



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

44th PARLIAMENT, 1st SESSION

Standing Committee on Health

EVIDENCE

NUMBER 088

Wednesday, November 8, 2023

Chair: Mr. Sean Casey



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• (1930)

[English]

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

Welcome to meeting number 88 of the House of Commons Standing Committee on Health.

Today's meeting is taking place in a hybrid format, but as of yet, we don't have any hybrid participants.

As agreed on Monday, we are resuming debate on the motion by Dr. Ellis. You will recall that the motion was the subject of an amendment put forward by Dr. Hanley and then a subamendment by Dr. Ellis. Technically, the debate right now is on the subamendment by Dr. Ellis.

This is the motion by Dr. Ellis:

That given recent media reports that the Public Health Agency of Canada lost over \$300 million on an unfulfilled contract, the committee undertake a study of the Public Health Agency of Canada losing over \$300 million in taxpayers' money for an unfulfilled contract, the committee hold 6 hours of meetings on this matter and that each current meeting of the Health Committee is expanded by one hour, to address this matter and that the committee hear from the Minister of Health, the Parliamentary Budget Officer, the President of the Public Health Agency of Canada, the President of the Treasury Board, and officials from the health ministry, and other witnesses deemed relevant by the committee, and that hearings begin at the next available meeting, and the committee produce a report on its findings and report it to the House.

There was then an amendment put forward by Dr. Hanley:

That the motion be amended by replacing the words after the words "unfulfilled contract, the committee" with the following: "hold four hours of meetings on the government's advanced purchase agreement for vaccines with Medicago and invite officials from the Public Health Agency of Canada, Public Services and Procurement Canada, the Auditor General and Medicago."

There was then a subamendment, which is the subject of our debate this evening. The subamendment is as follows:

That the amendment be amended by adding after the word "hold" the words "up to", and by adding after the word "invite" the words "the Minister of Health and".

[Translation]

At the end of the last meeting, Mr. Thériault had the floor, so I now give him the floor.

Mr. Luc Thériault (Montcalm, BQ): Mr. Chair, do you have a hard copy of all this?

The Chair: We should print out some copies. Would you like me to suspend the meeting so that we can print and distribute the necessary copies?

Mr. Luc Thériault: Yes, Mr. Chair.

[English]

The Chair: We're going to suspend briefly to ensure that everyone has a paper copy of what I just read.

• (1930)

(Pause)

• (1940)

The Chair: I call the meeting back to order. The motion, amendment and subamendment have now been distributed in paper form.

[Translation]

Mr. Thériault, you have the floor.

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

Before the bell rang to call for the vote, at the end of our last meeting, I was saying that I had been very patient. I pointed out that I had signed the request for a meeting under Standing Order 106(4) on November 2, when journalists had already been questioning the Public Health Agency of Canada for a week. I found it curious that just as we were filing this request, the minister, as if by a miracle, started talking.

During our discussions last time, our colleague Mr. Davies said that the role of a parliamentarian was, among other things, to ask questions about governance, but above all to try to control government spending. This is the role assigned to us by our mandates. When a public health agency fails to answer simple questions, it seems to me that it's urgent to intervene.

The last time, the question of urgency was invoked. Now, there was an issue that was becoming increasingly urgent in relation to the management of the pandemic. However, this committee refused an amendment during the study of Bill C-293 which aimed to establish an independent public inquiry, under which a body could have been set up by a judge which would have had the powers normally attributed to such a commission of inquiry, such as that of subpoenaing witnesses, for example. From the moment the government doesn't want an independent commission of inquiry as the legislation prescribes, and the Public Health Agency of Canada decides not to answer simple questions about contracts, it becomes urgent to intervene.

Is a culture of omerta taking hold at the agency? Do we have to wait for the minister's signal to finally reveal what voters need to know? One hundred and fifty million dollars is not a trivial sum.

I have total respect for institutions, because parliamentary democracy requires respect for institutions. However, Parliamentary Budget Officer Yves Giroux said that, in this case, the refusal to disclose any information about a \$150 million loss is highly unusual. He would have expected the department to be able to provide at least some details. In his view, if the department can't or won't reveal the name of the company, it should at least explain the circumstances under which it happened. After all, a \$150-million loss on a contract deserves some explanation.

For the benefit of those listening tonight, let me remind you that the Office of the Parliamentary Budget Officer is an institution that is totally independent of the executive.

Kevin Page, the former parliamentary budget officer, said it was a significant total loss. He finds it unacceptable that the Public Health Agency of Canada refuses to answer our questions about how the money was spent or written off.

It seems to me that these opinions should be respected. I'm not motivated by partisanship in saying this.

● (1945)

On the other side of the room, people are implying that there are more urgent things to do and deal with. I'm well aware that the Standing Committee on Health is very busy pursuing its studies and adopting its reports. I myself have waited a long time for the study on breast implants and the creation of a breast implant registry to come to fruition. In fact, we're not far from adopting this report and its recommendations before tabling it in the House.

Our committee is very busy, but that's no reason to overlook an event like this. So I expect we'll agree very quickly that we need to do this study. We can do it as proposed in the subamendment or the amendment; but insofar as possible, I'd like to avoid doing what we did last time—let's not take a whole session to try and convince our colleagues, who still refuse an independent commission of inquiry, that we should go ahead. In fact, we're prepared to rearrange our timetable accordingly, i.e. we can do both: we can spend part of our meetings dealing with routine business, if I can put it that way, and another part dealing with this study. If we could all agree to this, it would be to the benefit of all, and especially the citizens, who are entitled to explanations.

I experienced the management of the pandemic right from the start, during the meetings of the Standing Committee on Health, with Mr. Powlowski and Mr. Davies in particular, if I'm not mistaken. For a week or two, the Standing Committee on Health was the only committee in session. Then the Standing Committee on Finance started sitting too. So it was clear that we were dealing with emergency management. I tried to examine this emergency management and ask questions responsibly. When I agreed to sit on the Standing Committee on Health, the first thing I said was that I would not use health issues to play petty politics, that I would act responsibly. I challenge anyone around the table to find a single statement of mine, after the pandemic happened, that was tinged with partisanship.

Even today, I take the floor not to delay our work, but to try to redirect things a little. It's true that we have our work cut out for us. It's true that we have important matters to deal with. However, it's

also true that the Standing Committee on Health must play its role as a check on the executive and question the management of the pandemic, especially since, I repeat, the government doesn't want an independent public commission of inquiry. Yet it could answer questions and shed light on all aspects of the pandemic.

We experienced this situation at the Standing Committee on Health. We told ourselves that it wasn't time to lay blame, but that it was time to succeed in obtaining vaccines and personal protective equipment. Mr. Powlowski was right to say so last time. We were told that the timetable for creating a vaccine, even if we sped things up, even if everyone worked together, would be between two and a half and five years. In the end, it turned out to be much faster. I also remember how, at one point, the opposition parties were urging the government to reserve vaccines. I remember that. We said we should have as wide a range as possible, because we didn't know which vaccines would work. There were various ideas about that.

● (1950)

I don't want to do the job that a commission of inquiry would do. That said, at the start of the pandemic, scientists were telling us how great it was to see information being exchanged and everyone working towards the same goal. Personally, I wondered if it would be like that right to the end. I wondered if, on the day when someone came up with a vaccine, we would continue to exchange all the information and vaccinate the whole planet simultaneously. That's not what happened. Personally, I thought there would be coordination between the World Health Organization and the rich countries, so that what finally happened would not have occurred. In my opinion, in their way of appropriating vaccines, rich countries all over the planet missed the mark.

Of course, there was pressure. The opposition parties were lobbying and asking the government if we were going to come in at the back of the queue. They wondered why the U.S. had received vaccines when we hadn't yet. This led to purchases of vaccines before Christmas, but they cost us much more than they did elsewhere.

You can see that my words are not motivated by partisanship.

I'm only talking about one episode. I remember that all the parties made a joint public statement about temporarily lifting the patents because there was a supply problem. Why were there several variants? Because people did not have access to vaccines in certain parts of the world. Since Canada, as a wealthy country, had access to a variety of vaccines to counter the variants, it began sending vaccines that were almost out of date to other countries. What's more, in these countries, the vaccine deployment chain was not yet organized, not to mention all the constraints this imposed on us. For example, vaccines had to be stored in freezers or kept cold. A lot of resources were wasted, and we couldn't take advantage of the patents to vaccinate the population on the spot. In short, we made a lot of mistakes, all over the planet, during the pandemic.

If we're not willing to rise above partisanship to shed light on the situation we experienced, determine what could have been done better and admit the mistakes we made, how are we going to manage to learn from them? Only a public and independent commission of inquiry could have led to this.

As we know, there was a global information network, which was recognized. How is it that it was ineffective and that some countries on the planet waited for the flag to be raised? Was this the responsibility of a single government, or was it the result of other decisions? A public inquiry would reveal a great deal. Still, we're not going to be able to draw any conclusions, since I don't see any willingness to hold a public, independent inquiry.

As soon as you choose to treat things à la carte, everything becomes urgent. That's effectively what we've decided to do. Because we don't want to create a public and independent inquiry, we'll see the same situation over and over again. Every time a situation arises about which we have questions, and certain government bodies maintain a culture of opacity rather than transparency, we're going to end up with timetables that are upset or mishandled, because we have to shed light on a situation. Now, when you don't want to approve a public inquiry, you can't shed light on a situation 10 years later.

There's one key word to remember from this whole story and from what I've said. When I signed this request for a meeting under Standing Order 106(4), it wasn't because I wanted to filibuster, it was because I wanted us to act with transparency.

- (1955)

The day citizens lose confidence in their institutions, we'll have only ourselves to blame, because we ourselves will have abused our institutions and failed to give them the respect they deserve. We unfortunately experienced this during the pandemic.

Some might consider that my comments are based in political philosophy or a certain conception of the state, and say that the Bloc Québécois, the Conservative Party and the NDP want to delay another very important study, but that's not what's happening. Personally, I'm trying to see if the people on the other side of the table would accept a compromise whereby two subjects would be dealt with at the same time. I'm not going to reveal things that have been said behind closed doors, but could we agree to keep the working arrangement we had behind closed doors the same when the cameras are on? That wasn't the case over the last few weeks, and we've suffered a bit for it. We could establish a work plan that consists of

following our schedule while reserving part of our meetings to shed light on this issue, even if it means adding session hours.

I can work hard. I got up at 5 this morning and haven't stopped. I'm here and we're going to finish at 9:30 p.m. That's what people expect of us, to work hard. We worked hard seven days a week during the pandemic and we continue to do so. That's what we're here for and we love it.

So I'd like us to agree to reach our goals by Christmas. We can meet our planned work schedule and still allow ourselves to get to the bottom of this issue by hearing the witnesses who would be subpoenaed pursuant to this motion.

If there were a consensus, and if I understood the suggestions made by Mr. Davies, Mr. Ellis and Mr. Hanley last time, we could hold three-hour sessions. Two hours would be devoted to studying the issues we have agreed to take forward and the reports we have to adopt; the last hour would be devoted to the appearance of a key witness so that we could ask him questions about this unfortunate revelation, and above all, about this attitude we see which consists in saying that nothing will be revealed about it. This attitude is open to criticism, and it's on this that we urgently need to ask questions.

There are people who say we knew very well who it was. In any case, if the Parliamentary Budget Officer didn't know, it wasn't all that clear, even if you can always trace it back and find the information. So it's urgent to ask questions about this culture of opacity and get to the bottom of it.

Mr. Jowhari, last time, was saying that it was wrong to claim that the \$150 million had been for nothing, since in the end it had been used to create a vaccine. We're talking about a vaccine that no one will be able to benefit from, but that's a different kettle of fish. It's a matter of interpretation. However, it would be the least we could do to allow us, as parliamentarians, to ask all the questions that need to be asked and to let all the organizations that report to the Minister of Health know that the members of the Standing Committee on Health will not let anything pass. Whenever a problem like the one we've just experienced emerges, we'll set aside time in our work to examine it, because that's our duty. That's what we were elected to do.

- (2000)

I'm going to stop here, because I'm thinking of my colleagues who are listening to me. A consensus seems to be emerging and I want to avoid looking like the one who is unduly delaying the work, which is not my objective. I may speak later in response to an intervention that might inspire me. For now, if my colleagues agree, we could vote on the subamendment, then on the amendment, and finally on the motion. The solution I propose seems to me to correspond to that expressed by Mr. Hanley, Mr. Ellis and Mr. Davies.

Thank you, Mr. Chair.

The Chair: Thank you, Mr. Thériault.

[*English*]

There are no other speakers on the speakers list for the subamendment.

Dr. Ellis has moved that the amendment be amended by adding, after the word “hold”, the words “up to”, and by adding, after the word “invite”, the words “the Minister of Health and”.

(Subamendment agreed to)

The Chair: The debate is now on the amendment as amended.

Go ahead, Mr. Perkins.

Mr. Rick Perkins: Thank you, Mr. Chair, for indulging me as an associate member of this committee.

My normal role, besides sitting with Mr. Hanley on fisheries, is as vice-chair of the industry committee. I've had a motion for a study on Medicago on the industry committee since the spring, but legislation takes precedence. We were dealing with Bill C-34 on the Investment Canada Act changes and Bill C-27, the privacy and artificial intelligence bill, so we've not had a chance to get to the motion.

That is why I think the motion here before the committee is so important. The industry committee did an examination, initially—it was tabled in June, since it was started in the last Parliament—of the response to COVID-19 in terms of vaccines, as, I believe, this committee did. I believe there are not only minister of health issues with regard to this study but also a large industry role. Unfortunately, the industry committee doesn't have time to discuss it.

You will note, in the appendix of the report tabled in the House on June 14 by the industry committee, that an agreement with Medicago was signed on October 23, 2020, to purchase up to 76 million doses of the vaccine. This is a vaccine Health Canada had approved and to which the government initially committed. It was up to \$223 million through a couple of funds, in order to develop a non-mRNA vaccine, a plant-based vaccine, which they successfully did. I think it got Health Canada approval.

The committee needs to study it for various reasons. It's not clear to us why not a single vaccine was produced, and why that contract was signed for 76 million. A great deal of provincial and federal government money went into creating that vaccine plant in Quebec City 10 years or so ago, in order to produce vaccines. My understanding, from everything I've seen, read and heard, is that, in this case, it was a successful vaccine with a fairly high efficacy rate.

This investment was made and seems to have not gone anywhere, mainly because the World Health Organization has a policy not to endorse products produced by companies that have any kind of tobacco manufacturing involvement. I think Philip Morris had 40% ownership, with Mitsubishi having the remainder. I'd love to ask both the health minister and the industry minister this: Why would you sign such a contract or even invest up to \$223 million of taxpayer money to develop a vaccine with a company that you knew the WHO would not endorse for promotion around the world? This would leave it, essentially, a Canadian domestic mar-

ket vaccine. I think there are a lot of questions to ask around that and the thinking leading up to it.

We know the thinking was about trying to develop, as MP Thériault said, domestic vaccine manufacturing capacity. A lot of money was going into it, at a very intense time in the world and in this country. In choosing to make it with this particular company, it looked to me like it was doomed to failure regarding its ability to, even if successful, be a vaccine acquired by other countries. That would ultimately be the goal in addition to our own use. Without a WHO “good housekeeping” seal of approval, it was unlikely to have any success in its sales.

In business, we call it a “sunk cost”; once it's done, you can't get it back. In this case, the sunk cost is in, so let's buy some of the vaccines and contract with it.

● (2005)

An incredible amount of taxpayer money went into this. Where are the patents? Who owns the patents? Where have they gone?

The inability of this organization, for whatever reason, to produce the vaccines in this plant that was set up, where 400 people worked, looked like it had a ray of light in December last year, when Mitsubishi bought out Philip Morris.

When that happened, I thought, okay, this is good news. Maybe this great taxpayer-funded vaccine can be produced and marketed around the world, now that it no longer has a tobacco company ownership structure. There are rumours out there of what Mitsubishi paid for that. Some have said it's as low as about \$14 million, which is incredible, given that it had almost \$200 million of federal taxpayer money with patents on a successful vaccine.

Nonetheless, we all lead a public, elected life. We're all optimists by nature, or we wouldn't be doing this job. I think we held out hope that somehow, it would be seen as a step forward.

Lo and behold, what happened six weeks later? Six weeks later, Mitsubishi shut the company down, threw 400 people in Quebec out of work—after all of that taxpayer money—and then started this dance of the questions that we started to ask.

What's happened? There's a contract to produce up to 76 million vaccines. I believe the cost was \$20 per vaccine, so what are we on the hook for as a country, to pay for a vaccine that was never produced? Where did all that investment in that IP go?

I suspect we don't know the answers to that or whether or not Mitsubishi has chosen to actually sell the Canadian-financed patents for a plant-based COVID vaccine somewhere in the world. We don't know that. We haven't had it before this committee and we haven't had it before the industry committee. This committee has the opportunity, perhaps, with its agenda to do that, which we don't in the industry committee. I would be urging members to take a look at that, because it seems to me there are at least two flaws in this process.

The first flaw is that there wasn't any protection of Canadian taxpayers when \$200 million was committed in a contract to develop the vaccine in the first place. There were no issues around the taxpayers' claim on the patents if something went south.

Somehow, as the financier of this, either through university-owned patents or through the rights of the granting councils through the SIF program—or whichever ISED program paid for this, because I believe the money came out of ISED—we were obviously so poor at negotiating contracts that we didn't get an ownership stake in that or any protection for the taxpayer if, for example.... They must have known going in that it would have had trouble being marketed because of the Philip Morris ownership. There wasn't some protection for the taxpayer from that company in the contract to give us the money back from Philip Morris and Mitsubishi for the investment or, in the case of the situation that arose, the fact that the taxpayer would actually own the patents so that they couldn't leave this country and couldn't be sold by a foreign multinational. However, it appears that's the situation we're in.

If that wasn't bad enough, obviously, the cancellation clauses were non-existent in the contract to buy the 76 million doses of the vaccine that were never produced, because we are now on the hook for another \$150 million for something that was never made. It's thin air, it's vapour, it's nothing. It's \$150 million for not even an empty vial.

There was \$200 million that went into developing the vaccine and \$150 million for absolutely nothing. Some 400 people in Quebec City are out of work, and Mitsubishi gets to walk away with all of the patents and all of the potential to sell them for the small price of a few million dollars buying out Philip Morris.

● (2010)

That's the way it appears. Maybe that's not the case. Maybe the witnesses could actually shed some light on these contracts. Maybe officials could explain to us why they signed contracts that appear to leave the Canadian taxpayer with nothing but the bill and leave a Japanese company with an innovative Canadian patented technology.

Again, because we don't have the ability to do this in Industry, we would like to get this committee to examine these things. That's why Dr. Ellis put forward the motion in the first place. I would urge that our committee members not only vote on the amendment as amended. I think that we need not limit ourselves to four meetings or six meetings. I think you have to follow the evidence and then get to the main motion so that the committee gets this on the agenda.

That's my opening. I'll leave it at that for members to consider. The numbers add up to quite a large loss to the Canadian taxpayer. To me, it's a bit of a scandal. I hope it's not. I hope we can actually get those patents back.

Thank you, Mr. Chair.

● (2015)

The Chair: Is there any further debate on the subamendment?

The amendment as amended is that the motion be amended by replacing the words after the words “unfulfilled contract, the committee” with “hold up to four hours of meetings on the government's advance purchase agreement for vaccines with Medicago and invite the Minister of Health and officials from the Public Health Agency of Canada, Public Services and Procurement Canada, the Auditor General and Medicago”.

(Subamendment agreed to)

The Chair: Ms. Sidhu.

Ms. Sonia Sidhu (Brampton South, Lib.): Mr. Chair, I have a minor but important amendment to move, which is adding “Innovation, Science and Economic Development Canada” after “Public Services and Procurement”.

Adding ISED will allow us to hear from the department that spent money on the R and D research for the vaccine offer Medicago.

Do you want me to read the full text? I just want to add “Innovation, Science and Economic Development Canada” as another witness.

The Chair: Do you mean officials?

Ms. Sonia Sidhu: Yes, Mr. Chair.

The Chair: All right, the amendment is in order.

It is to insert after “Public Services and Procurement”, “Innovation, Science and Economic Development Canada”.

The debate is now on that amendment.

Dr. Kitchen, please go ahead.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, Mr. Chair.

For clarification, when you're asking for the officials, you're also asking for the minister as well, correct?

Ms. Sonia Sidhu: No, it's just officials, because they can answer any question.

Mr. Robert Kitchen: Then I would like to maybe do a subamendment to add the minister there. Ultimately, it's the minister who is responsible for the agency.

I'm okay with what you're proposing, but I think the minister should be there to respond as well.

The Chair: I just want to get advice on whether that is in fact a subamendment or whether we would need to take it on as a separate amendment. Just hold one second there.

Okay, we have a subamendment that is in order, to add to Ms. Sidhu's amendment, "the minister and officials from".

Dr. Ellis.

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

Hopefully, everybody was paying close attention to the clarity with which Mr. Perkins brought this issue in front of the committee. I think this is very clearly a decision that did require the input of the minister of ISED. I think that having the minister here would be absolutely essential. I would urge this committee to move forward with the business we have at hand.

I also believe, as my Bloc colleague said, that we have multiple things that we need to get to and important studies that need to get done. I propose that we would have some suggestions on how we can do that and deal with this issue in front of us.

• (2020)

The Chair: We have Ms. Sidhu.

Ms. Sonia Sidhu: Thank you, Mr. Chair.

Mr. Chair, let's start with the Minister of Health, because we have four hours, we have lots of witnesses, ISED officials are coming and we can ask them questions. We can always decide on that later on.

The Chair: Is there any further debate on the subamendment?

Mr. Don Davies (Vancouver Kingsway, NDP): To be clear, is the subamendment simply to add "Innovation, Science and Economic Development Canada" or "the minister and officials from" ISED?

The Chair: The subamendment is to add the words "minister and officials from". The main amendment is "Innovation, Science and Economic Development Canada".

Mr. Rick Perkins: In support of what Dr. Ellis said, I think it's really important to have the minister here, because ultimately he was the person who had to sign off as the minister—he's been the minister for 34 months—on these contracts. Officials would have made the recommendations. He's ultimately accountable for the \$150 million that's being paid out now to the contract. He's accountable for the \$223 million that was committed to go in. While the Minister of Health has a role in the process of whether or not the vaccine works, the industry minister is the one who had to fund it.

Officials aren't accountable for the dollars. Ultimately, it's the minister. I would encourage members to please keep the industry minister there. We won't have a chance, as I said, to look at this in the industry committee. We're going to be dealing with PIPEDA and Bill C-27 until February or March.

The Chair: Is there any further discussion on the subamendment to add the Minister of Innovation, Science and Economic Development?

(Subamendment agreed to)

(Amendment as amended agreed to [*See Minutes of Proceedings*])

The Chair: Now we're on the main motion as amended.

We have Mr. Davies.

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

Between the original motion of Dr. Ellis and the amendment of Dr. Hanley and the various subamendments, there has been some movement in who we're calling. I noticed that in Dr. Hanley's amendment they added the Auditor General, and I don't think the Auditor General was in the original motion. I'm curious about what role or testimony the Auditor General may have in this.

Some of my colleagues could maybe advise on whether the Auditor General had any involvement in this matter. If they did, that's fine, but if the Auditor General did not have any involvement, then I may end up moving that we remove the Auditor General.

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

Mr. Chair, I would first like to welcome MP Perkins. I think that was the first time we heard the evidence presented on this matter very clearly. I would like to thank you for the number of times you made a reference to the investment that was made, the results that it yielded and the money that was paid, which we don't understand why.

You talked about the patent ownership, protection for the taxpayer and walk-away clauses. We have PSPC reviewing these documents. We must have considered this with other vaccines. I'd like to know whether we entered into the same contract for other vaccine producers. You talked about the Philip Morris ownership and how potentially \$173 million or \$200 million got decreased to \$14 million. I'd love to know that. You also discussed cancellation clauses. That was great.

That crystalized what I was trying to point out in our last meeting: that there is a preamble that, I think, if used, will diminish all the points you highlighted and that I have carefully noted here.

I'd like to move the motion that we delete "That given recent media reports that the Public Health Agency of Canada lost over \$300 million dollars on an unfulfilled contract, the committee undertake a study of the Public Health Agency of Canada [losing] over \$300 million in taxpayers' money for an unfulfilled contract" and replace it with "That the committee study the vaccine advance purchase agreement with Medicago, that the committee hold up to four hours of meetings on the government's advance purchase agreement with Medicago and invite the Minister of Health" and then carry on with the rest of all these subamendments that we've done. I believe the preamble is not representing the evidence that was discussed. I don't want to talk about facts because we don't have facts, but the evidence that's before us—and you clearly pointed all of it out—is not fairly represented in the preamble.

I move that the preamble be removed and be replaced with "That the committee study the vaccine advance purchase agreement with Medicago," and the rest is as it was amended.

Thank you.

• (2025)

The Chair: One moment, please.

• (2025)

(Pause)

• (2025)

The Chair: Thank you, Mr. Jowhari.

I'm sorry for that pause. I wanted to get straight just exactly where we stand in terms of the amended motion, because it seems to me that your proposed amendment arises from some confusion over what has already been amended.

What we are now debating is the amended motion. What we are now debating is this: "That given recent media reports that the Public Health Agency of Canada lost over \$300 million dollars on an unfulfilled contract, the committee" hold up to four hours of meetings, and so on.

The preamble, to use your words, that is still retained, that is still before the committee and that is the subject of this debate is: "That given recent media reports that the Public Health Agency of Canada lost over \$300 million dollars on an unfulfilled contract,". Dr. Hanley's amendment basically changed all the words after "the committee", two words later.

It strikes me that on the amendment that you just proposed, Mr. Jowhari, there's a bit of an overlap. I want to be clear on what the amendment is and that we're not amending something that's already been amended.

• (2030)

If you can perhaps repeat the nature of the amendment that you want to propose, we'll see if we can work through this.

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

I'm replacing, "That given recent media reports that the Public Health Agency of Canada lost over \$300 million on an unfulfilled contract". I believe what you're saying is that "the committee undertake a study of the Public Health Agency of Canada losing over \$300 million in taxpayers' money"—

The Chair: That's already gone.

Mr. Majid Jowhari: That's already gone. Okay.

What I'm suggesting, then, is that I would replace, "That given recent media reports that the Public Health Agency of Canada lost over \$300 million on an unfulfilled contract" with the following: "That the committee study the vaccine advance purchase agreement with Medicago".

The rest would be as is, as amended.

The Chair: Mr. Jowhari, here's the problem. If adopted, the amendment you have proposed would mean that this is what we will be considering: "That the committee study the vaccine advance purchase agreement with Medicago, the committee hold up to four hours of meetings on the government's advance purchase agreement for vaccines with Medicago and invite the Minister of Health".

I guess what I'm saying to you is that what you are proposing to add for wording is already there. It was contained in Dr. Hanley's amendment.

I'm sure that's not your intention. I believe your intention is to remove the preamble. The words you want to replace it with are already included in Dr. Hanley's amendment. Therefore, that is the motion we are currently debating.

• (2035)

Mr. Majid Jowhari: You are 100% right, Mr. Chair.

At the time I made the amendment, I wasn't sure whether Mr. Hanley's amendment would go through.

I'm just asking for the preamble to be removed, because I think this is a very worthy study for us to do.

The Chair: To be clear, the amendment that is now being proposed is to delete the words, "That given recent media reports that the Public Health Agency of Canada lost over \$300 million dollars on an unfulfilled contract".

That leaves us with, "That the committee hold up to four hours of meetings on the government's advance purchase agreement for vaccines with Medicago", and then it goes on to the witness list.

Is that the amendment, to take out the words?

Mr. Majid Jowhari: I think our side would like about a two-minute suspension.

The Chair: I think that's a great idea. Let's have a huddle and get all this figured out. I think it may move more expeditiously once everyone knows what we're talking about.

[Translation]

The Chair: Mr. Thériault, you have the floor.

Mr. Luc Thériault: Mr. Chair, could we also take the opportunity to obtain the wording in French?

The Chair: Yes, absolutely.

• (2045)

[English]

The Chair: I call the meeting back to order.

An updated version on paper of the motion as amended has been circulated.

The amendment proposed by Mr. Jowhari is that the words “given recent media reports that the Public Health Agency of Canada lost over \$300 million dollars on an unfulfilled contract” be deleted.

The debate is now on that amendment.

Go ahead, Dr. Ellis.

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

I think it's clear to everyone on this side that this is an attempt at a gross and negligent cover-up by our Liberal colleagues. We all know on this side that \$300 million of taxpayers' money was wasted. Again, it was hidden deep in a document that I brought last time, which was about four inches thick. It was somewhere around three-quarters of the way through it in a font of about six or eight. This smells of exactly the same ilk.

Canadian taxpayers can no longer stand for this. The sunny ways and transparency of this Liberal government have gone long and far and deep into some dark, dank cave. The sadness that brings to taxpayers who, today, suffer with the inability to feed themselves, keep a roof over their heads and pay for home heating fuel is evident to everyone here. Everyone who has constituents living in some part of this country will soon be very cold. They'll be colder in some places than others. Perhaps except for Mr. Davies, we know the rest of us will be very cold this winter.

That being said, losing \$300 million and then trying to hide \$150 million of that, and now trying to limit the study such that the scope of it would be incredibly narrow once again is just a method to lose transparency, which is the spirit of what we were trying to get to here in this committee. That is something that we are all here to do, as representatives of Canadians.

I know every Liberal member on that side of the House is faced with constituents having affordability problems. How do I know that? It's mostly because we hear that when we're not sitting here in public meetings. We hear that their constituents are suffering, whether they want to admit that in public or not. We know that the potential for a flip-flop with respect to that from our Liberal colleagues is very significant.

We on this side will not stand for the deletion and limitation of this study. Once again, as I made the plea to our committee members before, there is a significant amount of work that the committee needs to get to. We know that Mr. Davies has a women's study which he's made very clear has not been studied in this committee for decades. It is something we need to get to.

These tactics that we now see, trying to cover up \$150 million and trying to limit the scope of this study on where the money went and how it was lost in such an incredible fashion, again, are intolerable over here. Hearing that our colleagues want to once again limit this study is intolerable. It's also impeding the work of this commit-

tee to move forward on important topics, as I said, such as the women's health study and the opioid study, and finishing the study on breast implants and the children's health study, etc.

I would invite my Liberal colleague to withdraw his motion. We can then vote on this and get to the important work of the committee, which we know we have to get to as soon as possible.

Thank you, Chair.

• (2050)

The Chair: Go ahead, Dr. Hanley.

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

I wanted perhaps for the record to correct a couple of misconceptions that may be relayed from Dr. Ellis's intervention.

First of all, we're talking about a preamble here, so nothing has changed in the scope of the study.

Mr. Stephen Ellis: So just leave it the way it is—

Mr. Brendan Hanley: Excuse me—I think I have the floor.

Mr. Stephen Ellis: You do indeed.

Mr. Brendan Hanley: Thank you.

The scope has not changed at all. I just want to correct any misleading interpretation that people may have had from listening to Dr. Ellis.

This is all about the preamble. To set the context right, no one is questioning the need for some accountability here and proceeding with the study as it is clearly written out in the amended motion.

The reason that we have concern over leaving the preamble as it is is that it implies that there is \$300 million that was lost, which is not true. There's a conflation there between two different figures. I must say that Mr. Perkins described the case I think quite clearly, as he has obviously studied this well, and perhaps Dr. Ellis can learn from that.

Therefore, the \$300 million as written in the preamble is misleading. That's the reason for just clarifying and simplifying this motion.

The Chair: Please go ahead, Mr. Perkins.

Mr. Rick Perkins: Thank you, Mr. Chair.

I agree with Mr. Hanley. The \$300 million is misleading, because it's more than that. It's not less. It's actually more: \$173 million spent on developing the vaccine and \$150 million spent on not receiving a vaccine, in addition to the money invested by the Government of Canada in building the facility itself 10 years ago.

An OPQ on this issue was submitted on February 7. It asked, with regard to the government's \$173-million funding for Medicago, announced in 2020, “...does the government or Mitsubishi Chemical Group own the intellectual property developed as a result of this funding?” The government's response was, “In projects supported by the strategic innovation fund”, which is what this was funded by, “the Crown does not have an ownership interest in intellectual property resulting from the project, nor will the Crown acquire new rights in existing intellectual property owned or licensed....” It goes on to explain how it works.

I would argue that the number should probably be higher in the preamble than what it is here. I think Dr. Ellis was correct and knew that when he originally drafted the motion.

I would also draw attention to the end of the motion, which says, “calls on Medicago”. I would suggest an amendment that changes that to “Mitsubishi Chemical Group”, because Medicago does not exist anymore. Mitsubishi Chemical Group is the company that owns the intellectual property.

To me, it's disappointing that it's only four hours. I don't know how you get all these witnesses you've talked about and have any adequate examination of where \$300 million, \$400 million or \$500 million went, in four hours. I don't think that does justice to taxpayers, in terms of getting to the bottom of this. You all are much better questioners than we are in the industry committee, perhaps, if you get this information out in little five-minute jaunts.

I also believe you should leave yourselves open to examining what is needed regarding witnesses. Reserve the right to invite more witnesses and take the time you need to get to the bottom of this. Ultimately, that should be the goal of the committee: to find out what happened, not limit the number of hours this is studied. Get the appropriate witnesses. As we know, once you get witnesses and question them, in all likelihood it will lead you to more questions and perhaps other people or companies we're not aware of that were involved in this and that need to be examined.

Finally, any discussion around the contract.... As long as everybody here understands we're talking about the flow of government money, including the investment in developing the vaccine and all the terms around those contracts from the strategic innovation fund...then, the payments from the strategic innovation fund to sign the contracts, in order to purchase the actual vaccines.

I know I've said a lot there. At a minimum, I propose an amendment, making it “Mitsubishi Chemical Group” that is called on, for accuracy.

● (2055)

Mr. Majid Jowhari: Yes, that's fine.

The Chair: Mr. Perkins, we have two problems.

One, you're an associate member, so you can't move a motion. You can participate.

Two, that amendment would be in order once we deal with the one we're dealing with, because it isn't a subamendment. It's an entirely different one. The wrong person presented the amendment at the wrong time. Otherwise, it's good.

Mr. Jowhari, go ahead, please.

Mr. Majid Jowhari: I am just acknowledging that a member who has moved an amendment cannot amend his own amendment.

What I'd like to suggest as a compromise is this: If we replace the word “lost” with the word MP Perkins used—“invested”—I'm very comfortable with this. I will move “Mitsubishi”, as well. I would suggest, if we all agree, “That given recent media reports that the Public Health Agency of Canada invested over \$300 million dollars on an unfulfilled contract, the committee”, and add “Mitsubishi” to it. I'm just replacing the word “lost” with the word

“invested”. That's the word MP Perkins used, and I think it's the appropriate word.

I don't know whether I have to withdraw that amendment and table another amendment.

The Chair: We would need unanimous consent for you to change the words in your own amendment.

Do we have unanimous consent to change the word “lost” to “invested”?

An hon. member: No.

The Chair: Mr. Davies, go ahead please.

Mr. Don Davies: I have a few comments.

I'm not 100% sure how important the motion is.

What's most important here is that we actually get the motion passed so that we can get the officials here to explain the issue. However, to me, the fact that it says “given recent media reports that the Public Health Agency of Canada lost over \$300 million dollars” is not an assertion that it did happen. It's an assertion that the media has reported that, which is a fact.

I don't really see what the import of Mr. Jowhari's problem with it is. What we do know for sure, because it's been conceded, is that \$150 million was spent and lost for new vaccines. That's been conceded publicly by the Public Health Agency of Canada. Mr. Perkins seems to have the figures quite accurately, but my understanding is that there is a further \$173 million, which was invested by a different source, a different fund, to construct the facilities that Medicago was to produce the vaccines in.

My understanding of that is that it may or may not be lost. I've read recent media reports that suggest that the Mitsubishi Chemical Group is in the process of winding up the assets of Medicago. I'm not exactly sure what the legal status of Medicago is, if it's bankrupt or if it's.... I think it is shut down in a vernacular..but I don't know what its legal status is. There could be assets there to satisfy recovery of some of that. I don't know.

I'm still not exactly sure how much of that \$173 million, if any, can be recouped, but that's a fair question.

I don't think that the motion is stating as a fact that that's lost, so I think the motion is fine the way it is. In any event, it still gives both the Liberals and the opposition the ability to explore that without it being categorically stated in the motion.

I also support adding the Mitsubishi Chemical Group because, depending on Medicago's status.... It could be bankrupt; it could be wound up. I'm not sure what its legal status is. If we just add "Medicago/Mitsubishi Chemical Group", or "Medicago and Mitsubishi Chemical Group", so that it's broad enough that we could have whoever is the operating, directing mind of those assets at this point, I think that would be prudent.

I never really did hear an answer about the Auditor General, but I did hear inside talk with Ms. Sidhu, who believes that the Auditor General.... I know the Auditor General did write a report that looked at the way the Public Health Agency of Canada dealt with vaccines. I'm not convinced that this report specifically dealt with this issue. I think that it may have gone around that, but I'm happy to have the Auditor General tell us otherwise or appear here and explain.

• (2100)

The Chair: Dr. Powlowski.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): I'm personally fine with Don's suggestion that we put "Medicago/Mitsubishi Chemical Group".

The second thing is that, yes, I, too, would like to get on to a vote so that we can get on to more important things.

The third is just on how many sessions and on Rick's comment on having more than two sessions. I just spent a couple of meetings with OGGO, and it was really interesting. It was a real inquisition into the ArriveCAN app, into who contracted with whom, into who subcontracted and into who said what. It was very different from what we are used to at the health committee.

We have a bit of expertise on the health committee. Between those of us who worked in health care and people who have been on this committee for a long time, I think we do a good job of looking at medical questions.

Certainly, we have some big questions coming up in terms of cancer screening in women and the opioid crisis, so although this is a good question and I fully welcome the transparency on what happened in this contract, I think it's probably best left to a committee that is used to doing that kind of work. That would leave us to do what we've done in the past: look into medical issues. There is also importance in doing that, not just in looking at all the government contracts.

The Chair: Dr. Hanley.

Mr. Brendan Hanley: Thank you, Mr. Chair.

I'm happy for this to go to a vote soon.

Just for the record, I have two things.

One is Don's question about the Auditor General. The Auditor General did review the contracts and made comments, including specifically on the Medicago contract. That's why we had suggested including the Auditor General.

The second thing, again for the record, is that the media reports were about the loss of \$150 million. I recognize that there is this total spending of over \$300 million, but part of that was the investment. I agree that we need to clarify the status of that. It's just the accuracy of the preamble, again. That's why I wouldn't support it as written, but it's a preamble.

The Chair: There are no further speakers on the list.

What is before the committee is this: That the motion be amended to delete the words "given recent media reports that the Public Health Agency of Canada lost over \$300 million on an unfulfilled contract".

(Amendment negated)

The Chair: Is it the will of the committee to entertain another amendment with respect to the identity of Medicago/Mitsubishi?

Mr. Davies.

• (2105)

Mr. Don Davies: Yes, Mr. Chair.

I would add at the very end of the motion where it says "and Medicago".... I don't know if you want to put "Mitsubishi Chemical Group" or if it's better to say, "the Auditor General, Medicago and Mitsubishi Chemical Group". It's probably better to do the latter.

I would put a comma after "Auditor General", remove the "and", then have it say "Medicago and Mitsubishi Chemical Group."

The Chair: Is everybody clear on the amendment?

(Amendment agreed to)

The Chair: We are now on the main motion as amended.

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

The Chair: All right, colleagues, the next item on our agenda is to suspend and to move in camera for consideration of a couple of committee reports.

It's Mr. Davies and then Dr. Ellis.

Mr. Don Davies: I'm in the committee's hands. I think it might be prudent for us to actually spend the next 20 minutes scheduling the meetings between now and Christmas. I'm hoping that's what Dr. Ellis may be suggesting.

I propose that we deal with the children's health study before we start with the Patented Medicine Prices Review Board study. We're an inch away from finishing the children's health study, and it would be a first look at the PMPRB.

I have spoken with my colleagues, and I think there's unanimous support. If we do deal with a study next, I'd move that we go to the children's health study first.

I'll cede the floor and see if Dr. Ellis wants to talk about scheduling meetings.

Mr. Stephen Ellis: That sounds great. Let's schedule some meetings and talk about the children's health study. Let's get moving.

The Chair: Is it the will of the committee to talk about planning future meetings in public? It's more efficient to do it in public, but it's normally done in camera.

Mr. Majid Jowhari: Let's do it the efficient way.

The Chair: Okay. Just let me set the stage, and then I'll hand it over to Mr. Kitchen.

In terms of the calendar we adopted, a whole bunch of things have intervened since we adopted it, which is what has necessitated this discussion. Basically, we have eight meetings—and I would suggest more likely seven meetings—scheduled before the Christmas recess.

What had previously been agreed to was that the next two meetings would be meetings held in camera to deal with three draft reports: children's health, oversight of medical devices and the PM-PRB. The women's health study would commence on the 27th for four meetings, and the study on the opioid epidemic—for which, I will remind you, there has not yet been a motion adopted—would begin on the 11th.

We have Dr. Kitchen.

• (2110)

Mr. Robert Kitchen: Thank you, Mr. Chair.

There have been discussions around the table in looking at this. One of the things that we think needs to be done as quickly as possible is getting started on the women's study and using the six parameters that Mr. Davies has proposed. There is also the urgency of the Medicago issue that we're dealing with right now.

We have eight two-hour meetings after the break when we come back, on Mondays and Wednesdays. It's challenging to try to get those four hours of the Medicago study done at the same time as getting started with the women's study, and staying in it instead of going in and out, and at least getting a good solid base to it. The discussion was about adding an extra hour to the meetings, if possible. We've had that discussion around the table, recognizing that Wednesdays that go until 9:30 at night are really a challenge, but perhaps we could add the extra hour on the Mondays.

I'm proposing that we start with the first meeting of two hours with Medicago on the Monday, followed with two hours on the women's study on the Wednesday, and then, in the next week, two hours on the women's study on the Monday and on the Wednesday. Then, in the next week, we would go to the opioid study and do two hours on that, plus an extra hour at that time.

Hopefully, Chair, that would give you a chance to try to arrange for us to get that extra hour. At the same time, as it's a big challenge to get ministers to come on short notice, we would have time to

maybe get the Minister of Health or the Minister of Innovation and Science.

Next, then, the Wednesday study would be two hours with the women's study, and then on the final Monday we would go back to the opioid study, plus the one hour with, hopefully, a minister, etc., in that extra hour. We would then finish on the Wednesday with the women's study.

We would need, in the new year, to be coming back to focus on the women and opioid studies, but at least we'd have a good foundation on the women's study as well as the opioid study, as well as getting to Medicago as quickly as possible.

The Chair: If I understand correctly, you are proposing that we shelve the three draft reports until the new year.

Mr. Robert Kitchen: I hadn't factored that in.

[*Translation*]

The Chair: Mr. Thériault, you have the floor.

Mr. Luc Thériault: Thank you for bringing that up, Mr. Chair, because it was starting to curl my hair, even though it's very short.

We certainly did a colossal job on the first version of the report regarding the monitoring of medical devices used for breast implants. We adopted all the recommendations. I think the committee's adoption of this report is just a formality. It would simply be a matter of the analysts sending us the latest version. We could then read it and adopt the report very quickly. I think we've waited long enough, and women have waited long enough too. We need to finalize this.

I propose that we settle this issue at the next meeting, which is November 20. If I'm not mistaken, Mr. Chair, the process requires that you then present the report to the House of Commons within 48 hours. It would be important to sort this out.

This may be self-serving, but I'm convinced that if everyone does their work beforehand, before we get to committee, I think we could even finish dealing with this report in half an hour. To miss out on that would be irresponsible, in my opinion.

I just wanted to raise that point.

For the rest, I'm open to proposals, but not on this issue. For once, we have worked effectively, quickly and consensually. I think women deserve that.

• (2115)

[*English*]

The Chair: Ms. Sidhu.

Ms. Sonia Sidhu: Mr. Chair, I like Mr. Thériault's point because this is such a confusing agenda.

The Chair: We'll have Mr. Davies and then Dr. Kitchen.

Mr. Don Davies: I'm sorry, I missed a little bit of what Mr. Thériault said. I'm sure that I'm going to agree with the thrust of it, which is that we want to finish at least two of the reports that are very close to being finished. They are the breast implant registry and the children's report. Both have been going on for a long time.

The Chair: His preoccupation was with the first one.

Mr. Don Davies: If we act in good faith, we can finish both reports in an hour for each. The only amendment I would make to the suggestion of Dr. Kitchen is that on November 22, which is the Wednesday we come back, we don't have to start the women's study there. We should have that meeting dedicated to the children's health study and the breast implant registry study and endeavour to finish those two off.

The PMPRB study is one that we can kick off in the new year. At least we can finish the two studies that have been done. We haven't even started the PMPRB yet. It was my motion and the issue is largely academic at this point, so that can wait. The breast implant registry is something that we ought to finish. The children's health study has been over a year. I don't even want to say when we first started it.

That would be Medicago on Monday the 20th, finishing those two reports on November 22, and then the rest would be as Dr. Kitchen has specified. Women's health would start on November 27 and 29. December 4 would be the opioids for two hours, then one hour of Medicago.

Again, I think we need to clarify whether we can do that extra hour on the Monday. I'm happy to do it, but I know it's a question of resources.

Mr. Chair, I raised this at the last meeting. I think you very prudently exhibited some reservation on that. I don't know if you have any more news to share with us about whether we can get an extra hour on Monday. Assuming we can, then the women's study is on the 6th, and then opioids for two hours and one hour on Medicago on the 11th. Then it's the women's study. That gives us four on the women's study, two on the opioids. It allows us the chance to finish the two reports and to honour the motion we just passed today on Medicago.

I think it satisfies everybody's interest to a large degree.

The Chair: If I can summarize what I think is a consensus, on the 20th, we will start the examination of the study that we just adopted today, the one with respect to the advance purchase agreements. On the 22nd, we would meet in camera to deal with children's health and with the medical devices reports.

Bear in mind, please, that the children's health report is version one. Once we get through version one, there will be a version two, which we may be able to deal with quickly and maybe not. Anyway, the 22nd will be an in-camera meeting for draft reports.

The 27th would be the departmental officials on women's health, and the 29th would be women's health.

On your question with respect to getting an extra hour, the suggestion that's been put forward leaves us with enough time to make the ask. As soon as we have an answer, we'll let you know. It's possible but not guaranteed is what I would say.

The 4th would be two hours of opioids and one hour of the advance vaccine contracts. The 6th would be women's health, the 11th would be the same as the 4th, two hours on opioids and one hour on advance vaccine, and then the 13th would be on women's health.

One outstanding matter that we can deal with when appropriate, and probably the best slot is the 22nd, is that we are planning to do an opioid study for which there has not been a motion adopted. We're going to need to set the parameters, whether it's the motion that was debated but not passed by Dr. Hanley or something else. We've debated a few of them.

Dr. Hanley.

• (2120)

Mr. Brendan Hanley: Quickly, I was just going to suggest that we adopt the motion that I previously brought to committee. We could endlessly debate the wording. I know that Dr. Ellis loves to play with some of the words and—

The Chair: There has been a motion put on notice. It has been debated but not adopted.

Is it the will of the committee to adopt the motion of Dr. Hanley that has been put on notice on the subject of the opioid crisis?

Mr. Davies.

Mr. Don Davies: Can it be read quickly?

The Chair:

That, pursuant to Standing Order 108 (2), the Committee undertake a study of the opioid epidemic and toxic drug crisis in Canada and specifically look at the impacts of measures that are being taken, and additional measures which could be taken, to address the toxic drug crisis, reduce harm, and save lives. That the Committee holds a minimum of eight (8) meetings on this study, including one (1) meeting with an explicit focus on the toxic drug crisis in indigenous, rural, northern, and remote communities, and that at least two (2) meetings be conducted after September 30th, 2023 to allow for the committee to hear evidence related to British Columbia's drug decriminalization experiment. That the committee present its findings and recommendations to the House and that the committee request a comprehensive response to the report by the government.

Is there any debate on that motion?

Go ahead, Dr. Hanley.

Mr. Brendan Hanley: I'm wondering whether the dates as written are still relevant, because there's a mention of December.

The Chair: The only date that's mentioned in the motion is September 30, and the only reason it's there is to say that the study, to the extent that it talks about British Columbia, should happen after that. It's fine because we're past it.

(Motion agreed to)

The Chair: Mr. Davies.

Mr. Don Davies: Since violent agreement is breaking out this evening, I'll keep that train running, I hope.

I was going to suggest that in order to facilitate the opioids study, we generally commence every study with a report from department officials. It would help the analysts, I'm sure.

Why don't we slot in the report from the department officials on December 4 on opioids?

The Chair: Is everybody okay with that?

Some hon. members: Agreed.

Mr. Don Davies: Let's pick a date for getting witnesses in. Maybe all we need to do is submit witnesses for the 11th. It's only one meeting. We'll be breaking through January anyway.

If we can just agree on a date to get witnesses in for the 11th, we can pick out a date later on to get witnesses in for the remaining seven meetings.

Mr. Majid Jowhari: I suggest the Friday of the week we come back, by noon.

The Chair: That is the 24th at noon, for the first tranche of witnesses on the opioid study. This is for the witnesses who are going to appear on the 11th, please.

• (2125)

Mr. Don Davies: Mr. Chair, we can all put in witnesses beyond that, too, if we want, but all we really have to schedule for is the 11th, and I'd rather get that done tonight.

The Chair: We'll get some witnesses by the 24th, please.

Go ahead, Dr. Powlowski.

Mr. Marcus Powlowski: There are two things.

One is, on the opioid study, we previously had conversations about travel for that. I think this is one study that would really benefit from us finding out what other jurisdictions have done. We've already talked about Portugal. I would say Vancouver, Portland or other places we may want to visit. I know we need to have all-party agreement, so maybe the opposition can think about whether they're willing to do that and where we would want to go.

The other question was on the Medicago study. That means on Monday the 20th, we're going to have two hours, with or without the ministers.

The Chair: For the 20th, we have a list of witnesses we need to invite, and it will depend on their availability. I think there are two ministers on that witness list. My expectation is whenever the ministers say they're available, that's when we'll take them, and we'll take everyone else...anyone we can get.

If one or both the ministers are available on the 20th, great. If not, we'll fill it with the rest of the list.

Also, travel involves quite a bit more than just agreement here. There's another level of approval required, so if there's going to be travel, there should be some discussions held among committee members as to what it might look like, how long it might take and when it might happen, because this committee then has to make a proposal to another body in order to access those funds.

I appreciate you raising the topic, but there's going to need to be some work done before we can advance that.

Go ahead, Dr. Ellis.

Mr. Stephen Ellis: Thanks, Chair.

Certainly, if Dr. Powlowski wants to submit a proposal for that, we'd love to see it and we're happy to entertain it.

I motion to adjourn, Chair.

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

Some hon. members: Agreed.

The Chair: We're adjourned.

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