



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

45th PARLIAMENT, 1st SESSION

Standing Committee on Health

EVIDENCE

NUMBER 017

Tuesday, December 9, 2025

Chair: Hedy Fry



Standing Committee on Health

Tuesday, December 9, 2025

• (1105)

[English]

The Clerk of the Committee (Aimée Belmore): Honourable members of the committee, page 1043 of *House of Commons Procedure and Practice* stipulates that, “In the absence of the Chair and vice-chairs...the committee clerk must preside over the election of an acting chair before the committee can begin its work.”

I am ready to receive motions to that effect.

Ms. Konanz.

Helena Konanz (Similkameen—South Okanagan—West Kootenay, CPC): I nominate MP Corey Tochor.

The Clerk: It has been moved by Ms. Konanz that Mr. Tochor be elected as acting chair of the committee.

Is it the pleasure of the committee to adopt the motion?

(Motion agreed to)

The Clerk: I declare the motion carried and Corey Tochor duly elected acting chair of the committee.

I invite Mr. Tochor to take the chair.

The Acting Chair (Corey Tochor (Saskatoon—University, CPC)): Good morning, everybody.

It's an honour to be in the health committee.

I call this meeting to order.

Welcome to meeting 17 of the House of Commons Standing Committee on Health.

Today's meeting is taking place in a hybrid format. Everyone's familiar with those rules.

There is translation available on all the mics.

We have a little bit of housekeeping to do. We need to pass the budget for today's meeting in the amount of \$500.

Some hon. members: Agreed.

The Acting Chair: Moving on to the importance of our witnesses, we are going to hear from a couple of different folks here. We will start with the Department of Health.

Department of Health, the floor is yours for five minutes.

Greg Orencsak (Deputy Minister, Department of Health): Thank you, Mr. Chair.

Honourable members, I appreciate the opportunity to be here before the committee today.

My name is Greg Orencsak. I am the deputy minister of health. I'm pleased to be here on behalf of the Honourable Marjorie Michel, Minister of Health, to present an overview of Health Canada's proposed spending under the 2025-26 supplementary estimates (B).

[Translation]

I will take a few moments to outline the key initiatives associated with the new proposed spending for Health Canada.

[English]

Health Canada is seeking a net increase for this fiscal year of over \$1.6 billion by re-profiling from future-year approved funding, bringing authorities for the department to date to just over \$12.3 billion.

[Translation]

Those investments support the department's role in improving access to care, promoting equity and delivering services that Canadians rely on.

[English]

A significant portion of this increase is a re-profile of already committed—

[Translation]

Andréanne Larouche (Shefford, BQ): Mr. Chair, I have a point of order.

[English]

Corey Tochor: Go ahead on your point of order.

[Translation]

Andréanne Larouche: There's no interpretation.

[English]

Corey Tochor: All right; we'll get that looked at.

Could someone speak in English, please?

[Translation]

Andréanne Larouche: It's good.

[English]

Corey Tochor: Can you hear me correctly?

[Translation]

Andréanne Larouche: It's okay now, but I missed a few sentences from the interpretation.

[English]

Corey Tochor: All right.

I paused your time.

I'll turn the floor over to our witness.

Greg Orencsak: I was talking about the Canadian dental care plan. A significant portion of the increase that is being reported is a re-profile of already committed funds to support the Canadian dental care plan. The department is seeking access to this already committed \$1.6 billion in funding for the plan this year, which has already helped millions of Canadians access oral health care.

• (1110)

[Translation]

The Canadian dental care plan is a relatively new program. Our forecasts indicate that demand will be higher this year than originally forecast, since many people who now have access to dental care haven't received it for a number of years.

[English]

This is expected to stabilize in later years once those immediate needs have been treated. Consequently, we are shifting existing committed and available resources to better align with projected program use. Over time, improved access to dental care is expected to reduce pressure on the overall health care system, including fewer emergency care visits for conditions better treated in a dental setting. More broadly, the Canadian dental care plan represents a structural shift in access to oral health care in Canada with expected long-term benefits for population health and system sustainability.

Another targeted transfer is \$100,000 from the Public Health Agency of Canada to support the national drug toxicity indicator harmonization pilot. This funding enables the Canadian Centre on Substance Use and Addiction to work with drug-checking partners across provinces and territories to develop a national, harmonized approach to collecting, analyzing and reporting drug-checking data. This pilot will test and validate comparable indicators, improve national consistency in reporting and support the identification of patterns and trends in the drug supply across different regions of Canada.

[Translation]

This work strengthens how risks related to drug supply are detected and tracked, which enables faster and more coordinated public health responses.

[English]

Mr. Chair, the investments set out in these supplementary estimates (B) support Health Canada's ongoing work to strengthen the health system and protect the health and safety of Canadians.

[Translation]

They are intended to strengthen the system's capacity, that is, to strengthen programs, systems and partnerships that enable efficient service delivery that is tailored to meet needs.

[English]

Thank you for the opportunity to appear before you today.

The Acting Chair (Corey Tochor): Thank you very much.

Now we'll move on to the Public Health Agency of Canada.

Nancy Hamzawi (President, Public Health Agency of Canada): Thank you, Chair and honourable members, for inviting us before your committee today.

My name is Nancy Hamzawi, and I am the president of the Public Health Agency of Canada.

[Translation]

Andréanne Larouche: On a point of order. There's no interpretation.

[English]

The Acting Chair (Corey Tochor): Yes, we'll sort this out.

[Translation]

Andréanne Larouche: It's good. I can hear it again.

[English]

Corey Tochor: I will ask our witnesses to talk a little bit more slowly. That might help our interpreters.

Please continue.

Nancy Hamzawi: Thank you.

I am also accompanied by colleagues, Dr. Natasha Crowcroft, vice-president, infectious diseases and vaccination program branch; Stephen Bent, vice-president of regulatory, operations and emergency management branch; and Rod Greenough, our agency's chief financial officer.

[Translation]

It is an honour to be here to speak to some recent items included under supplementary estimates (B), as well as current key areas of focus within the Public Health Agency of Canada, or PHAC.

[English]

Before I touch on the items in the supplementary estimates, I would like to take a moment to recognize and thank the outstanding team of dedicated professionals I have the privilege of working with at the Public Health Agency of Canada. Every day, our agency colleagues demonstrate an unwavering commitment to public health and public service that drives our work forward to secure the health and well-being for all people in Canada.

[Translation]

PHAC is seeking a total of \$67.5 million through the supplementary estimates (B). Highlights include funding of \$47.6 million for pandemic vaccine preparedness, specifically the procurement of AS-03 adjuvant, a critical ingredient for the pandemic influenza vaccine.

This funding will strengthen Canada's pandemic readiness posture and security of supply, protecting the health and safety of Canadians through timely access to vaccines in the event of an influenza pandemic.

• (1115)

[English]

Additionally, these estimates include one funding re-profile totalling \$16.9 million, which supports the strategic priorities and long-term capital planning undertaken by the National Aboriginal Head Start Association of Canada. Shifting this funding into 2025-26 is critical to ensure uninterrupted delivery of high-quality, culturally responsive early learning programming for indigenous children living off-reserve in urban and northern communities, and to support implementation of the association's long-term capital plan.

These investments through the supplementary estimates, however, represent only a small portion of the agency's important work.

The proposed spending will support a strong public health system that contributes to Canada's economic and national security.

PHAC's focus is to ensure a strong defence against a wide range of public health threats.

[Translation]

PHAC plays an important health security role for emergency preparedness, more broadly, including to chemical, biological or nuclear incidents, or natural disasters with health consequences.

Recognizing the contribution of resilience to overall well-being, PHAC is also supporting innovative community-based intervention projects in over 200 communities.

[English]

From our world-class and highly specialized laboratory facilities to our capabilities to detect, understand and act on public health threats, the Public Health Agency of Canada collaborates closely with provinces, territories and indigenous partners to prevent, prepare for and respond in real time to public health events. While we fulfill an important federal role, we do so with strong community engagement to foster trust in public health and be responsive to the diversity of needs across the country through a health equity-driven approach grounded in the best available scientific evidence and data to guide action.

Mr. Chair, it is a privilege for my colleagues and me to appear before this committee and to respond to your questions on the work we are doing to safeguard the health of Canadians.

Thank you.

The Vice-Chair (Dan Mazier (Riding Mountain, CPC)):
Thank you.

We go now to the Canadian Food Inspection Agency with Mr. Ianiro for five minutes, please.

Robert Ianiro (Vice-President, Policy and Programs Branch, Canadian Food Inspection Agency): Mr. Chair, good morning.

My name is Robert Ianiro. I am the vice-president of the policy and programs branch at the Canadian Food Inspection Agency.

[Translation]

Mr. Chair, honourable members, thank you for the opportunity to appear with you today.

I am pleased to be here to present an overview of the Canadian Food Inspection Agency's, or CFIA's, proposed spending under the 2025-26 supplementary estimates (B).

[English]

The Canadian Food Inspection Agency, CFIA, has a vision to be a global leader in food safety, and in plant and animal health protection. By keeping Canada's food safe and protecting our animal and plant resources, the agency can also help businesses contribute to, grow and support Canada's economy. The CFIA is a science-based regulator with a dual mandate to protect and enable trade. Our primary responsibility is to safeguard Canada's food supply, and plant and animal health. At the same time, we play a vital role in enabling trade to support the economic resilience of the agriculture and agri-food sector.

At the core of the agency's work is enforcing and verifying compliance with regulations to support safe food, and animal and plant health. The agency's work essentially consists of enforcing regulations and verifying compliance with those in order to promote food safety, animal health and plant protection. The CFIA is also committed to doing its part to contribute to the government's agenda of red-tape reduction and regulatory modernization.

Budget 2025 will deliver generational and transformational investments for agriculture and agri-food stakeholders. These important investments include over \$150 million for the CFIA to support the government's trade diversification strategy. This funding will modernize digital trade tools and services, including AI integration. It will also increase market access for Canadian agriculture, agri-food, fish and seafood. In addition, it will address trade barriers, improve regulatory co-operation and promote greater market entry.

To build on this important investment and further support the transformational commitments in budget 2025, we have submitted the following supplementary estimates.

The CFIA is proposing a net increase of \$9.1 million, bringing our total authorities to just over \$959 million. This includes \$1.4 million in new funding for advancing the interprovincial and interterritorial trade of food in Canada. The supplementary estimates are also proposing net transfers to the agency of \$7.7 million for activities in the areas of plant protection and market access support.

• (1120)

[Translation]

The investments outlined in the supplementary estimates (B) reflect our ongoing commitment to delivering real results for Canadians.

These investments will help the CFIA to continue its vital work in safeguarding the food we eat, protecting our plants and animals, and supporting trade and market access, all of which builds a stronger foundation for Canada for the future.

The CFIA is committed to doing its part to help to build Canada strong and support our world-class food, plant and animal producers to share their products around the globe.

Thank you again for the opportunity to appear before the committee. I'd be pleased to take your questions.

[English]

The Vice-Chair (Dan Mazier): Thank you.

For our last testimony, we have Mr. Moore from the Canadian Institutes of Health Research for five minutes.

[Translation]

Jeff Moore (Acting Executive Vice-President, Canadian Institutes of Health Research): Mr. Chair, members of the committee, thank you for the opportunity to appear before you today.

My name is Jeff Moore, and I'm the acting executive vice-president of the Canadian Institutes of Health Research, or CIHR.

I'm pleased to be here today to present an overview of CIHR's proposed spending under the 2025-26 supplementary estimates (B).

[English]

I am joined today by Jimmy Fecteau, our chief financial officer at the agency.

In the supplementary estimates, CIHR is requesting an overall increase of \$3.4 million—

[Translation]

Andréanne Larouche: Mr. Chair, I have a point of order.

[English]

The Vice-Chair (Dan Mazier): Excuse me. I'm sorry, but translation is way off in the distance, as if you don't have a microphone.

[Translation]

Andréanne Larouche: It seems to be working. Can we start again? The interpretation had stopped.

[English]

The Vice-Chair (Dan Mazier): Thank you.

Proceed.

Jeff Moore: In these supplementary estimates, CIHR is requesting an overall increase of \$3.4 million, bringing its proposed authorities to date to nearly \$1.4 billion. This increase reflects several transfers from other departments and agencies to strengthen research that directly improves the lives of Canadians. This includes \$1.3 million from the Natural Sciences and Engineering Research Council to build innovation capacity through the college and community innovation program. Another \$1 million from Employment and Social Development Canada will support research on the health and well-being impacts of school food programs across the country. From Indigenous Services Canada, \$500,000 will support the work of the indigenous youth services network, part of a new Canada-wide learning health system in integrated youth services. There are two transfers from the Department of Canadian Heritage, including \$400,000 to mobilize research regarding the health of female athletes and \$250,000 to support health research for franco-phone communities across Canada.

Mr. Chair, the investments outlined in the supplementary estimates reflect CIHR's commitment to impactful research that contributes to better health for all Canadians and to thriving communities from coast to coast to coast.

• (1125)

[Translation]

They also reflect our agency's renewed emphasis on collaboration for impact, and our role as a leader, partner and convener across Canada's health research and life sciences ecosystem.

CIHR would welcome the opportunity to further support the committee in its ongoing work and to discuss potential avenues to contributing to a healthier and more prosperous Canada.

Once again, thank you for the invitation to appear before you. I'd be pleased to take your questions.

[English]

The Vice-Chair (Dan Mazier): Thank you.

That ends our round of presentations, so we'll start off with some questions. Being in the chair, I will kick off the first round of questions for six minutes.

My first question is for Ms. Weber.

On October 2, you testified at this committee that no funding from Health Canada was being used to purchase crack pipes. Do you still stand by this answer today?

Kendal Weber (Assistant Deputy Minister, Controlled Substances and Cannabis Branch, Department of Health): I really appreciate the opportunity to clarify the funding that goes from Health Canada to harm reduction projects.

While Health Canada does not directly purchase harm reduction supplies, Health Canada does provide funding to community organizations that do invest in prevention, harm reduction and treatment projects. That funding can be used for harm reduction supplies to minimize the transition—

The Vice-Chair (Dan Mazier): Ms. Weber, it's a pretty direct question. Is any of the funding from Health Canada being used to purchase crack pipes? It's just a yes-or-no answer.

Kendal Weber: I appreciate the question.

Yes, we do provide funding to community organizations for harm reduction tools, including pipes.

The Vice-Chair (Dan Mazier): Health Canada stated that it does not track individual expenditures and is unable to provide a breakdown of how recipients spend funding under the substance use and addictions program and the emergency treatment fund.

If you do not track individual expenditures, how do you know that no federal funds were used to purchase crack pipes?

Kendal Weber: I did say that funds do go to community organizations, and I did say that they are used by those organizations to purchase harm reduction products, such as pipes.

The Vice-Chair (Dan Mazier): You mean like crack pipes.

Kendal Weber: That's right, and we provided examples of that in our written response. We do not track individual expenses down to the minute level, but we do, in fact, track categories of expenditures, and those do include harm reduction equipment. We did report that back in the written answer in detail.

The Vice-Chair (Dan Mazier): According to Health Canada, funding under the substance use and addictions program and the emergency treatment fund can be used to purchase smoking kits. Is that correct?

Kendal Weber: That is correct. It's similar to the pipes. Harm reduction tools can be purchased with the funding for harm reduction.

The Vice-Chair (Dan Mazier): What substances do you think addicts smoke out of smoking kits that Health Canada is funding?

Kendal Weber: There are a variety of different substances.

The Vice-Chair (Dan Mazier): What kind?

Kendal Weber: I wouldn't want to assume that.

The Vice-Chair (Dan Mazier): You wouldn't want to assume that. You're in charge of funding these sites. You must know one type of drug. Would fentanyl be one in your experience?

Kendal Weber: In one of the programs we did provide an answer to the written question, and it was for meth. There was a program in the pilot—

The Vice-Chair (Dan Mazier): Meth. According to your own department, actually 48% of the usage is fentanyl.

Kendal Weber: It can be fentanyl, but I don't want to speak—

The Vice-Chair (Dan Mazier): It's over half the time.

Kendal Weber: We know that fentanyl is one of the most harmful substances on the street. It's illicit fentanyl.

The Vice-Chair (Dan Mazier): It is.

Kendal Weber: That is correct. Providing those harm reduction tools is fundamental.

The Vice-Chair (Dan Mazier): Are you aware that many drugs are smoked with foil, including heroin, fentanyl, crack cocaine, crystal meth and some crushed pills, yes or no?

Kendal Weber: Yes. I do imagine they are used....

The Vice-Chair (Dan Mazier): Has Health Canada funding been used to buy foil kits for drug use, yes or no?

Kendal Weber: In the listing I have seen, I do not recall foil. We do provide money for harm reduction tools, so I do suspect some have purchased foil. I don't have that in front of me, but I could go back to the written question we provided where we listed the harm reduction tools that organizations did use spending for—

• (1130)

The Vice-Chair (Dan Mazier): During my recent visit in Kelowna, I saw a vending machine on a public sidewalk that dispensed drug supplies such as crack pipes and foil. No ID for screening was required. It was quite remarkable. I could just walk up and hit a number, just like a regular vending machine.

Is Health Canada aware that these vending machines are operating in Canada, yes or no?

Kendal Weber: Those machines are providing clean—

The Vice-Chair (Dan Mazier): Are you aware?

Kendal Weber: —harm reduction tools.

The Vice-Chair (Dan Mazier): Is Health Canada aware that these are operating—

Sonia Sidhu (Brampton South, Lib.): I have a point of order, Mr. Chair.

Mr. Chair, when you are sitting as a chair, you have to be very—

The Vice-Chair (Dan Mazier): What's your point?

Sonia Sidhu: My point is that when you're sitting as a chair, anybody—

The Vice-Chair (Dan Mazier): What is your point?

Sonia Sidhu: The point is that you have to be neutral.

The Vice-Chair (Dan Mazier): Thank you. Duly noted. It's my time.

Sonia Sidhu: Thank you. Please be respectful.

The Vice-Chair (Dan Mazier): Ms. Weber.

Kendal Weber: I don't recall from the listing we provided in the written response that we funded vending machines, but I do know that community organizations are supplying through vending machines to enable access at all hours so there's the reduction of the transmission of infectious disease or harm.

The Vice-Chair (Dan Mazier): Ms. Weber, do you honestly think Canadian taxpayers want their money to be used for crack pipes, meth pipes and fentanyl pipes?

Kendal Weber: The funding is for harm reduction in response to this toxic drug crisis we are facing.

The Vice-Chair (Dan Mazier): Do you think taxpayers would be pretty happy about that?

Kendal Weber: The money is going to organizations that are in the community—

The Vice-Chair (Dan Mazier): To buy crack pipes....

Kendal Weber: —that are responding to support vulnerable individuals who are using—

Maggie Chi (Don Valley North, Lib.): I have a point of order, Chair.

Please let the witness have time to answer.

The Vice-Chair (Dan Mazier): Okay.

Corey Tochor: That's not a point of order.

The Vice-Chair (Dan Mazier): Ms. Weber, has any funding from Health Canada's substance use and addictions program been used to purchase controlled substances for drug use, yes or no?

Kendal Weber: For a period of time, the substance use and addictions program funded prescribed alternative projects. In very few cases—I think, in fact, three—where the actual projects did not have drug coverage from the province, prescribed alternatives were funded for a short period. In general, the pharmaceuticals are funded by the drug programs in the provinces and territories.

The Vice-Chair (Dan Mazier): Ms. Weber, Health Canada's own website describes supervised consumption sites as places where people can “bring their own drugs to use, in the presence of trained staff.” Does Health Canada require that a licensed doctor or nurse be physically present whenever drugs are being consumed at these sites, yes or no?

Kendal Weber: No, there are health practitioners on site at different times and on different shifts. The requirements vary by operation. Did you say a nurse practitioner? To give you a 100% answer on that, I would have to get back to you to confirm that or not.

The Vice-Chair (Dan Mazier): Thank you very much. If you could table all that, that would be great.

That's six minutes.

We move on to our next questioner, Mr. Eyolfson.

Doug Eyolfson: Thank you, Mr. Chair.

Thank you all for coming.

Ms. Weber, I know the issue of harm reduction, in general, becomes very contentious. There's a lot of misinformation regarding whether this facilitates drug use or whether people are more likely to use drugs because these programs are here. The medical evidence shows it's just simply not.... That's never been verified.

Am I to understand that the increased use of things like pipes for smoking for certain drugs was to help decrease the incidence of infections due to IV use?

Kendal Weber: That's a good question. I'd have to get back to you with that answer.

I could turn to the Public Health Agency to see if they have anything to add. No.

Sorry, did you say the correlation between pipes and intravenous use?

Doug Eyolfson: We heard testimony from other groups, which may not have been in this committee, that there are public health experts who have said that by introducing the use of methods to smoke such drugs as fentanyl in supervised consumption sites, they are less likely to have infections that they would get from intravenous drug use.

Kendal Weber: Well, the supply is evolving, and how individuals use the drugs is evolving. It can depend on the individual. I think health practitioners would understand that whether it's intravenous use or pipe use, it depends on the individual and the evolution. We're ensuring that there are harm reduction tools that are there to support the individuals, regardless of the means they're using.

Natasha from the Public Health Agency has something to add.

• (1135)

Doug Eyolfson: Please go ahead.

Dr. Natasha Crowcroft (Acting Chief Public Health Officer and Vice-President, Infectious Diseases and Vaccination Programs Branch, Public Health Agency of Canada): I can confirm that the reduction in injections does reduce the risk of injection sites, which don't occur with drug inhalation or substance inhalation. It also reduces the risk of antimicrobial-resistant organisms for the same reason.

Thanks.

Doug Eyolfson: All right. Thank you.

Given the cost of such infections to the system, would this change be likely to actually decrease what the taxpayers are paying for health care?

Kendal Weber: Do you mean by decreasing harms?

Doug Eyolfson: Yes.

Kendal Weber: Definitely. With regard to decreasing harms, there would be less impact and cost on the health care system.

Doug Eyolfson: Okay. Thank you.

There was a question about whether Health Canada has been funding the purchase of certain devices. We are reminded very often that direct health care decisions are a provincial responsibility. Is it at the provincial level that authorities are deciding which supplies to buy for harm reduction?

Kendal Weber: Decisions can be made across all jurisdictions. Provinces and territories can make those decisions. We also provide funding to municipalities. Public health officials in those municipalities or in indigenous communities would be making decisions about the purchase of public health supplies, which can include harm reduction tools. It's across all levels of government—municipal, provincial and territorial, and then indigenous organizations as well.

Doug Eyolfson: Okay. Thank you.

So federal agencies are not deciding directly that this money is to be spent on “this” device, such as crack pipes.

Kendal Weber: Health Canada is not. We're transferring money to other jurisdictions. I must note that Corrections Canada will be making decisions about purchases, so I can't say Government of Canada across the board. We do know that Corrections “may” purchase. I can't speak for them, so I do need to keep it broad. At Health Canada we transfer the money to municipalities and also to provinces and territories.

Doug Eyolfson: All right. Thank you.

At this point, Mr. Chair, I'd like to move the following motion:

That the committee invite the Minister of Health and the department officials to testify before the committee, by February 6, 2026.

The Vice-Chair (Dan Mazier): Do you have it on hand?

Doug Eyolfson: Yes. I believe this is available in both official languages.

It's on the supplementary estimates.

The Vice-Chair (Dan Mazier): Do we have a copy of that, Clerk? Yes.

Has it been circulated? Okay.

As long as we have a copy of it, I can seek UC.

Madame Larouche, do you have a copy of this motion?

[*Translation*]

Andréanne Larouche: Mr. Chair, I'll see if I have it.

• (1140)

[*English*]

The Vice-Chair (Dan Mazier): Mr. Eyolfson.

[*Translation*]

Andréanne Larouche: I'm looking for the motion. I have a motion from Mr. Mazier and a motion from Mr. Bailey. The interpreter says she doesn't have the motion.

[*English*]

The Vice-Chair (Dan Mazier): Can you read the motion again, please, Mr. Eyolfson?

Doug Eyolfson: Yes.

The motion is, “That the committee invite the Minister of Health and the department officials to testify before the committee, by February 6, 2026.”

The Vice-Chair (Dan Mazier): Isn't that exactly what our motion was?

Doug Eyolfson: The wording is different.

The Vice-Chair (Dan Mazier): They just did it now.

[*Translation*]

Andréanne Larouche: Mr. Chair, I had understood that it was on February 6, but it's ultimately by February 6. It's the same motion as the ones proposed by Mr. Mazier and Mr. Bailey, then. I'm a little confused.

[*English*]

The Vice-Chair (Dan Mazier): Since it's so similar and we have agreement on that one—

Doug Eyolfson: Mr. Chair, this is a new motion.

The language in the first one has the implication of the minister failing to appear by a certain time, which is somewhat misleading, given that this was sent by the date requested because of a very limited time period.

This simply removes that and says, “That the committee invite the Minister...and the department officials to testify before the committee, by February 6, 2026.”

The Vice-Chair (Dan Mazier): Is everybody in agreement with that? It just took out some wording, in case the minister doesn't show up.

(Motion agreed to)

The Vice-Chair (Dan Mazier): Thank you, Mr. Eyolfson.

We are moving on to Ms. Larouche.

You have six minutes.

[*Translation*]

Andréanne Larouche: As long as the minister is appearing, and it's similar, I'll accept it.

[*English*]

The Vice-Chair (Dan Mazier): We will continue on. We have UC for that.

Ms. Larouche, you have six minutes to ask questions.

[*Translation*]

Andréanne Larouche: Thank you very much, Mr. Chair.

I'd like to start with the officials from the Department of Health.

Right now, the crux of the matter is funding for transfers. Quebec and the provinces are calling on the federal government to increase its share of funding to 35% of health care costs.

Why doesn't the department provide for any structural increases to health transfers in supplementary estimates (B)?

My question is for you, Mr. Orencsak.

[English]

Greg Orencsak: Through the Working Together plan that's in place, Quebec will receive \$38.3 billion in federal funding over the next 10 years. Of that, \$31.7 billion would be through the Canada health transfer and approximately \$6.6 billion would be through bilateral agreements to advance shared health priorities.

[Translation]

Andréanne Larouche: That isn't a structural increase in health transfers. There was none in the last budget.

On another note, page 350 of the budget announces cuts of around 15% for Health Canada.

In light of skyrocketing health care costs and needs, how are you going to manage that 15% loss, which is no small matter?

[English]

Greg Orencsak: In terms of the section of the budget you're referencing, those projected reductions do not involve transfers to the provinces and territories. Budget 2025 made clear that the Government of Canada continues to protect those health transfers, including the commitments made and the 10-year numbers I referenced through the Canada health transfer and the Working Together agreements.

Those savings and reductions referenced in the annex of the budget do not impact funding to provinces and territories for health care.

• (1145)

[Translation]

Andréanne Larouche: Maintaining services despite the cuts is always easier said than done. That's still 15% less funding. That's what it says on page 350.

I'd now like to turn to the officials from PHAC.

We're currently doing a study on antimicrobial resistance. There are staff cuts at the National Microbiology Laboratory, or NML. Those cuts could also compromise the capacity to monitor infectious diseases. That was part of an article that discussed budget cuts at the Winnipeg lab. There were 140 temporary NML employees whose contracts weren't renewed because of federal budget cuts.

People are sounding the alarm as a result, since it's feared that 245 lab technicians will also be affected by the cuts.

What would PHAC have to say about that and the risks it may entail?

Nancy Hamzawi: Thank you very much for the question.

In terms of the recalibration of PHAC's activities, there was a total cut of 10%, but the NML's cut was lower than the rest of the organization, that is, about 4%. That recalibration is related to the temporary COVID-19 fund. Now that we have less pressure related to the COVID-19 response, we have completed the term contracts for those employees. Those employees didn't have indeterminate

contracts; they had term contracts that were entered into on March 31.

In terms of the NML's operations and capacity, budget cuts have been made in areas where the federal government doesn't have any obvious responsibility or where there are duplicates with other provincial or territorial organizations.

We're certain that the cuts haven't had any significant impacts on our activities.

Andréanne Larouche: The question was still about the consequences that this would have.

I'll end with some questions for you, Mr. Orencsak.

There are still going to be budget cuts at the NML that could have an impact. Health transfers aren't being respected.

Does your department acknowledge that federal underfunding directly contributes to staffing shortages, delays in access and pressures in hospitals in the provinces and Quebec?

[English]

The Vice-Chair (Dan Mazier): Be very brief, with a quick answer.

Greg Orencsak: I would like to reiterate that federal transfers are continuing as committed through the Working Together plan and the CHT, so there would be no further impacts.

The Vice-Chair (Dan Mazier): Thank you.

We go now to our second round and Mr. Bailey for five minutes.

Burton Bailey (Red Deer, CPC): Thank you, Chair.

This first question is for the deputy minister, or the assistant deputy minister for controlled substances. Is any money spent by the Department of Health on encouraging recovery?

Kendal Weber: Health Canada does fund projects and programs across prevention, harm reduction, and treatment and recovery.

Burton Bailey: Treatment and recovery, okay.

You talk about harm reduction and crack pipes, but how does a crack pipe do anything for harm reduction? I'm not following this. Is it a transmission thing?

Kendal Weber: That's right; it's regarding infectious disease. You can imagine that whether there's sharing of pipes or needles between individuals, or multiple use or whatever the case may be, a clean tool reduces the harms to the individual, and then when they are looking for help or support, they're able to, you know, turn—

Burton Bailey: There's something that just doesn't add up. You say you're decreasing harms. Why are needle injection injuries up even though we are handing out needles and crack pipes? Our hospitals are showing there's been a sharp increase in needle injection injuries, and these are serious. Do you have any thoughts on that?

• (1150)

Kendal Weber: I'm not aware of the data on the needle injuries. Is that a stat you have nationally?

Burton Bailey: No, I'm speaking provincially, specifically in Alberta.

Health Canada enables, and the provinces are promoting, recovery. In Alberta, we have been looking at how these safe injection sites really don't promote any type of recovery. You say that they are for harm reduction, but in Red Deer, where my riding is, the safe injection site has decimated our downtown. We've lost hundreds of businesses. There's one business that loses \$8,500 a day due to shoplifting from visitors to this safe injection site.

I would like to know how that is really harm reducing, because all we're seeing is more injection injuries. As for the crack pipes, I can't wrap my head around how that makes a difference.

I can tell you that some of the examples... How many reports regarding threats to public health or public safety has Health Canada received about illegal hard drug consumption sites?

Kendal Weber: I think we tabled a response in a written question. We were asked about the complaints that we received for the supervised consumption sites. We did provide that in a written answer.

Burton Bailey: Okay.

Kendal Weber: I wouldn't go through it right now. It would be time-consuming, but we did table that.

Burton Bailey: You received 201 reported complaints.

Is that right?

Kendal Weber: That's right. Some of them are general. Some of them are related to loitering. There were a number of complaints that we listed in the response.

Burton Bailey: Okay, so it's safe I guess to assume far more complaints have been received regarding these sites.

Kendal Weber: More than...? I don't know what the comparison is.

In fact, we—

Burton Bailey: It's your data.

Kendal Weber: I didn't say "more than". We listed the actual complaints in that listing.

The question asked us if we received complaints, and then we listed them by supervised consumption site in the written response.

Burton Bailey: Drug dealing, aggression, property damage, public nuisance, breaking in, littering, among others, are cited but according to Health Canada "In most cases, complaints do not relate to infringements of public health or public safety, but are general statements of views regarding the presence of the site."

Would you not consider, Ms. Weber, any of the previously mentioned complaints like drug dealing, property damage, break-ins or aggression a threat to public safety?

Kendal Weber: The response that we've provided outlines where there were issues like you listed, and then there were some

that were general concerns, and that may be a footnote that you had read.

Just to be clear, they are concerning complaints and that footnote applies to the general inquiries.

Burton Bailey: It's exactly what we're seeing in Red Deer, so if you think it's okay for Canadians to be put through this threat and decimate our downtowns....

I'll be back with some more questions.

Thank you, Chair.

The Vice-Chair (Dan Mazier): Thank you, Mr. Burton.

We'll go to Ms. Chi for five minutes.

Maggie Chi: Thank you, Chair.

Thank you, officials, for coming in on such a frigid day.

My question is for Ms. Weber. I'm sorry, it's another round of questions for you.

Could you explain the health care rationale behind harm reduction—you mentioned that quite a bit in your testimony—and specifically how it reduces communicable diseases and prevents costly hospitalization from injuries and infections?

Kendal Weber: I will turn to my public health colleagues from the Public Health Agency and to the acting chief public health officer. She could give you a better description of the public health advantages that come from harm reduction tools.

Natasha Crowcroft: The rationale is that by providing a safe setting in which to use substances, that's a clean setting with clean equipment, you reduce transmission in several ways. For example, I've been involved in a tuberculosis transmission that was through nasal use of substances. It's not just about injection. Any access to substances can lead to the transmission of infectious diseases.

If you've ever seen the environments of addicts who don't have the ability to access a clean setting to use the substances that they're addicted to use, those settings are ideal for the transmission of all sorts of infectious diseases.

It's sometimes described as a syndemic, where this group in the population who are very vulnerable, very poor and have poor nutrition are mixing together often with other people who are using. They often have been subject to all sorts of disadvantages, which means they may not be vaccinated against recent childhood immunizations, for example. Therefore, there is a list of outbreaks that are linked to the use of substances, including outbreaks of diphtheria, for example, and the spread of antimicrobial resistance. They are all linked to that environment in which the uses occur.

• (1155)

Maggie Chi: Just to be absolutely clear, the program or the approach exists to keep folks alive until they're connected to treatment and care, so they are on the path to recovery. Is that correct?

Natasha Crowcroft: In the context of the toxic drug crisis, keeping them alive is critical, so if they do have an issue, there are people on hand to help them. It's very clear that the help they get saves lives.

Maggie Chi: Correct me if I'm wrong. I've seen the data and the data has been pretty positive—we haven't seen death. That means the program is working and it's connecting folks to the proper care that they need.

Natasha Crowcroft: The harm reduction program saves lives, yes.

Maggie Chi: Excellent.

Also, I want to clarify the federal role in harm reduction. Is it correct to say that Health Canada's role is limited to providing evidence-based guidance, reviewing exemptions and supporting public health goals rather than procuring and distributing supplies?

Kendal Weber: Yes. I would say that we do provide contribution funding to municipalities, non-governmental organizations and also provinces and territories for supplies. I would add that to the list.

Maggie Chi: In my last minute, I will turn to CIHR.

I just want to pick your brain on the funding that you've mentioned in your request through the supplementary estimates. Through your collaborative approach, what are you seeing the benefit of and what are the roles? Just describe it in general.

Jeff Moore: Are you referring to overall funding or the funding identified through the supplementary estimates (B)?

Maggie Chi: I mean through the supplementaries. You mentioned you had transfers from multiple departments. I want to see your collaboration efforts through that.

Jeff Moore: One of the goals of CIHR is to look at how we can collaborate for impact. We're seeing that through a lot of the efforts with other government departments. A good example is ESDC. I talked about the school food program there where they're actually transferring money to us and we're delivering that funding through one of our scientific institutes with their scientific director. We're looking at evaluating their school food programs, so that the impacts are from a learning health systems perspective, grounded in evidence and in science. That just gives you one example of how we're working very closely with certain departments.

Also, we received some money from—

The Vice-Chair (Dan Mazier): That's good. Wrap it up.

Jeff Moore: Maybe I'll just stop there then with that example.

The Vice-Chair (Dan Mazier): Thank you. I'm sorry I had to cut you off, but we have reached five minutes.

Madame Larouche, go ahead for two and a half minutes.

[Translation]

Andréanne Larouche: Thank you very much, Mr. Chair.

Before going on, I'm going to ask you some questions, Ms. Weber.

A few questions have already been asked, but I'd like to come back to them, because we're talking about a contaminated drug crisis.

Is any part of the supplementary estimates aimed at strengthening the monitoring of opioids and illicit substances?

[English]

Kendal Weber: I can start and then I can turn to the Public Health Agency, which has an extensive surveillance program.

We do monitor the substances that are being used across the country, by provinces. The Public Health Agency also has an extensive surveillance of harms caused by opioids. They monitor hospitalizations and deaths.

At Health Canada, we also monitor waste water. A more recent program with investments from our border strategy includes us engaging in memorandums of understanding with municipalities and indigenous communities across the country to monitor the waste water for chemicals—over 500 substances.

• (1200)

[Translation]

Nancy Hamzawi: From—

Andréanne Larouche: I would ask you to answer quickly, please, because I have another question.

Nancy Hamzawi: Ms. Weber gave the broad outlines of our monitoring capacity, which is really deployed in co-operation with the provinces, territories and municipalities. It includes death counts and emergency department responses. We have a simulation model that shows what we're seeing and compares our observations to future possibilities based on trends observed to date.

We recently concluded work with our provincial and territorial colleagues to understand the factors behind the trends that we're seeing in this significant crisis.

Andréanne Larouche: What investments are planned to improve the analytical capacity of federal laboratories?

Can anyone answer in 5 or 10 seconds?

Nancy Hamzawi: I don't have the exact figures, but their budget is essentially the same, minus about 4%.

[English]

The Vice-Chair (Dan Mazier): You have another 45 seconds. It's two and a half minutes.

[Translation]

Andréanne Larouche: Is the requested funding enough to address the gaps identified in the cannabis market's oversight?

[English]

Kendal Weber: Are you asking for the exact amount we have put into regulating cannabis?

[Translation]

Andréanne Larouche: Yes.

[English]

Kendal Weber: I don't have that right at hand. It would take me a second to look for it, and I don't want to use your time, so I can provide a written answer.

We do regulate cannabis, the licensing of cannabis and public health and education. I will table the exact number after the fact.

The Vice-Chair (Dan Mazier): Thank you.

Ms. Konanz, you have five minutes.

Helena Konanz: Thank you, Chair.

Ms. Weber, we've talked a lot today about providing crack pipes and other drug use material. If an individual comes to use these illegal hard drugs over and over again, are they simply allowed to continue to do so, or does Health Canada encourage these individuals to stop using drugs?

Kendal Weber: Our strategy for supporting individuals during a crisis is a full continuum. It's prevention to encourage and to ensure that people do not start using the drugs, it's harm reduction when people are using the drugs and it's treatment and recovery, and then also, of course, enforcement, so the full continuum of activities is key.

Helena Konanz: Thank you.

I wanted you to know that in my huge riding and in Okanagan, there is no treatment available. What would you suggest should happen to the people who are continually given drugs but have no treatment available?

Kendal Weber: An important role that the provinces and territories play in the country is health care system delivery, and the transfers that go to the provinces and territories are also used for substance use and treatment.

Helena Konanz: Maybe we shouldn't be continuing, because I know you said you're monitoring the drug supply but you aren't checking to see whether the full continuum is actually happening.

Kendal Weber: We work with provinces and territories and we work with municipalities and non-governmental organizations. The provinces and territories play the primary role and the lead role in health care system delivery.

Helena Konanz: Okay.

Kendal Weber: We've already talked today about Alberta's recovery model, which is an example of the recovery and treatment that's taking place—

Helena Konanz: Okay, but not where we live, so—

Kendal Weber: In British Columbia, the province has put in place Road to Recovery, which includes a full continuum of care.

Helena Konanz: Unfortunately, that's not happening. You can see it in the number of deaths that have happened in the last few years, of course, because of decriminalization.

That leads to my next question.

How much have you had to increase the substance use and addictions program funding toward British Columbia since your department provided a waiver to allow the decriminalization pilot program in 2023?

Kendal Weber: Our substance use and addictions program does fund projects across the country.

• (1205)

Helena Konanz: Do you know how much it is for British Columbia? If not, you can table that later.

Kendal Weber: I'll table that after the fact.

Helena Konanz: Thank you.

You told the committee last time that you were considering a renewal of the exemption in B.C. and, when the request comes in for a renewal of the pilot program, you will assess public health and public safety indicators. Has a request been received to extend the decriminalization pilot program in B.C., yes or no?

Kendal Weber: No. A request has not been received.

Helena Konanz: Okay.

Ms. Kendal, if you do receive an extension request, will you reject it considering the thousands of people who have died in B.C. since this program started, yes or no?

Kendal Weber: We did not receive a request. I don't want to assume what, if any, decisions would be made. We haven't received anything to date.

Helena Konanz: You would have to assess if you received a request. Is that correct?

Kendal Weber: For any application that comes in, we do assess it thoroughly.

Helena Konanz: Ms. Kendall, in an abstinence-based program in my community of Penticton, we have Discovery House, which is an incredible organization that has saved so many men and reunited them with their families. It's abstinence-based and it's been extremely successful and embraced by our community.

Would they score higher in the substance use and addictions program application process as opposed to an organization that runs an injection site?

Kendal Weber: There are a variety of projects that we fund. It can be the need or what they put forward, but it's not based on the type of programming that's delivered. That does sound like—

Helena Konanz: Are you funding abstinence-based programs like Discovery House?

Kendal Weber: I don't want to say something today that would be incorrect, so I'll get back to you to let you know. I don't have the actual numbers, but we fund hundreds of programs.

Helena Konanz: Okay, so you can't remember an abstinence space one, though.

Kendal Weber: If I said it right now, and I didn't get it right, I would really regret—

Helena Konanz: Could you table at this committee the number of abstinence-based program organizations that have received funding through the substance use and addictions program? ?

Kendal Weber: I can take that question back.

The Vice-Chair (Dan Mazier): Thank you.

This is our last round.

We have Helena Jaczek with the Liberals for five minutes.

Hon. Helena Jaczek (Markham—Stouffville, Lib.): Thank you, Chair.

Thank you to all the witnesses for your testimony.

Ms. Hamzawi, you mentioned that PHAC is seeking \$47.6 million for pandemic vaccine preparedness, and we're very well aware of the global scramble that was in relation to COVID-19. Could you elaborate and speak to exactly how this money is going to be used in order to prepare us for an inevitable future pandemic?

Nancy Hamzawi: To fulfill its federal responsibility for pandemic readiness, the government maintains contracts with vaccine suppliers to reserve priority access to a population-scale supply of pandemic influenza vaccine in the event of an influenza pandemic. The contract includes the ability to procure and stockpile to reduce the risk of supply chain delays or disruptions, allowing the government to maintain security of supply and fulfill its mandate for timely pandemic readiness.

We have sought to access existing funding moving from our fiscal framework to reference levels for the procurement and stockpiling of adjuvants in this fiscal year, 2025-26, under a current contract. This enables timely access to vaccines in the event of a pandemic and mitigates the risk of possible supply chain disruption. It protects us from that, if borders were closed or policies to restrict export of critical medical countermeasures were enacted by other countries, and we understand that it is a potential risk at this time.

Hon. Helena Jaczek: Thank you so much. That's very reassuring.

At the beginning of the COVID-19 pandemic, in fact, there was testimony at this committee—and I was a member at that time in early 2020—that the stockpile of personal protective equipment had been allowed to expire. Could you reassure us on that particular front, again in terms of pandemic preparedness for the future?

Nancy Hamzawi: Maybe it is to be very clear on the stockpile. In scenarios where supplies may have been expired, we do not distribute those across the country. They go through a divestment strategy. We try to avoid them reaching expiry by looking at selling them through GCSurplus, so we're looking at opportunities to have access before they reach the stage of expiry. If there is expired supply, we then divest through a number of means, whether its recycling or disposal.

• (1210)

Hon. Helena Jaczek: Presumably you replenish the stockpile with brand new PPE.

Nancy Hamzawi: Absolutely. Now we have an additional policy overlay with the buy Canada policy, in terms of maximizing Canadian product.

Hon. Helena Jaczek: I think we're all very pleased to hear about the buy Canada piece as well.

Dr. Crowcroft, we're well aware that we've had major measles outbreaks across Canada, and there seems to be a great deal of mis-

information in regard to the safety of vaccines. We're not seeing the type of herd immunity that we would like to see, particularly in terms of childhood vaccination rates.

Could you explain how, as the interim chief public health officer for Canada, you're trying to combat this misinformation?

Natasha Crowcroft: Misinformation and disinformation are major challenges to immunization programs, to public health in general and to health security. It's been flagged as a major issue.

The Public Health Agency of Canada has been funding information campaigns for parents, which are designed to address misinformation and disinformation. We're also ready to go out with information when new stories hit the media, especially when something comes out that raises flags or concerns. We do that in partnership with others because we do everything in partnerships.

As a good example, when the acetaminophen and autism story came out, Health Canada was very quick to post information; we were ready to do that. We have an agile position in order to respond. We know there's still work to be done.

Honestly, the most trusted person for parents is their health care provider, and that's where they need to hear the messages. We really do focus on that level of the system.

Thank you.

The Vice-Chair (Dan Mazier): Thank you.

That's the end of this round of questions.

I have one question for Ms. Weber, and I'll take the chair's prerogative.

Can you table with the committee all completed applications and corresponding signed agreements from Health Canada for the substance use and addictions program and for the emergency treatment fund since 2020?

Kendal Weber: I will get back to you. I think that shouldn't be a problem.

The Vice-Chair (Dan Mazier): Thank you very much.

With that, we thank the witnesses for coming out.

We'll do a change of witnesses, and we'll start the next hour.

• (1210)

(Pause)

• (1220)

The Vice-Chair (Dan Mazier): We'll resume for our second hour.

Pursuant to Standing Order 108(2) and the motion adopted by the committee on Tuesday, September 23, the committee shall resume its study of antimicrobial resistance.

I would like to welcome the witnesses who are here again. We have some new witnesses, as well, from the Canadian Institutes of Health Research and the Public Health Agency of Canada.

I understand that just two of you will be giving a five-minute presentation. Dr. Kaushic or whoever wishes to can kick it off.

Nancy Hamzawi: Mr. Chair, thank you very much. I am happy to kick off with the first statement. Then I will turn it over to my colleague Dr. Kaushic from the Canadian Institutes of Health Research so she can provide her statement.

We are pleased to be here today to contribute to your important study on antimicrobial resistance, AMR.

AMR is one of the world's top 10 most serious health threats. Microbes, including bacteria, viruses, fungi and parasites, can change in ways that make antimicrobial drugs less effective. This is a natural process, but it is accelerated when antimicrobials such as antibiotics are used too often or inappropriately in people, animals and crops.

Canada has over 20 years of experience in integrated AMR surveillance. The Canadian antimicrobial resistance surveillance system, CARSS, tracks trends in resistance and antibiotic use across humans, animals, food and the environment in order to guide national action.

[Translation]

Globally, AMR is now a leading cause of death, causing an estimated 1.14 million deaths in 2021 alone. In Canada, in 2018, nearly 15 people per day were estimated to have lost their lives to antimicrobial-resistant infections. The impacts are disproportionately felt in low-middle income countries, and the threat of AMR transcends borders due to the global movement of people, animals and goods.

[English]

The impact of AMR on Canadians is clear, with 26% of infections already resistant to first-line antimicrobials. The Public Health Agency of Canada estimates that one resistant infection is detected for every 220 patients admitted to acute-care hospitals. In 2018, AMR was estimated to have caused 5,400 deaths, cost the health care system about \$1.4 billion and reduced GDP by \$2 billion. Data also suggests that there are disproportionate AMR impacts on some populations in Canada, including long-term care residents.

Because AMR is a One Health issue where resistance can develop and spread among people, animals, food systems and the environment, multi-jurisdictional and multisectoral collaboration to address AMR is essential.

• (1225)

[Translation]

Domestic action on AMR is coordinated by PHAC in collaboration with other federal departments, provinces and territories, indigenous peoples, multi-sectoral stakeholders and other partners.

In 2023, the federal Minister of Health and Minister of Agriculture and Agri-Food jointly released the pan-Canadian action plan on AMR. The action plan provides a five-year blueprint for strengthening Canada's collective response and leadership on AMR using a one health approach.

[English]

We are halfway through implementing the action plan and continue to make progress. Later this winter, PHAC will be releasing a year-two progress report. It is coming soon and will detail achievements across areas of action, such as research and innovation, stewardship and leadership.

[Translation]

A few weeks ago, the Government of Canada participated in the annual World AMR Awareness Week. During that week, we had the opportunity to highlight some of our achievements to date, reinforcing this year's theme for World AMR Awareness Week; we are acting now, protecting our present and securing our future.

Canada continues to strengthen AMR and antimicrobial use surveillance; however, the landscape is evolving. Trends for several prioritized human AMR pathogens are increasing in Canada, including resistant infections commonly seen in hospitals, as well as drug-resistant sexually transmitted infections.

[English]

Strengthening antimicrobial stewardship, maintaining strong infection prevention and control, and sustaining immunization efforts are all essential to reducing the burden of AMR and preserving the effectiveness of the treatments we have today. PHAC is working across jurisdictions and with international partners to advance these actions, as well as planning for emerging priorities such as AMR linkages to health security.

This work extends beyond Canada's borders. Over the past few years, the Government of Canada has committed to several international AMR initiatives, including the 2024 United Nations General Assembly political declaration on AMR. Canada is working with global partners to advance the goals set out in that declaration, recognizing that AMR threats move across countries and continents. International progress helps limit the spread of resistant organisms and, in turn, protects the health of Canadians at home.

Thank you again for the opportunity to speak with the committee about this important issue today. The Public Health Agency of Canada recognizes that AMR is a growing threat that requires sustained attention and coordinated action.

The Vice-Chair (Dan Mazier): Thank you.

Now we have Dr. Kaushic for five minutes.

Dr. Charu Kaushic (Scientific Director, Institute of Infection and Immunity, Canadian Institutes of Health Research): Thank you very much, Chair.

Mr. Chair and members, thank you for the invitation to appear before this committee as part of your study on the global threat posed by antimicrobial resistance. I'm pleased to be here with you today as the scientific director of the Canadian Institutes of Health Research's institute of infection and immunity.

As my colleague from PHAC mentioned, antimicrobial resistance threatens our ability to treat common illnesses and perform routine medical procedures, and it kills about 15 people in Canada every day. Microbes know no border. This reality has prompted urgent international action, and Canada must be part of the solution.

As a federal research funding organization, the Canadian Institutes of Health Research, CIHR, is committed to advancing AMR research and strengthening Canada's capacity and leadership in this area, both domestically and internationally. Canada has world-class research talent in antimicrobial biology, diagnostics and alternative therapies. However, funding research alone is not enough. That is why CIHR is renewing its emphasis on collaboration for impact, which reflects key principles of the agency's core mandate.

To maximize the impact of our investments, we are working with our partners to improve knowledge mobilization, including the commercialization pathway, so that Canadian innovations do not stall before reaching patients. Our goal is simple: turn promising discoveries into real-world solutions.

Over the past five years, CIHR has invested approximately \$96.3 million in AMR research, in domestic efforts and in ensuring Canada's participation in international collaboration. These investments have supported ground-breaking initiatives, such as the largest clinical trial on bloodstream infection, which is advancing antibiotic treatment strategies to improve patient outcomes and combat resistance. A second example is the training grant that was given to the next generation of experts to collaborate across disciplines, sectors and borders, because AMR is a complex One Health challenge that spans human, animal and environmental health.

CIHR is also proud to champion the development of a national research strategy as part of the pan-Canadian action plan on AMR. This collaboration seeks to align research priorities with policy and practice, creating a coordinated approach across Canada to accelerate solutions.

Through CIHR, Canada is also playing a leadership role internationally. We are a key partner in a 10-year collaboration of 53 organizations from 30 countries and the European Commission. Together, we aim to achieve long-term reductions in AMR levels and better public health outcomes.

This builds on previous multinational investments that have fostered global co-operation for impact in advancing antibiotic stewardship and innovation. These efforts are supporting the exploration of cutting-edge approaches such as strengthening immune defences, advanced infection-tracking tools, treatments using helpful microbes and coordinated One Health strategies for people, animals and environment. CIHR also participates in a transatlantic collaboration that promotes data sharing, awareness campaigns and joint research to improve antibiotic use and drive innovation.

While research is essential, it must be paired with a clear path to adoption. CIHR's vision is to foster partnerships with industry, clinicians and regulators early in the process. These partnerships lead to innovations that are developed with implementation and impact in mind, not just publication. This includes supporting a domestic pipeline for antimicrobial diagnostics and alternative therapies.

In short, Canada's researchers are among the best in the world. We need to leverage this talent and mobilize knowledge in a timely and effective manner so that health systems can make informed decisions on how to address AMR.

In conclusion, as Canada's health research funder, CIHR is committed to improving the health and prosperity of all Canadians. Addressing AMR is central to this mission. Through collaboration for impact and by supporting research that advances interventions, be they new drugs, non-pharmacological strategies or next-generation diagnostics, we are helping Canada and the world confront this urgent threat.

Thank you. I will be pleased to answer your questions.

● (1230)

The Vice-Chair (Dan Mazier): Thank you very much.

We'll now start with the questions and I will kick off the first round for the Conservatives for six minutes.

Ms. Hamzawi, we heard about the national emergency stockpile program during the first meeting of this study. The national emergency strategic stockpile, NESS, is a network of warehouses across Canada where the government stores medical supplies, vaccines and emergency response equipment. According to media reports, last year the Public Health Agency of Canada lost more than \$20 million worth of products from the national emergency stockpile.

What exactly did your agency lose?

Nancy Hamzawi: First, we take any losses from the NESS very seriously no matter how small they may be. The vehicle by which we communicate that transparently to you and to Canadians is through the public accounts, and so we did report those losses through the public accounts. There were two things that we reported: first, damage to infrastructure in January 2024, which resulted in our reporting losses of testing and biomedical equipment. That was \$1,168,311 for the testing equipment and \$395,437 for biomedical equipment. Then, second, there was a loss of pharmaceutical product in the order of \$20,436,373, which occurred in December 2024. That's what we reported in the public accounts.

The Vice-Chair (Dan Mazier): Were any vaccines lost?

• (1235)

Nancy Hamzawi: In terms of the pharmaceutical loss that occurred in December 2024, it involved a quantity of treatment for a biological threat. As you are aware, the national emergency strategic stockpile is there to ensure that we're ready to respond to accidental or intentional threats, whether they're chemical or biological. This particular loss was associated with a treatment.

However, I would also note that we maintain a range of treatment options for various threats, so we are prepared. That loss has not put Canada at risk. We have replenished...we've started the replenishment process—

The Vice-Chair (Dan Mazier): I think you really answered the question. There were vaccines lost, but you mentioned something about treatment. What kind of treatment?

Nancy Hamzawi: As I noted earlier, the national emergency strategic stockpile ensures that we're ready against any threats, including potentially intentional threats. I'd be happy to provide you with more information. We've done this before with the committee and other committees. For sensitive information, we're happy to provide a secure, in camera briefing on the issue to make sure that you have the information to hold us accountable. I'm just not wanting to put the security of Canadians at risk by unintentionally disclosing operational details.

The Vice-Chair (Dan Mazier): Were any life-saving antibiotics lost?

Nancy Hamzawi: Not in this particular case.

The Vice-Chair (Dan Mazier): Was the loss caused by equipment failure or human error, or both?

Nancy Hamzawi: At the time of the loss, an internal investigation was launched and found that there were several factors that contributed to a temperature fluctuation. Essentially, the freezers were not operating at the anticipated temperature at the time, and that's what resulted in the loss.

There were a number of compounding factors, and again, should you like a more detailed briefing, we could do that with you under the appropriate—

The Vice-Chair (Dan Mazier): Why weren't they operating at the right temperature? Were they just not monitored?

Nancy Hamzawi: There is standard monitoring through freezers. Again, we are happy to provide more details in an in camera briefing, but yes, there's monitoring, both automatic and human checks, packaging, etc.

The Vice-Chair (Dan Mazier): I'll get through my questions here, but you keep on talking about having an in camera session, and I think there are 20 million reasons to find out why. Canadians want to know what happened with this stockpile.

Roughly, how many Canadians could have been treated with the products that were thrown out?

Nancy Hamzawi: I don't have that specific number, but I can get back to the committee on that.

The Vice-Chair (Dan Mazier): Have the lost products been fully replaced, yes or no?

Nancy Hamzawi: Their replenishment process was launched earlier this year, and we have a variety of treatments in place to respond to the particular biological threat that was associated with this treatment.

The Vice-Chair (Dan Mazier): Good.

They have been...?

Stephen Bent (Vice-President, Regulatory, Operations and Emergency Management Branch, Public Health Agency of Canada): Mr. Chair, if I could add, there is no risk to Canadians as a result of the loss at that time, and we continue to replenish the stockpile.

The Vice-Chair (Dan Mazier): That wasn't the question.

Nancy Hamzawi: The answer is, not completely yet. To be clear, there is no threat at this time in terms of this particular loss.

The Vice-Chair (Dan Mazier): Have any employees been disciplined over losing \$20 million worth of products from the national stockpile?

Nancy Hamzawi: We have taken corrective action. Procedures were updated and further strengthened, and we are continuing to monitor the situation carefully. No, there was not a reprimand, to specifically answer your question.

The Vice-Chair (Dan Mazier): I'm done my round.

Our next questioner is Ms. Sidhu.

Sonia Sidhu: Thank you, Mr. Chair.

Thank you to all of the officials.

I want to follow up with PHAC and my colleague's questioning.

To clarify, was it a single event?

Nancy Hamzawi: In terms of the biological treatment, it was a single event.

Sonia Sidhu: Okay.

Nancy Hamzawi: It was a one-time situation.

Sonia Sidhu: Will these losses affect the capacity of the stockpile to respond to public health events?

• (1240)

Nancy Hamzawi: No. There is no threat at this time.

Sonia Sidhu: You talked about the pan-Canadian action plan, which would provide the five-year blueprint emphasizing prevention, stewardship and surveillance.

How is PHAC using the framework to coordinate with other provinces and jurisdictions to improve Canada's preparedness for AMR?

Nancy Hamzawi: I'll turn to my colleagues in a bit.

Just to note, the pan-Canadian action plan is a federal-provincial-territorial action plan. We have governance in place with an FPT committee. We also have an interdepartmental committee that brings all of the key departmental players to make sure we have that One Health approach—human, animal and environmental accountability together at one table, moving forward on a variety of issues that we are seized with collectively. We also have a deputy One Health committee, so there is a robust governance.

I'll turn it over to Dhurata.

Dhurata Ikonomi (Executive Director, Antimicrobial Resistance (AMR) Task Force, Public Health Agency of Canada): Thank you.

My name is Dhurata Ikonomi, and I'm the executive director of the AMR task force located in the Public Health Agency of Canada. This is the focal point organization that was put together in 2021, first, to develop the pan-Canadian action plan and is now leading the coordination and the implementation of the pan-Canadian action plan across Canada.

As Nancy mentioned, there is a robust AMR governance set up with the committees that were previously mentioned. We also have an expert advisory committee with members who are experts from different jurisdictions and different sectors. Half of those members actually have been witnesses, either at this committee or at the science and innovation committee. All the work that we do and all the actions under the five pillars are coordinated from a One Health lens in terms of policy, surveillance or stewardship, and we are coordinating our efforts with provincial and territorial partners.

Sonia Sidhu: In your testimony, you said that the burden of AMR is in the millions, GDP is in the billions and pathogens are seeking to be stronger.

What is the community level? You talk about using data sharing, so what kind of data sharing are you using? Are you using an AI model?

Could you elaborate on that?

Nancy Hamzawi: We have a robust surveillance system in place. I mentioned the Canadian antimicrobial resistance surveil-

lance system, CARSS, which tracks trends, resistance and antibiotic use across humans, animals, food and the environment to guide national actions. It taps more than 10 other surveillance systems by pulling it all together. That then informs, for example, programs at the Public Health Agency to make sure that we're being responsive to where the key areas of focus need to be for intervention.

It also taps information from the Department of Fisheries and Oceans, the Canadian Food Inspection Agency and other surveillance systems.

Dhurata, I don't know if you want to speak further on that.

Dhurata Ikonomi: Yes, Canada is well known for a very robust, integrated One Health surveillance system. Of course, it is the system that brings together all the input from the 10 other surveillance systems that are in PHAC.

We are working very closely with our PT partners and other the federal departments. Our focus has very much been on expanding our surveillance systems with investments that we've been receiving from the recent budget investments and on looking at the data gaps and expanding where possible.

Most recently, we are also trying to put investments in the environmental surveillance data. Yesterday, we launched the AMR surveillance strategy, which is a framework for us to include the environmental data.

The Vice-Chair (Dan Mazier): Ms. Larouche, go ahead for six minutes.

[*Translation*]

Andréanne Larouche: Thank you very much, Mr. Chair.

Thank you very much to the witnesses for being here today for this important study on antimicrobial resistance.

Ms. Hamzawi, if I understood your opening remarks correctly, you talked about links with the CFIA to ensure safety and verify compliance.

More generally, at previous meetings, we've also heard testimony about the importance of reciprocal standards and the impact of agri-food products entering Canada from countries that don't have the same standards as we do.

What exactly are the impacts of that on antimicrobial resistance?

Why is it important to work with the CFIA?

What are the impacts of those agricultural products coming into Canada?

• (1245)

Nancy Hamzawi: Thank you very much for the question.

As I said in my opening remarks, the one health approach is very important in terms of the links between humans and animals. It's important to make sure we have that capacity, and the links are evident in our approaches. For example, the committee of deputy ministers is co-chaired by a member of PHAC and the deputy minister of agriculture and agri-food Canada. Our governance reflects the importance of those links.

We have our commitments in terms of those committees, but also in terms of our work on high-risk diseases or cases. We're always in contact with our colleagues at the CFIA. This week, we were in contact to discuss the avian flu situation, so we work very closely with the CFIA.

[*English*]

My colleague might have something to add.

[*Translation*]

Andréanne Larouche: I'd like to come back specifically to the reciprocity of standards and compliance with standards when it comes to products entering Canada.

Should Canada improve how it verifies the reciprocity of standards when certain products arrive at our borders?

Nancy Hamzawi: We're always working on those standards. We can always improve them. For example, when we prepare for international events here in Canada, we have to make sure that we have the best standards in the world, that they're in place and that they're enforced.

Andréanne Larouche: What percentage of PHAC's budget is dedicated specifically to addressing antimicrobial resistance?

Nancy Hamzawi: Thank you very much for the question.

I don't have the exact number, but I can get back to the committee.

Our investments are made under the general direction of Dr. Crowcroft. There are links to a number of pillars, including infection prevention and control. That horizontal capacity supports us in the fight against a number of infectious diseases. There are direct and indirect costs, then, in ensuring that we have a strong response for Canada.

Andréanne Larouche: Dr. Kaushic, witnesses in recent committee meetings have told us about the importance of supplying high-quality personal protective equipment.

For example, what could be the consequences on antimicrobial resistance if Canada sources from China and procures lower-quality equipment that's the result of forced labour?

Why is it important to properly monitor what we're looking for and pay attention to the quality of personal protective equipment?

• (1250)

[*English*]

Charu Kaushic: I think I'll defer this question to the Public Health Agency of Canada because CIHR is responsible for the re-

search investments and directing the research. The procurement question would either be Health Canada or the Public Health Agency of Canada.

[*Translation*]

Andréanne Larouche: I just wanted to get your perspective as a doctor.

In terms of research, what could we get—

[*English*]

The Vice-Chair (Dan Mazier): Madame Larouche—

[*Translation*]

Andréanne Larouche: If we're looking at countries and models—

[*English*]

The Vice-Chair (Dan Mazier): It's all done. You had six minutes.

Thank you.

For the second round, we'll have Ms. Konanz for five minutes.

Helena Konanz: Thank you, Chair.

Ms. Hamzawi, the issue of the national strategic stockpile has been raised in this committee as an important element of antimicrobial resistance. Following up on an earlier question, I want to confirm that \$20 million was lost in the 2024 national strategic stockpile.

Nancy Hamzawi: To be specific, in December 2024, there was a loss of pharmaceutical product totalling \$20,436,373.

Helena Konanz: Thank you.

You have not replenished that, from what I understand from an earlier question.

Nancy Hamzawi: We have started the replenishment process. It is almost complete in terms of that particular product; it is mostly replenished. We expect it to be done by March 31 and we have other treatments for the same biological threat, so we have a whole suite of alternatives, as well as more than half replenished of this particular product.

Helena Konanz: If we already have it in stock, why would we replenish it again?

Nancy Hamzawi: As we make our determinations around the volumes of particular assets, that's on a risk basis. Our risk assessment is to complete that replenishment process to be ready for any potential threat.

Helena Konanz: There was \$20 million. That's a huge amount and put us in jeopardy, at least for awhile. Could this happen again? You say you're monitoring it. Why couldn't this disaster happen again?

You say there was a freezer left unplugged. I'm not sure what happened but how could this happen?

Nancy Hamzawi: I'd be happy to get into more detail in an in camera setting to provide you the detailed information you need to make sure that you hold us accountable and that you can reassure Canadians to maintain trust with the Public Health Agency of Canada and us.

Helena Konanz: All right.

Nancy Hamzawi: I'm happy to clarify that, but there was not a freezer unplugged. Let's just be very clear.

Helena Konanz: The importance of the stockpile has been raised again. How much of the stockpile procurement has relied on non-Canadian manufacturing?

Nancy Hamzawi: As of December 2025, we continue to receive deliveries from around the world; however, the majority of our respirators, masks and gowns were produced in Canada. We also have long-term domestic contracts with 3M Canada, based in Ontario, to cover N95 respirators and with AMD Medicom to cover N95 respirators and medical masks.

• (1255)

Helena Konanz: I heard that much of the procurement came from China.

Nancy Hamzawi: There was procurement from China, particularly during the pandemic. At this time, in our stockpile, only the gloves originate in China and Malaysia.

Helena Konanz: How does the department resupply our national stockpile for evolving health risks? Are expired materials disposed of on a constant basis? Again, how do you keep up with it?

Nancy Hamzawi: We're pleased to provide that. This is just to note that the information is available publicly on the website.

Helena Konanz: Good.

Nancy Hamzawi: The comprehensive management plan for the national emergency strategic stockpile is online, and you will have that clarity around our procurement strategy and our life-cycle management, including our divestment strategies.

Helena Konanz: Thank you.

I have a quick question for Dr. Kaushic.

Is there a demographic or regional difference in antimicrobial resistance?

Charu Kaushic: Do you mean within Canada?

Helena Konanz: Yes. Would there be a difference for young, old, rural or urban?

The Vice-Chair (Dan Mazier): You have 10 to 15 seconds, tops.

Helena Konanz: Could you table that answer? The chair is telling me there's not enough time for that answer, so if you could let the committee know....

Charu Kaushic: We can definitely get back to you about that.

Helena Konanz: Thank you very much.

The Vice-Chair (Dan Mazier): Ms. Jaczek, the floor is yours for five minutes.

Hon. Helena Jaczek: Thank you so much, Chair.

Thank you, witnesses, for your testimony.

Ms. Hamzawi, perhaps we'll start at the beginning with surveillance.

We've heard at both this committee and, as you probably know, the science and research committee, where they undertook a study of antimicrobial resistance, that there should be increased surveillance in community settings and in long-term care. I think Ms. Ikonomi referenced this.

I would like to first hear what kind of progress you are making with provinces and territories in terms of expanding surveillance across the country.

Dhurata Ikonomi: As I mentioned, when PCAP was developed, one of the key pillars was for us to strengthen surveillance. Particularly, one of the actions indicated in PCAP was for us to expand coverage on some of our surveillance systems and to look at other types of surveillance, extending our surveillance systems into long-term care homes, looking at better use of environmental data and looking at some of the linkages between the environment and the impact on health. Also, we've invested in CIPARS, which is our integrated surveillance system that looks at animal and human health.

In terms of the community settings, we have been looking at different data sources for increasing surveillance in the community setting. That's an area, though, that we are continuing to work on more as part of PCAP.

Hon. Helena Jaczek: My question was, what progress are you making? Are there any provinces where in fact this data is collected that could be a model for others? It seems like everybody has identified the problem, but we're not really learning of any action. Could you be specific in terms of examples where this is improved? That would be helpful.

Nancy Hamzawi: Maybe I can start and then you can add on, Dhurata.

The Canadian nosocomial infection surveillance program, CNISP, recently—I think it was in November—officially launched the expansion of its scope beyond acute-care hospitals to address a significant knowledge gap in long-term care homes. That was one area.

There was also the launch of a pilot surveillance for symptomatic urinary tract infections. This is to explore the potential to monitor infections beyond hospital settings, ensuring a more comprehensive approach to infection prevention across the continuum of care.

The CNISP also demonstrated adaptability during the COVID pandemic by rapidly implementing surveillance for COVID-related infections. It continues to play a pivotal role in monitor emerging threats, such as drug-resistant fungal pathogens, reinforcing its importance in national preparedness and response.

I don't know if you want to add more to that.

• (1300)

Dhurata Ikonomi: I'll just add a couple—

Hon. Helena Jaczek: That's very helpful. Thank you.

Another gap that was identified was the lack of rapid testing in terms of the ability across various spectrums to potentially, in the stewardship piece of this, avoid unnecessary use of antimicrobials for infections. Has there been any progress in spreading the use of rapid testing across Canada?

Nancy Hamzawi: This has been an issue that has been raised at the federal, provincial and territorial tables. Our role at the federal level of convening our provincial and territorial partners...we certainly have exercised in this space. However, ultimately, it's the provinces and territories that make the decisions around rapid testing and the degree to which it's available. Certainly, we're doing everything we can to mobilize that knowledge and shine a light on best practices across the country.

Hon. Helena Jaczek: Dr. Kaushic, we've also heard a lot about the commercialization and use in Canada of new antimicrobials. In terms of what CIHR is doing to assist with this, you talked of alternative therapies. There has been a demand for push and pull incentives for drug companies to invest in seeking these alternative therapies.

What is the role that you can play in assisting with this?

Charu Kaushic: That's a really good question.

I think, in terms of the push and pull measures that can be assisted by research funding.... As you know, CIHR has invested \$93 million. Much of it, about two-thirds of it—about \$75 million—is in open programming, where researchers themselves apply and get funding for what they think are the best things that need to come out in AMR research within Canada. Among those are many researchers who are entrepreneurial and who want to test the diagnostics or the next product in order to be able to take it into the market and really take it into a small or medium-sized enterprise.

CIHR funds that—

The Vice-Chair (Dan Mazier): Thank you.

I'm sorry. I have to interrupt you. If you could table any more information on that, I think we would appreciate that.

Charu Kaushic: Yes, I'm happy to do that.

The Vice-Chair (Dan Mazier): Thank you so much.

We'll go to Ms. Larouche for two and a half minutes.

[*Translation*]

Andréanne Larouche: Thank you very much, Mr. Chair.

Dr. Kaushic, as a doctor, do you think the current funding for AMR research is sufficient, given the severity of the threat?

[*English*]

Charu Kaushic: As I said, the Government of Canada has put together the pan-Canadian action plan, which involves all the different pillars of action that are typically required for the seriousness of the issue that antimicrobial resistance presents. This is compara-

ble to most other countries and the way they put together their national action plan.

I can comment specifically on the research component of that pan-Canadian action plan. We are leading a national One Health AMR strategy with our other federal partners—including Agriculture and Agri-Food Canada, the Public Health Agency, and Environment Canada—to take a One Health approach to prioritizing where the research investments will result in the best outcomes in terms of protecting Canadians' health and making sure that we can save the health systems significant investments.

I think we are on track for that. I'm happy to elaborate more, but I'll let you use your time for questions.

[*Translation*]

Andréanne Larouche: You're talking about the importance of providing resources for research.

There is talk of budget cuts of around 15%, as indicated on page 350 of the budget. We're also seeing reductions in the public health sector, including a loss of employees due to budget cuts at the NML. I also asked you a question about the supply of lower-quality products.

Why is it important in the fight against antimicrobial resistance to allocate financial resources through transfers or additional research investments?

• (1305)

[*English*]

Charu Kaushic: Fortunately, both in budget 2024 and now in budget 2025, research has mostly been protected from many of the cuts. While the cuts are happening at the agency level, even within CIHR the operating budgets are pretty much protected from the cuts.

The research funding had actually increased overall in budgets 2024 and 2025, so we are in pretty good shape in terms of investment in AMR research, with more than \$93 million. About \$15 million a year is invested in this and both strategic areas, as well as open funding, which encourages innovation in this area.

The Vice-Chair (Dan Mazier): Excellent. That's the end of that round.

Mr. Bailey, you have five minutes.

Burton Bailey: Ms. Hamzawi, you mentioned that we don't have a Canadian supplier for gloves. Are we robustly looking for a new supplier to supply gloves for our hospitals?

Nancy Hamzawi: Just to be clear, the purchase of gloves for hospitals is done at the provincial level. We are a backstop. The national strategic stockpile is for the purpose of emergencies. We're not buying gloves for hospitals today. That is something that the provinces are doing. They also have their own stockpiles in case of emergencies. We're another layer of protection.

We're always looking for opportunities to have the best possible quality and value for Canadians in all of our products—not just gloves.

Burton Bailey: Are we looking to find a Canadian supplier for gloves?

Stephen Bent: In the context of our procurement approach, obviously we work very closely with Public Services and Procurement Canada. As you know, there is a buy Canadian strategy that is rolling out. It was announced last month and has a focus in a few other areas. Health is not incorporated at this point.

As that evolves as a strategy, there may be potential for us to focus on Canadian companies more with the appropriate policy authorities. At this time, though, when we do our procurements with PSPC, we do look for Canadian companies where we can have them on a security-supply basis.

Burton Bailey: Mr. Bent, the president just indicated that the only item that we were not securing was gloves. We were asking about China. We've had other meetings here where 90% of procurement, when it comes to specialty gowns, comes from China. This is why I'm asking you about the gloves. We know there are Canadian companies that make the gowns, but you don't support them.

Are we going to make this robust and start getting Canadian gloves manufactured?

Stephen Bent: In the context of the development of our biomanufacturing and life sciences sector, Innovation, Science and Economic Development Canada is leading the strategy to continue to build our sectors in the context of health. I would offer that, in that space, investing in companies would be an area they would be responsible for.

Burton Bailey: Thank you, Mr. Bent.

Mr. Chair, given what we've heard here today, I would like to move the following motion. It's non-partisan. It's for the Public

Health Agency of Canada president to be one hour public and one hour in camera.

I would like to read this motion:

That the committee invite the Public Health Agency of Canada to testify on the recently reported \$20 million loss of supplies from the national emergency stockpile, with one hour in public and one hour in camera, by February 10, 2026.

• (1310)

The Vice-Chair (Dan Mazier): Is there any debate?

Ms. Chi.

Maggie Chi: Can we suspend for a bit so that we can review the motion?

The Vice-Chair (Dan Mazier): Yes.

Maggie Chi: Thank you.

• (1310)

_____ (Pause) _____

• (1310)

The Vice-Chair (Dan Mazier): We're back to order.

Mr. Bailey, we were discussing your motion. Could you repeat it, please?

Burton Bailey: Thank you, Chair.

My motion is as follows:

That the committee invite the Public Health Agency of Canada to testify on the recently reported \$20 million loss of supplies from the national emergency stockpile, with one hour in public and one hour in camera, by February 10, 2026.

• (1315)

The Vice-Chair (Dan Mazier): That is so moved.

I see no debate, so I'll call the question and call for a recorded vote.

(Motion agreed to: yeas 8; nays 0)

The Vice-Chair (Dan Mazier): With that, we will adjourn for the day.

Thank you.

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>