



HOUSE OF COMMONS  
CHAMBRE DES COMMUNES  
CANADA

44th PARLIAMENT, 1st SESSION

---

# Standing Committee on Health

EVIDENCE

**NUMBER 016**

Wednesday, April 6, 2022

---

Chair: Mr. Sean Casey





## Standing Committee on Health

Wednesday, April 6, 2022

• (1550)

[English]

**The Chair (Mr. Sean Casey (Charlottetown, Lib.)):** Good afternoon, everyone.

I call this meeting to order. Welcome to meeting number 16 of the House of Commons Standing Committee on Health. Today we are meeting in public to plan our future business up until the end of June.

Today's meeting is taking place in a hybrid format pursuant to the House order of November 25, 2021. Pursuant to the directive of the Board of Internal Economy of March 10, 2022, all those attending the meeting in person must wear a mask, except for members who are at their place during proceedings. We have here today only members at their place during the proceedings.

Before we begin, Monsieur Jean-Denis Garon from the Bloc is with us today along with Mr. Thériault. I understand that he's going to be replacing Mr. Thériault until the end of June.

In the interest of maintaining a good and collaborative environment around this table, I would suggest that the committee allow Mr. Garon to receive all of the committee distributions and be granted access to the digital binder until the House sits again in September or there's a membership change that renders it unnecessary.

Do we have consensus on that?

**Some hon. members:** Agreed.

**The Chair:** Thank you.

I now want to bring the committee's attention to the proposed calendar circulated by the clerk and analysts. I'm hoping that it will serve as a starting point for our discussions. It's been distributed to members and staff in both languages. The clerk and analysts have inserted some deadlines for various items, some of which would have knock-on effects if they change. For example, the dates relating to the workforce report are not flexible unless we cut meetings from that study in order to get the report done and reported to the House by the end of June. Translation and publications are dealing with many other reports, so we have to ensure that they have time to do their work and that we are still able to present to the House in a timely fashion. In any case, the clerk can advise us on the potential consequences of any changes we discuss.

If you have the calendar in front of you, that should form the starting basis for our discussions.

I don't have anything more to say, except to open the floor and recognize Mr. Barrett.

**Mr. Michael Barrett (Leeds—Grenville—Thousand Islands and Rideau Lakes, CPC):** Thanks very much, Chair.

I just note, as I'm sure the clerk has for you, that Mr. Lake is seeking your attention following me.

We have a pretty short window remaining for us before the end of June. It's a beautiful day outside and I'm sure our minds are all turning towards nicer weather and the like, so I'll try and be brief in the interest that we're not here until after sunset.

There was a commitment made by this committee before I was named to this committee that 50% of our meetings would be dedicated to our study of COVID. We're at a point right now in the ever-changing COVID landscape where I have a couple of thoughts that I'd just like to share for consideration.

One is that we're on the eve of a two-week constituency break. Following the constituency break, we'll have had several weeks where what's being described as the sixth wave of COVID, the omicron BA.2 or latest subvariant has been circulating in our communities. That will have been happening for several weeks. Many of the provincial restrictions will have been lifted for more than a month.

I would suggest for consideration that on our return, for the next meeting on the COVID pandemic we hear from federal experts like Dr. Tam and Dr. Njoo and other representatives of the Public Health Agency of Canada to update us on the federal picture.

The other thing with respect to the COVID study meetings is that before I was named to the committee, there were discussions about a study on children's health. I'd be interested to hear from committee members if we would focus a new study on children's health or if we would combine the interest of that study with the COVID study—the effects of COVID on children—and make that part of those 50% of meetings.

A third option would be—and I'm not moving a motion at this time, Chair—that we have a separate study that would concern children's health, including the effects of COVID on children, which could occur during those time slots that would have otherwise been allocated to meetings on COVID. I think that would satisfy two competing and important interests.

Then there's the matter of the remaining time that we have with our health human resource study. I would ask whether we have the desire and witnesses to proceed with the originally intended number of meetings or whether there is consensus to more quickly move to drafting instructions for our analysts. That report could then inform our work going forward.

I'd also ask how much bandwidth the other important issues facing this committee would take up, like the potential of a study on the opioid epidemic and the potential of a private member's bill coming forward from Mr. Johns that's expected to be studied at this committee.

Those are just some thoughts highlighting our broad priorities. I'll let Mr. Lake speak to one additional issue. Those are the areas where I would hope we can find some consensus over the course of this meeting.

Thanks, Mr. Chair.

• (1555)

**The Chair:** Thank you, Mr. Barrett.

You've raised a bunch of issues here and once we hear from Mr. Lake, we can perhaps take them on one by one.

Mr. Lake, you have the floor.

**Hon. Mike Lake (Edmonton—Wetaskiwin, CPC):** I'm going to just use the opportunity to quickly raise an issue that everybody's aware of. I'm not even going to give a big preamble to it. Everybody voted on this. We voted unanimously in the House in the previous Parliament.

I'm going to move a motion:

That, pursuant to Standing Order 108(2), and in relation to the motion unanimously passed by the House of Commons on December 11, 2020, calling for a national three-digit suicide prevention hotline (988), the committee hold a minimum of 3 meetings to study the implementation of this hotline; that the Minister of Mental Health and Addictions be invited to appear at one of these meetings, and that the committee present a comprehensive report to the House.

**The Chair:** Thank you, Mr. Lake.

The motion is in order. The debate is now on the motion.

Let's go to Mr. Davies and then to Mr. van Koeverden.

• (1600)

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

Thank you to my colleagues for raising this. There is kind of a lot to unpack there because of Mr. Barrett's previous comments. My sense is that I don't see any real reason to deviate from the work plan that was adopted unanimously by this committee not that long ago. We're nearing the end of our study on the health care human resources crisis. The number one priority that was identified by the Conservative members of this committee was to study children's health. I note that the work plan that's been placed before us today follows exactly the plan that was agreed to, I believe unanimously, by this committee only a month and a half or two months ago.

With regard to our hearing from specified people, we agreed that between now and the end of June, before we rise, we would dedicate one meeting to a study and one meeting to COVID. That was

prudent then, and I think it was prescient and is even more important now because, as some of us correctly surmised, we're not done with COVID. In fact, as Mr. Barrett mentioned, we are very clearly now into a sixth wave. The omicron BA.2 variant is raging through Asia and Europe. There is now the emergence of a new strain, a new immune-escaping variant called "deltacron". Just in Ottawa, where some of us are today, the wastewater levels are very high and case counts are going up like crazy.

To anybody who is paying attention to the data, the COVID pandemic is very much the number one health issue dominating us. As the health committee, we must be devoting one meeting a week to it at least until June. I say that because with respect to trying to prescribe witnesses, every party has the ability to put forth the witnesses they want.

**Hon. Mike Lake:** On a point of order, Mr. Chair, the idea was to move this motion, and it's on suicide-prevention work. The motion on the floor right now is about whether to accept three meetings on a suicide-prevention hotline. My hope is that we can get full agreement and we can dispose of this quickly and get on to talking about the rest of the business of the committee.

**The Chair:** That's not really a point of order. It is a point of debate.

Go ahead, Mr. Davies.

**Mr. Don Davies:** Thank you.

It's funny. We're talking about the agenda. The topic of this meeting is committee business and we're talking about how to best allocate our time.

Of course, prior to Mr. Lake's moving his motion, there were a number of comments made by his colleague, which I'm now responding to at the same time, because it all amounts to how we're going to best use our committee's time.

In terms of calling witnesses, what I would suggest to the Conservatives is that if they want to hear from a particular witness, whether that's the minister or Dr. Tam, or whomever they want, they have the full ability to put that on their witness list and have that person come forward.

I don't see any reason to deviate from the plan that this committee has adopted for between now and June, which centres on COVID and then on the two studies, one of which we've almost finished and one of which was identified by the Conservatives.

I'm not sure where we would have time to add another study on the suicide prevention number, which I agree is a laudable thing. I'm not even sure why we need to study it, because I'm pretty sure that everybody agrees with it. Our time is allotted right through to the end of June already, and that does not take into account legislation that could be coming to this committee, as I'm sure there is. In fact, this week, we debated Bill C-224, which is the bill that was introduced dealing with cancers in the firefighting sector. I anticipate that's going to pass, judging by the debate, and that it will come to our committee.

For all of those reasons, I don't think we need to be passing more motions on studies at this point. I think we should deal with the business that we have already before the committee, which is a full plate. Perhaps when we get to the beginning of June we can have a full meeting on committee business and maybe start planning our agenda for the fall.

Where I'll conclude, Mr. Chair, is that I've had conversations with my Conservative colleagues who don't necessarily agree with this as an equitable way to deal with things, but I notice that three studies have already been approved, one from each party—Liberals, Conservatives and Bloc. There has not yet been one agreed to that the New Democrats have put forward. I am going to be doing that and, in the interests of equity, I'm going to be pressing that each of us has an opportunity to put a subject before the committee that of course receives majority support.

Before we entertain the Conservatives' second study, I will be looking to conclude the Liberals', Bloc's, New Democrats' and Conservatives' studies before we start getting to the Conservatives' second priority before some parties have had a chance to have even one.

Thank you, Mr. Chair.

• (1605)

**The Chair:** Thank you, Mr. Davies.

Next is Mr. van Koeverden, please.

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

As my colleague from the NDP mentioned, it's a lot to unpack, but I have a couple of things to raise.

First, on determining whether or not we are going to keep going forward with half of every meeting on COVID, I don't think we have to make that decision today, because I think that in a couple of weeks when we come back.... We don't know exactly what COVID is going to look like. It could be continuing to rise or it could be a little better, so why don't we make that decision in a couple of weeks when we come back?

I also agree with Mr. Davies that he hasn't had a chance to put anything forward yet, so I would like to hear an idea. We can discuss the order later. I think Mr. Lake's recommendation of putting this on the agenda is a good one and is valid, and it doesn't necessarily mean, if I am correct, Mr. Lake, that we study it next. It just means that we're going to, and I agree that it warrants study.

Also, for those members who weren't present, the child health study was one that we all agreed on, but it was from MP Berthold, and MP Davies is correct that it's a Conservative one, but I think it's one that we all would like to do. On child health, we all agree, and we'd like to get to it, and I agree that we don't have to necessarily.... I've been finding it a bit confusing sometimes to toggle between COVID and non-COVID when oftentimes the non-COVID ones.... COVID is a forever thing and we're always going to talk about COVID, so we might as well just have fewer topical meetings.

On that, Mr. Lake asked that I just move an amendment on the 988 number to make it two meetings rather than three.

For clarity, to my colleague from the NDP, that doesn't mean we're going to do it before your idea. I hear you loud and clear that you haven't had a chance to put anything on the agenda yet and we're all eager to hear what that might be.

Thank you, Mr. Chair.

**The Chair:** Thank you, Mr. van Koeverden.

We have an amendment to Mr. Lake's motion to change the number of meetings for the study from three to two. The amendment is in order, and the debate is now on the amendment.

Next we have Mr. Jowhari.

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

The fact that an amendment has been tabled by my colleague Mr. van Koeverden means that we're actually debating the motion that our colleague Mr. Lake put forward regarding the emergency hotline.

I need clarification. Are we on the motion that Mr. Lake put forward and now we have an amendment to the motion, and when we are voting on that, we are specifically debating and voting on the motion and therefore the amendment to the motion? Or, have we broadened the scope and we're talking about other studies?

I ask because I believe that the intervention made by our colleague MP Barrett mentioned other studies beyond the motion by our other Conservative colleague. The motion that was moved by our colleague MP Lake had a very specific scope. My understanding was that we were debating that motion, and I believe that assumption proved to be fact when our colleague MP van Koeverden moved an amendment to that motion.

I would like to get some clarification. I'll personally be supporting the amendment to the motion that's been put forward for the emergency hotline, as well as the amendment itself.

**The Chair:** You're exactly right, Mr. Jowhari. The debate is presently on the amendment to Mr. Lake's motion, presented by Mr. van Koeverden, to amend the motion so that it calls for two meetings instead of three. That's the subject of the debate now.

We're going to go to Mr. Lake.

• (1610)

**Hon. Mike Lake:** I'll say that I accept the amendment, just to be very clear.

**The Chair:** I don't see any other speakers on the list.

Is it the will of the committee to amend Mr. Lake's motion from three meetings to two?

(Amendment agreed to)

**The Chair:** We are now on the main motion.

(Motion as amended agreed to)

**The Chair:** There is consensus to adopt the motion as amended.

Mr. Barrett.

**Mr. Michael Barrett:** Thanks very much, Chair.

I have just a couple of things. With respect to the agenda or the proposed calendar we have in front of us—and it is that, a “proposed” calendar—my opening remarks were not intended to be adversarial. What I was looking to do was to find a way to incorporate the priorities put forward by all parties.

With respect to Mr. Davies' looking to advance an NDP priority, if that's how we're drawing lines out here, my intention with having the children's health issues potentially studied during COVID meetings was to free up meeting time so that a private member's bill put forward by an NDP member would have white space in our calendar.

I think children's health is a non-partisan issue. I think the opioid crisis is a non-partisan issue. We should be able to find time in our calendar to do those. I moved no motion, because I'm not looking to put forward a Conservative proposal. I'm looking forward to finding a way for the committee to advance our shared interests for the health of all Canadians.

So I would just reiterate that in my initial statement and now, I'm not moving a motion. My intent is that we find a way to free up what is very limited committee time. That was my intention with respect to comments on children's health.

Yes, the committee did agree to it. It may have been unanimous. The committee can also change its mind. But I think it's also prudent, when we do have limited resources, and we have issues like the opioid crisis, which are extremely pressing and are emergencies that affect every community in every riding across this country, that we find a way to fit it into our schedule. I think that's important.

I think there are ways that we can always improve on items that are in front of us, especially after we have time to reflect. We have the study on medical devices, specifically breast implants. That also opens up the possibility, particularly when we have a cancer awareness month, that we talk about the full picture on breast health. Again, that was an issue that was raised by colleagues in multiple parties before I was at this table.

I would offer all of those genuinely in the spirit of collaboration. I am open to hearing motions from all members, and would turn my undivided attention to them, but my intention is to find a way that we can collaboratively address all of our priorities. They are all very important. They don't necessarily need to be competing priorities. They can be shared priorities. If that's the way want to frame them, I think that might be a productive way to move forward.

**The Chair:** Thank you, Mr. Barrett.

Go ahead, Dr. Hanley, and then Mr. Davies.

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

I really appreciate Mr. Barrett's intervention.

There are three things I want to say. One is that if the private member's bill of Mr. Johns were to go to committee, it would go, to my understanding, to the justice committee. Perhaps the clerk could clarify that. I would be more than happy if it came to the health committee. If it went to both committees, if it were passed, I would also be delighted, but I think some clarification would be helpful in that regard.

Personally, my preference would be to keep COVID and children's health separate, but to clarify how much timing is needed for each, I think it's valid to have a meeting in three weeks' time to determine the frequency. My personal feeling is that COVID can probably be dealt with in one and four rather than one and two. That would open up the schedule for some of these other important areas.

I would also suggest that we need to go back a bit. I remember Mr. Berthold speaking quite passionately about the need for six studies for children's health, and that a lot of it would be around mental health and the backlog in children's health. It might be useful to revisit the premise for that and then perhaps re-recommend on the number of studies needed, whether it be four or six. I think some discussion between four or six may be useful to allow us to handle the calendar efficiently.

Thanks.

● (1615)

**The Chair:** Thank you, Dr. Hanley.

I'm advised by the clerk that it's not necessarily predetermined as to where that private member's bill will go. It's a decision to be made by the House as to which committee it's referred to.

Go ahead, Mr. Davies, please.

**Mr. Don Davies:** Thank you, Mr. Chair.

I appreciate Mr. Barrett's clarifications. I'm not sure that I disagree with anything he said. There's no question that the committee can revisit our schedule at any one time.

I guess the question I have in my mind is that the subject of this meeting was based on a circulated agenda and schedule that was sent around, which I took the time to read and study. It reflects the agenda that was made by this committee, like I said, maybe 60 days ago. I think it already deals with some really important subjects.

We're obviously two thirds of the way through the health care human resources crisis study. Children's health is an absolutely laudable goal. In fact, I think the product of our discussion was even amended a bit to include something that I wanted to talk about, which was the school nutrition aspect or the food security of children. That was graciously passed by the committee.

Look, there are 10,000 issues in health, and there are about 700 number one priorities. They're all important. I think that it's somewhat disingenuous to suggest that there's no sense in prioritization or even preference, depending on parties. My priorities may not be the same as the Conservative's, Liberal's or the Bloc's priorities. That's not to say that all of the issues aren't important; it just reflects different senses of prioritization.

When I say that there hasn't been a subject that I consider to have been generated by us, it's not that I view the subjects agreed upon to study as unimportant or unworthy of study; they just don't necessarily reflect my priorities. For instance, I wanted to study dental care. I wanted to study the opioid overdose and substance use crisis. I'd like to study women's health. I'd like to study indigenous health. I'd like to study breast health.

On that point, to respond to Mr. Barrett—and in fairness he wasn't here—when the Bloc Québécois put forth their motion to study medical devices or breast implants, I tried to amend that motion to be a broader look at breast health generally, and that did not happen. I'd be absolutely thrilled broaden that subject to look at breast health generally, but one of the reasons we've allocated only two meetings to that Bloc Québécois-generated subject was that it would be limited to medical devices, in other words, a federal breast implant registry. That was my understanding. If we were to look at breast health generally, we'd need more than two meetings.

Back to the point at hand, I think that what we need to do to be most productive is use the calendar we have in front of us. I've studied it; I think it's a good one. I think there are a couple of things that strike me about it.

I do think we need to study COVID every week, for the reasons I said, and I won't belabour them. I will say as well that with regard to COVID in children or in any other aspect, the subject is completely broad. Every party can put forth witnesses on any aspect of COVID they want. If, say, the Conservatives would like to explore the impact of COVID on children, they're certainly free to call witnesses who can speak to that. There are dozens and dozens of angles on COVID, and I would not want to restrict them.

Particularly, as Mr. van Koeverden said.... You know, we probably have to get to first-name basis on committees. I'm going to start using first names, if that's okay. You can certainly use mine. As Adam said, with COVID's being so fluid, who knows three weeks from now where this virus is going and what we'll need to focus on? I think that's one of the advantages of keeping a watching brief on it. We are flexible to be able to respond to the latest change in COVID. Maybe there will be a discovery three weeks from now of a treatment. We may want to explore that, for example.

My last point on the calendar is that I think it's good the way it is, other than I noticed that there seems to be, for a number of meetings on the children's health study.... There's a Monday and a Wednesday that say either "COVID" or "children's health".

• (1620)

If we agree to stay the course, as we decided before, and keep one of those meetings every week on COVID, that would mean that the children's health dates would be bumped further. By my reckoning, what will get done by June is basically that we'd finish the study on health care and human resources, and hopefully we'd finish this study on children's health. That, then, leaves consideration for the other motions that we passed, including the one Mike just moved, to put in the mix for what we look at in the fall. I don't see how we can look at anything other than finishing off the HR study, then the children's health and COVID studies between now and the end of June. That's assuming we don't get knocked off our agenda by, as I said earlier, legislation or other issues that may come up.

Thanks, Mr. Chair.

**The Chair:** Thank you, Mr. Davies.

Next we have Dr. Ellis, and then Mr. Lake.

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

I thank my colleagues for their interesting comments.

Certainly I think the difficulty with continuing to study COVID once a week, every week, is that we're really not gaining any more insight into the disease itself. I would suggest that instead of the committee's actually guiding the study, it's those folks who show up as witnesses who are beginning to guide it. I don't think that really the intent of what we're here to do. I think it's rather unfocused. Given this, it makes it very unfortunate that our continuing to belabour a point that, yes, it's bad, and, yes, we should all be immunized, etc., is not increasing our knowledge and I don't think that's in best interests of the Canadians we're trying to serve here.

Given that we also have a significant responsibility going forward to children, I would suggest using some of the time on children's health—to be determined by this committee—and especially the effects of COVID on them. I have to tell everybody that Monsieur Berthold and I had a meeting with the Canadian Paediatric Society. Their concerns about children's health with respect to COVID are significant.

One of the things I know my medical colleagues will echo with me is that we have to continue to remember that children are not simply little adults and the effects of COVID on children could be astronomical, and are heretofore unknown. I think we need to begin to hear from experts on that because it's also a subject we haven't heard much about in the public, other than on whether or not they should be wearing masks, etc., and those kinds of things. There's a multitude of things that need to be unpacked with respect to children and COVID. If we go on and add other aspects to a children's health study, then, again, we would need 50 months to study children's health alone.

To bring this back to the middle, my point is that I really believe that we are rather unfocused with respect to COVID. I would echo Mr. Barrett's comments, and Mr. van Koeverden's as well, in the sense that I think we need an update after our two weeks of constituency time. That would help us better understand where we are with COVID. If COVID is rampant, though, the question is: Is our studying it further going to be any more helpful? I'm not convinced that it is. If it's more rampant, then we have to look at what measures are going to help make it less rampant. This is not rocket science here.

Studying it more I don't think is going to help. Devoting some of that time specifically to children, among whom we have no idea of the consequences and we.... Sorry, I shouldn't say that. We heard a little bit about that from the speech language pathologist when we talked about reduced rates of children speaking and reduced literacy of children as well, so I think we need to be very cognizant. We owe it to the next generations of Canadian who are coming along. As I said, they're not just little adults. I think we need to be very aware that Canadians are counting on us to look at that.

I think the other thing that's important in this committee is that I thought that we had got beyond our early difficulties. We showed a little bit of flexibility in saying, do you want to add onto this study? Great. Let's add onto that study as well. I'm certainly happy to look at that. I don't think we can go wrong—and certainly I do not speak for the Bloc—if we look at the medical device study and we make it a larger study of looking at breast health overall. I think that's something all of us could get behind. I know I don't speak for everybody, but I think those points are germane.

I would also, though, echo Don's comments, in the sense to say we do have a very full calendar. That being said, it's very important that we understand how we can free up some time. My overall comment on that was let's reduce the amount of time we spend looking at COVID. We're not gaining any traction with respect to that and we have other very important things to study.

Thank you all for listening. I appreciate it.

• (1625)

**The Chair:** Thank you, Dr. Ellis.

Next is Mr. Lake and then Mr. van Koeverden.

**Hon. Mike Lake:** What I fear is that we're going to get into this interminable loop of conversations in committee business planning. I think we have to take some action here.

Don, with respect, you had the floor and had an opportunity to put forward one of your motions. Right now, as we're sitting here discussing the committee plan, there is no NDP motion to even discuss in the mix because you haven't moved one yet. I think you have at least four on the Notice Paper for our committee, and we'd like to hear what the NDP priority is because we don't know it right now. That would be helpful to the discussion as we're discussing what's on the table. Right now, I think four or five motions that we've passed are on the table for discussion. It would be helpful to know what the NDP priority is and I'd like to move forward.

I join the consensus that seems to be emerging around having officials come, especially three weeks from now. I really do think it's going to be important for us to get a lay of the land as we decide how we're going to move forward as a committee. We may decide that we want to dedicate more time to COVID, or we may decide, as some have suggested, that this may be redundant to other briefings and public information out there. However, we have to put something on the table.

I think dedicating two meetings to the suicide prevention hotline—and I'm not saying when they should be—should be prioritized, because it's something this committee can shed some light on. It's been a long time since we passed that unanimous consent motion. The debate didn't end when we passed the unanimous consent motion, but there's been zero action on it up to this point, and I think it's incumbent on us as a health committee to do that. We make the argument that mental health is health, so when we have an opportunity to shine a light on why something is delayed or taking so long, it's incumbent on us to do that.

We have this opportunity to invest two meetings to bring in the minister and have the CRTC come. The minister has pointed to the CRTC as the reason we can't get a hotline passed and put in motion.

It's a chance to call them as witnesses, hear from them, ask questions and have a public discussion with some of our expert stakeholders about what's taking so long. Maybe there's a really good reason. As a committee it would be good to understand that, and as parliamentarians from all sides, since this is something we unanimously agree on.

I'll throw that out there, but Don, I really look forward to hearing which of the different motions you have on notice you would like to put into the mix.

• (1630)

**The Chair:** Thank you, Mr. Lake.

Mr. van Koeverden, go ahead, please.

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

I think we are more or less all agreeing right now. We're just doing it in a political way and kind of asserting ourselves a bit, which is fine; we're politicians.

To my understanding, there are up to 16 meetings left between now and when we rise in June, and the 25th and the 27th would complete our human resources and health care study. Then on the second we could have a briefing from the Public Health Agency of Canada, at which time we can determine how many COVID meetings we need going forward. There are a lot of things that could arise and we don't know what they are. We don't need to make a decision between now and May, so we might as well not.

The next meetings could be all about children's health, they could be a mix or they could be fifty-fifty. We can do that later. I also don't think we have to concern ourselves with this too much, although we can.

I'm interested to hear from Don, as everybody else is, about what we're going to study in September.

**The Chair:** Thank you, Mr. van Koeverden.

Next is Dr. Hanley and then Mr. Davies.

**Mr. Brendan Hanley:** Thanks. I'm trying to digest what Mr. van Koeverden just said and how that all merges with this.

I want to go back to Dr. Ellis's comments, because I actually agree with him.

I think we could use COVID time.... This is different from what I said before, but if we include the effect of COVID on children as part of the COVID studies, it would allow us to catch up on some of that efficiency and hopefully fit in Mr. Lake's studies. That would allow us to keep moving. Then we could always pivot if we needed to. If something bad happens with COVID and we really need to discuss it, we could pivot and move the child health studies along. Not to throw too many things into this, but it could also be useful to move one of the health care workforce studies so that we have a COVID catch-up, as it were, the first week back. That would allow us to plan from there on.

**The Chair:** Thank you.

Mr. Davies, go ahead, please.

**Mr. Don Davies:** Thank you, Mr. Chair.



I'm flattered at all the interest in hearing what my priorities are, and I absolutely look forward to putting those forward.

To be quite frank, the reason I haven't moved any motions on a study right now is that, as I said, we had a fulsome debate a month or two ago and set the calendar to June. That's why I didn't move any motion today. I think what we're doing today is really re-examining a schedule that's already been set. Again, I haven't heard any things that would cause me to disrupt the agreement that we came to about the schedule between now and June, as important as they are.

The other thing is that it's a little bit premature for me because one of my three motions was to study substance abuse and addiction, but, of course, my colleague Mr. Johns has placed a bill before the House that deals with that subject. So if that passes—and it will be coming up for a vote, I understand, in May—it will be going to a committee for a study, whether that's ours or justice, and that's why I've held off on that.

The issue of childhood nutrition, which was in another motion I moved, has been kind of incorporated into the motion we passed on children's health, so that's been subsumed.

I also have one on breast health, which is still on the books.

I just thought it was premature to be talking about the fall. I'll certainly revisit and move some more motions and then at a certain point I'll give all of my colleagues a heads-up about which one I would like to proceed with.

I don't think we have to decide that today. Again, I'm pretty sure we're going to have to have a meeting in early June to see where we're at, because we may not be finished the children's health issue by June either, so I don't think we need to set the calendar for October and November here in the first week of April. I still think the calendar we have, as we've set it, is broad enough to encompass the concerns of everybody I've heard today.

I must say that I don't think having a watching brief on COVID is a waste of time or that we're not learning anything at all. I think there are a lot of aspects of this that are still fascinating. For instance, where are we at in terms of domestic vaccine production?

We're coming to the end of our boosting. We've heard some evidence about boosting not being a viable long-term mechanism of dealing with this. We have 45% uptake on boosters. I'll tell you that one thing I'm hearing a lot about now is long COVID, which I don't think our committee has heard any testimony on.

I could list 25 different aspects of COVID right now that are current, pressing and important to Canadians and that the committee hasn't plumbed yet. I must say for the record that I can't agree with any of my colleagues who suggest that studying COVID is a waste of time or that we have nothing left to learn.

If anybody is running out of witnesses to put forward, just fire your list over to me and I'm happy to fill up the witness spots because I have a million of them to put forward if we need to.

I think we should just stay the course. Again, I think if we stay with COVID being once a week, that gives everybody the flexibility to call witnesses on any aspect that they wish, including on chil-

dren. Then we can finish off these two very important studies, which are on human resources and on children's health. Maybe we can squeeze in the Bloc Québécois study. I'm not optimistic that can be done before June, but we could.

Mr. Lake's excellent suggestion on the suicide-prevention hotline is something that obviously we can get at in the fall. I have reason to suspect that it may even be legislated before we study it because of the unanimous agreement we had in the House on that idea.

I just think that given the volatility of COVID, I don't think it's worthwhile planning much beyond June at this point.

● (1635)

I think we should just agree to adopt the current calendar as we have it, finish that off, and be nimble, if we have to, over the weeks and months ahead.

**The Chair:** Thank you, Mr. Davies.

Mr. Jowhari, go ahead, please.

**Mr. Majid Jowhari:** Thank you, Mr. Chair.

First of all, I agree with what Dr. Ellis talked about. From this angle, from the lens that we've been looking at COVID with so far, we have gotten all the information. The fact that when we come back we'll have officials come back, who will give us an update so that we can plan going forward, really makes sense.

Also, I think there is agreement on how we should move forward. It's just on what those studies will be that I think there's a little bit of a different approach. I don't believe anybody in the committee is saying that we should stop the COVID study. From the lens that we were looking at COVID with at that time, we got the information that we needed. What we are saying is that at this time, we're going to get an update. Then we'll move on. In the meantime, let's change the lens that we are looking at COVID with.

We can definitely take the lens of looking at children. We can definitely take the lens of looking at COVID and children's mental health. That's still part of the study. It also supports what our colleague MP Davis is saying, that, look, we have a thousand things we can talk about when it comes to COVID. I think there is a general agreement between all our colleagues that we will continue on with COVID, but we will look at it periodically with a different lens.

Now, having said that, I have heard over the last half an hour about six different themes. I want to quickly tell you what my thoughts are on those, and then we'll move on.

The first theme I heard was let's continue on with COVID. We'll come back and have the officials back. I think our colleague MP van Koeverden talked about May 2. On point number one, I agree. I support it.

Then we heard about the fact that we should ensure that we are in a position where we could start giving the analysts enough time to be able to pull together the report for the human resources. On that one, I agree. The implication is that we have only two more sessions on that report. It will give them ample time for the initial report and do the translations so that we can look at it. That gives us at least one and a half sessions to be able to look at the report and make sure it's there for you to be able to submit it. Therefore, on number two, I definitely agree with what MP Barrett brought up.

We've also thought about, if I understood it, refocusing or repurposing or looking at COVID with a different lens. I've already talked about how we could look at it through a children's lens. We could look at it through a mental health lens, etc. On that one, I agree. I think we've gotten whatever we could get from that specific lens of COVID.

I also believe that we are going to get two PMBs. At least the data so far strongly suggests that we're going to get two PMBs. One is on opioids, on the NDP side, and another one, Bill C-224, is coming in from the Liberal side. Those studies, depending on when they will come to our committee, will need to get scheduled. I believe when we vote on them, it will probably be either on the first Wednesday we come back or the second Wednesday we come back. Those will probably be referred in late May or early June if they're going to this committee, and we need to be able to schedule them.

Number four is the focus on children and specifically the mental health. You know me; I advocate for mental health, so I support it. I also definitely support the hotline. That's item number five.

Finally, I think there may be an opportunity for us to have two or probably three sessions, depending on how the report goes, on the human resources, and we could take either the NDP study or the Bloc study on the medical devices.

Thank you.

● (1640)

**The Chair:** Thank you, Mr. Jowhari.

Ms. Sidhu, go ahead, please.

**Ms. Sonia Sidhu (Brampton South, Lib.):** Thank you, Mr. Chair. I agree with what Majid or Mr. van Koeverden said earlier. It seems that members want to proceed with the suggestion that we should be flexible with our topics as we plan to move forward with other topics like children's health.

I think it's also important that we look at breast health, but this is a different topic from the specific regulatory question that Mr. Thériault had in mind when he introduced it, and I hear that Mr. Davies also has it on his agenda. That sounds like another topic that

we can all get behind. Maybe we could aim to have a report done for October, which is Breast Cancer Awareness Month.

Next, we can always come back to COVID if we need to, but I think a lot of us agree that we could pause that for a little while. Mr. Davies mentioned that he had important topics he would like to hear about, so we can come back the next time and revisit it when he presents those.

We will have some room in our schedule when we come back, but we need to decide on the agenda items we have in front of us before we really consider new topics and see if we can pass this calendar as it is now and continue to be flexible when we come later.

**The Chair:** Thank you, Ms. Sidhu.

Mr. Barrett.

**Mr. Michael Barrett:** Thanks very much, Chair. I am glad to hear the comments from all of my colleagues.

With one exception, I'd like to support the calendar as it is. Then we can reassess as we need to, which is the committee's prerogative at all times. With respect to April 25 and May 2, currently April 25 we are scheduled to have the HR study, and May 2 is a meeting on COVID.

I would propose—if there's any visible consensus that can form before I conclude my remarks here, and if so then I would move a motion—that we swap May 2 and April 25. The clerk tells me that there are no witnesses scheduled for April 25 at this time. I would propose that we as a committee invite Drs. Tam and Njoo for the 25th, as well as any officials they would like to bring with them if they so choose, to provide the committee with a COVID update.

On May 2, we would have the HR study.

If making that change to the calendar is amenable to committee members, perhaps we can do it by consensus, Mr. Chair, and I won't even need to move a motion.

● (1645)

**The Chair:** And—

I'm sorry. Finish your comments there, Mr. Barrett.

**Mr. Michael Barrett:** I'll go on all day if you don't interrupt me, Chair.

I was looking for that consensus, and it looks as though there is a bit of consensus.

**The Chair:** I want you to hold off before you seek consensus, because I want the committee to be aware that if the meetings of April 25 and April 27 are not the last two meetings on the workforce study—so if we go past April 27 in terms of giving drafting instructions to the analyst—we will not be in a position to table the report in June.

If we have consensus to finish the workforce study after the 27th, everyone needs to be aware that that means a fall tabling of the report. If that's what people want, that's fine, but I want you to know that before you determine whether we have consensus on the point.

**Mr. Michael Barrett:** I appreciate that context, Chair. I would just ask then if the committee could invite our top doctors from PHAC for that May 2 meeting as was discussed by members of the committee.

That said, for today, having heard from everyone, I think we can move ahead with the calendar as it is and adjourn.

**The Chair:** Okay. We still have at least one person on the speakers list, so we're not going to move adjournment right away, as attractive as doing that may seem.

Do we have the consensus of the committee to follow the calendar on the 25th and 27th, which would mean having the last two meetings on the workforce study, and then have the COVID briefing on May 2 with Dr. Tam and officials? Is there consensus on that point? Do we need a formal motion on it?

I see thumbs up. I'm looking to—

**Mr. Don Davies:** Mr. Chair, can I just clarify...?

**Mr. Don Davies:** If I understand Mr. Barrett correctly, we're all in agreement with the calendar as is, but for that change, which is to have Dr. Tam and Dr. Njoo on the 2nd, do I understand that to be the case, or are we just dealing with that one issue? I'm unclear what...

**The Chair:** Yes, Mr. Davies.

**The Chair:** I think that is it.

Mr. Davies, the problem with adopting the calendar as presented is that there are a couple of options further down, where we see "COVID or "children's health".

I think what Mr. Barrett put forward would certainly make it crystal clear what we're going to be doing for the next three meetings, without a doubt. Once you get past that, when you get to May 4, you see an "or" in there. If we were to only do children's health, there would be a chance that we could present the children's health report in June.

I'm not hearing any appetite to stop hearing about COVID. The only question is whether it's 50% of the time or less. I guess my view is that if we adopt the calendar as is, that still merits further discussion as to how much of our future business is on which side of that "or"? Is it COVID, or is it children's health?

I think Mr. Barrett's suggestion certainly gives us clarity as to the next three meetings.

With that, we have a speakers list.

Did you want to respond to that, Mr. Davies, before I go back to the list?

• (1650)

**Mr. Don Davies:** That's very helpful. Thank you.

I have just a brief response, and maybe Mr. Barrett can clarify it.

I agree with you: I think we do need to make a couple more decisions. However, I'm still left with this idea that if the Conservatives want to hear from Dr. Tam, they can call her as a witness. That's why I'm a little confused on why the issue of dedicating May 2 to Dr. Tam—allocating a whole meeting to Dr. Tam—is not linked with whether or not we're going to have one meeting in each of the successive weeks on COVID. They are linked to me.

Now, if Mr. Barrett says that's okay, and we can agree that the rest of the calendar will have one meeting on COVID each week after that, then I would agree that we could have Dr. Tam and Dr. Njoo on May 2. If that's not the case, then I would probably not agree to the May 2 proposal.

**The Chair:** Okay. Thank you, Mr. Davies.

We're going to go now to Monsieur Thériault.

[*Translation*]

Mr. Thériault, we are listening to you.

**Mr. Luc Thériault (Montcalm, BQ):** Mr. Chair, I waited to take the floor to try to figure out how to synthesize all this.

Meanwhile, I managed to get a colleague to take my place. At times, I was afraid he would decide to run off. To keep him close to me, I tied him to the chair.

The fact remains that Mr. Davies is right. At some point, we adopted a plan. I remember that Mr. Berthold said—and this is why it appears in the work plan—that he did not want to dedicate all the time from now to June to his study, but that we could hold one or two meetings on the pandemic and on children's health, which would allow him to have a few more meetings for his study on children.

I think we have to remember what we discussed, otherwise we are losing time and going around in circles.

That said, I would like to suggest something to you before I see you again, potentially in the fall. Concerning the pandemic, I know that we initially did not really want to work like this. However, we told ourselves that any topic could be discussed at any meeting. So it may be worthwhile to operate by choosing one or two themes in order to have witnesses who could answer specific questions and to facilitate analysts' work.

If territories, provinces and Quebec ease the measures and lift them, it seems to me that we should consider endemicity conditions as quickly as possible.

That is what I wanted to say. I think we should adopt this as quickly as possible to be able to continue working as we adjust.

**The Chair:** Thank you, Mr. Thériault.

[English]

Mr. Lake, please.

**Hon. Mike Lake:** I'm just going to try to be as quick as I can.

It seems to me that we have agreement for the 25th, 27th and 2nd. Beyond that, there's no real consensus yet and we could probably talk for seven hours without getting a consensus, but we have consensus on the next three meetings.

We also have a steering committee who can meet off-line. There are two break weeks. That committee can meet on Zoom and have a conversation and find some agreement on that so we don't just sit here, again, interminably. It's the second time I've used that word.

I move that we adopt the calendar as presented for the 25th and 27th of April, and the 2nd of May.

• (1655)

**The Chair:** Thank you, Mr. Lake.

The motion is in order with the clarification that the 2nd of May will be—

**Hon. Mike Lake:** Yes, the 2nd of May will be—

**The Chair:** —Dr. Tam and officials on a COVID briefing. On the 2nd of May I think they gave us two options, so we're committing to one of them.

We have a motion. We have thumbs in the air. I believe we have consensus.

(Motion agreed to)

**The Chair:** Very good. The motion is adopted, so we have a clear path for the first three meetings.

All right, there are no further speakers on the list. There might be a couple of other things I want to raise, but I think we're getting close—

**The Clerk of the Committee (Mr. Naaman Sugrue):** Mr. Chair, I actually do have Mr. Lake and Mr. Davies on our list.

**The Chair:** Do we? Okay.

Are we back to Mr. Lake? That motion is adopted.

Mr. Lake.

**Hon. Mike Lake:** I move that we adjourn.

**The Chair:** That's not debatable.

Is it the will of the committee to adjourn the meeting?

**Some hon. members:** Agreed.

**The Chair:** We're adjourned.







Published under the authority of the Speaker of  
the House of Commons

---

### SPEAKER'S PERMISSION

---

The proceedings of the House of Commons and its committees are hereby made available to provide greater public access. The parliamentary privilege of the House of Commons to control the publication and broadcast of the proceedings of the House of Commons and its committees is nonetheless reserved. All copyrights therein are also reserved.

Reproduction of the proceedings of the House of Commons and its committees, in whole or in part and in any medium, is hereby permitted provided that the reproduction is accurate and is not presented as official. This permission does not extend to reproduction, distribution or use for commercial purpose of financial gain. Reproduction or use outside this permission or without authorization may be treated as copyright infringement in accordance with the Copyright Act. Authorization may be obtained on written application to the Office of the Speaker of the House of Commons.

Reproduction in accordance with this permission does not constitute publication under the authority of the House of Commons. The absolute privilege that applies to the proceedings of the House of Commons does not extend to these permitted reproductions. Where a reproduction includes briefs to a committee of the House of Commons, authorization for reproduction may be required from the authors in accordance with the Copyright Act.

Nothing in this permission abrogates or derogates from the privileges, powers, immunities and rights of the House of Commons and its committees. For greater certainty, this permission does not affect the prohibition against impeaching or questioning the proceedings of the House of Commons in courts or otherwise. The House of Commons retains the right and privilege to find users in contempt of Parliament if a reproduction or use is not in accordance with this permission.

---

Also available on the House of Commons website at the following address: <https://www.ourcommons.ca>

Publié en conformité de l'autorité  
du Président de la Chambre des communes

---

### PERMISSION DU PRÉSIDENT

---

Les délibérations de la Chambre des communes et de ses comités sont mises à la disposition du public pour mieux le renseigner. La Chambre conserve néanmoins son privilège parlementaire de contrôler la publication et la diffusion des délibérations et elle possède tous les droits d'auteur sur celles-ci.

Il est permis de reproduire les délibérations de la Chambre et de ses comités, en tout ou en partie, sur n'importe quel support, pourvu que la reproduction soit exacte et qu'elle ne soit pas présentée comme version officielle. Il n'est toutefois pas permis de reproduire, de distribuer ou d'utiliser les délibérations à des fins commerciales visant la réalisation d'un profit financier. Toute reproduction ou utilisation non permise ou non formellement autorisée peut être considérée comme une violation du droit d'auteur aux termes de la Loi sur le droit d'auteur. Une autorisation formelle peut être obtenue sur présentation d'une demande écrite au Bureau du Président de la Chambre des communes.

La reproduction conforme à la présente permission ne constitue pas une publication sous l'autorité de la Chambre. Le privilège absolu qui s'applique aux délibérations de la Chambre ne s'étend pas aux reproductions permises. Lorsqu'une reproduction comprend des mémoires présentés à un comité de la Chambre, il peut être nécessaire d'obtenir de leurs auteurs l'autorisation de les reproduire, conformément à la Loi sur le droit d'auteur.

La présente permission ne porte pas atteinte aux privilèges, pouvoirs, immunités et droits de la Chambre et de ses comités. Il est entendu que cette permission ne touche pas l'interdiction de contester ou de mettre en cause les délibérations de la Chambre devant les tribunaux ou autrement. La Chambre conserve le droit et le privilège de déclarer l'utilisateur coupable d'outrage au Parlement lorsque la reproduction ou l'utilisation n'est pas conforme à la présente permission.

---

Aussi disponible sur le site Web de la Chambre des communes à l'adresse suivante :  
<https://www.noscommunes.ca>