimate. If I open a non-legitimate facility selling meat, then wouldn't you inspect me?

Mr. Jamie Tibbetts: I'd have to defer to him on that one.

Mr. Paul Mayers: I can certainly answer that. If you are processing meat and distributing it across a provincial or an international boundary without federal registration, we won't come in and inspect you, we'll come in and charge you.

Mr. Don Davies: Okay.

We saw this week that students in Woodstock, Ontario, walked out because they had concerns about mental illness. Mental health is not just an issue on indigenous reserves in the country, but it's a concern everywhere. Do these supplementary estimates include any funding commitments specifically to hire mental wellness teams for under-served areas in Canada, and not reserves, but just generally?

Mr. Jamie Tibbetts: In the supplementary estimates, no, because our mandate in this area is around first nations health, and it's more a provincial matter in the health care system.

Mr. Don Davies: I see. How am I doing for time?

The Chair: You're out.

Mr. Don Davies: I'm out. Thank you. Even with the 14 seconds.

The Chair: I'm going to use the 14 seconds. I have a question for Health Canada.

My understanding is that you have a pharmacare program. Mr. Oliver mentioned we're studying pharmacare, and you have a pharmacare program for first nations and Inuit, and you deliver that pharmacare program. Veterans Affairs has a pharmacare program. The RCMP has a pharmacare program. Corrections Canada has a pharmacare program. Citizenship and Immigration has a pharmacare program. I'm not sure who else, but I think there are six of them.

Do you coordinate your pharmacare programs with one formulary? Do you take advantage of bulk buying, or are you all separate?

Ms. Mary-Luisa Kapelus: We do coordinate and we do talk amongst ourselves, most definitely. Obviously, with our population, there are things we're providing. I'll give you an example. For the non-insured health benefits program, a significant portion of that goes to medical transportation benefits. These individuals are in remote and isolated communities. Would that apply to those other groups? Probably not. It's unique to ours. But when things come up that we see would maybe impact other programs, we definitely do talk.

● (1710)

The Chair: How do you talk? Do you meet? Do all six organizations meet from time to time or just if something comes up?

Ms. Mary-Luisa Kapelus: For the most part, I think our program is servicing a unique population with unique needs. Our main focus is working with our external partners, to be honest with you. We have a joint review under way right now at the first nations and Inuit health branch with the Assembly of First Nations, and also one with the Inuit Tapiriit Kanatami.

When we do have those areas, it tends to be more a case when, for example, a new medicine comes on, maybe a very costly one. That is when, yes, we will reach out to one another to find out what each department is doing.

The Chair: Okay.

I have another question for you, Mr. Mayers. I notice you got an increase in your budget this year. About two weeks ago, the CFIA office in Truro, Nova Scotia, announced a cutback in services for hours and delivery of service to seafood processors. This creates a real food safety risk for seafood production and makes the processors not as competitive.

Is that a national cut, or is it a local decision? Would you know that?

Mr. Paul Mayers: I wouldn't know the specifics of that particular issue. We do adjust inspection frequencies based on risk in different parts of the country, dependent on, for example, the level of production, the type of production, and where the product is intended to go.

The Chair: Thank you very much. That completes our public round on today's agenda.

We will now move in camera for some committee business.

[*Proceedings continue in camera*]