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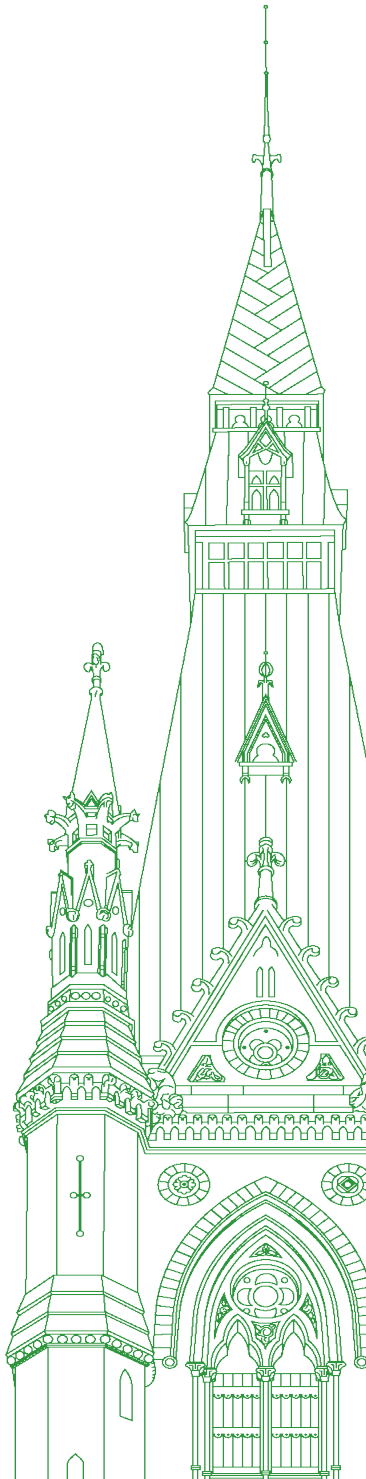

Chair: Sukh Dhaliwal

Standing Committee on Health

Thursday, April 30, 2026

● (1540)

[*English*]

The Chair (Sukh Dhaliwal (Surrey Newton, Lib.)): I call this meeting to order.

Welcome to meeting number 30 of the House of Commons Standing Committee on Health. Today's meeting is taking place in a hybrid format, pursuant to the Standing Orders.

I would like to remind participants of the following points.

Please wait until I recognize you by name before speaking. For those participating by video conference, click on the microphone icon to activate your mic, and please mute yourself when you are not speaking. I remind you that all comments should be addressed through the chair.

For members in the room, if you wish to speak, please raise your hand. For members on Zoom, please use the “raise hand” function. The clerk and I will manage the speaking order as best as we can. You can also look at the card that is on the table.

One thing that I want honourable members to pay attention to here is that crosstalk is not acceptable. That's for the health of the interpreters and so that members get the time they deserve—both sides, not one side.

When we have witnesses, sometimes what happens is that a witness goes on a bit too long. If an honourable member wants to stop a witness, they should please raise their hand, and I will stop the clock so we will not take time from the member. We'll let the witness finish, and then we will come back to the honourable member. I hope that is good for everyone. It makes sense. I have done that in the past.

Burton Bailey (Red Deer, CPC): If I understand you correctly, if I've asked a question and the witness is not answering my question and I want to interject, you want me to put my hand up.

The Chair: Put your hand up, and then I'll stop the clock.

Burton Bailey: Okay.

The Chair: Then the witness will be able to see...or I will tell the witness to finish. I will not take time from you.

Is that okay? Do you see what I mean?

Burton Bailey: I understand what you're saying. It's just different from other committees that I've been at, so I appreciate your explaining that. Thank you.

The Chair: I know, but this is the procedure I've used previously, and it has worked very well.

Burton Bailey: I'll test it out. Thank you, Chair.

The Chair: If it doesn't work, then we'll change it. It's going to be fair for every member. It's not for one person or another.

Thank you kindly.

Before proceeding, I would like to inform members that earlier today, the clerk circulated a proposed budget of $2,250 for the study of the order in council appointment of Dr. Joss Reimer, and a budget of $2,250 for the study of the order in council appointment of Dr. Harpreet Singh Kochhar.

Is it the pleasure of the committee to adopt these budgets?

Some hon. members: Agreed.

● (1545)

The Chair: On another matter regarding our meeting on May 5, the CEO of Canada Health Infoway is no longer in their role.

An hon. member: What happened?

The Chair: Let me finish. It is what it is. That's why I'm saying it, and I mean it. That's not my jurisdiction. My jurisdiction is to make sure that I conduct the meeting properly.

Are members agreeable to having just the board chair, Peter Vaughan, appear on behalf of Canada Health Infoway? Secondly, Mr. Vaughan has requested to be accompanied by Ms. Tania Ensor to help respond to questions on technical aspects. Is that okay with members?

Dan Mazier (Riding Mountain, CPC): No.

I have a point of order.

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

Dan Mazier: Mr. Green needs to come back.

The Chair: Okay.

Does any other member...?

Dan Mazier: We did summon both of them. That was the will of the committee. Mr. Green needs to come back.

The Chair: There are other members who want to respond. I have Ms. Chi next, and then it's Dr. Eyolfson.

Maggie Chi (Don Valley North, Lib.): Thank you, Mr. Chair, for bringing up that matter.

I actually don't have the motion in front of me. I just want to get some clarification. Did we summon the position or the person?

The Chair: It is my understanding from the clerk that it was the position, and I'm going to look at that as well. I just took over the chair, so I don't have that handy. Give me a minute to look at that.

Dr. Eyolfson, do you have something to add?

Doug Eyolfson (Winnipeg West, Lib.): I was going to add much the same point. If the motion was to summon the president and this individual is no longer the president, then it doesn't apply to him.

The Chair: That's not only it. If someone is not officiating as president and it is not the person.... If the official representing the CEO or who is in that chair is not there, it will be obsolete.

I have Ms. Konanz first, and then it's Mr. Mazier.

Helena Konanz (Similkameen—South Okanagan—West Kootenay, CPC): I believe that we called Mr. Green because he'd been there for over 10 years. It's important that we have him and the chair of the board. The board chair is who was summoned. I believe that was the intent, no matter what it says. I believe that was the intent of the motion.

The Chair: I have read the motion. The motion does not—

Dan Mazier: Could you please read the motion out loud?

The Chair: Yes, I will ask the clerk to read it.

Clerk, please go ahead.

The Clerk of the Committee (Catherine Ngando Edimo): It reads:

> That the committee summon the CEO, president and chair of Canada Health Infoway, in addition to Telus Health, to appear for a total of two hours together prior to May 6, 2026, to testify on PrescribeIT.

The Chair: It's very clear to the honourable member that it was the position that was summoned, not the name.

Now I will go to the speaking list.

Ms. Konanz, are you done?

Helena Konanz: I just want to repeat that that was the intent of the motion. I think that's the most important part of what's happening.

The Chair: Thank you.

Mr. Mazier.

Dan Mazier: The reason we invited the people who were in those positions is that those positions have gone through $300 million in the last 10 years.

Mr. Green is exactly the person we need to get in here. He was the person responsible for spending that amount of money with a program that was not working. To have anybody else but Mr. Green in here is absolutely ridiculous.

● (1550)

The Chair: I totally understand, Mr. Mazier. I—

Dan Mazier: That was the will of the committee: that we wanted to get to the bottom of this scandal.

The Chair: Thank you.

Dr. Strauss.

Matt Strauss (Kitchener South—Hespeler, CPC): Thank you, Mr. Chair.

I would say that something bad has definitely happened at Canada Health Infoway over the last 10 years, and we want to know what it was so that it doesn't happen over the next 10 years. We need to talk to the person who oversaw whatever that was for the last 10 years, just as the basics of an investigation. Perhaps Mr. Green will be called to court one day, but he will not benefit from parliamentary privilege on that day.

I think this is a once-in-a-lifetime opportunity to get to the bottom of this and for Mr. Green to benefit from parliamentary privilege and speak freely about what actually happened.

Thanks.

The Chair: Thank you.

In the speaking order, I have Dr. Eyolfson and then Dr. Jaczek.

Doug Eyolfson: Thank you.

The intent is not spelled out in the motion. We are bound by our procedures to follow the motion as stated, and the motion stated that the president or the CEO of this organization should be here. Mr. Green is not named in this. He is no longer serving and is therefore not the person to come to committee. It says “the CEO”, and this person is no longer the CEO.

The Chair: Thank you.

Dr. Jaczek.

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

I think we can get the information we need from the board chair. The board obviously fired Mr. Green and no doubt can explain to us the issues as it saw them. The board is ultimately responsible for the actions of Canada Health Infoway, so with the board chair present, we will get the kind of information we want in terms of the expenditure, who the funds were given to, etc. I feel that's quite sufficient, and of course, as has been pointed out, he was not named in the motion.

The Chair: Thank you, Dr. Jaczek.

I'm not going to limit the debate, but Dr. Kochhar is here if we want to hear from him.

I do have a speakers list.

Mr. Mazier, please go ahead.

Dan Mazier: Thank you, Chair.

Just so we all understand, we were all here on the days when Canada Health Infoway, Mr. Green and Telus Health were here. We all know the intent. Let's not try to fool with all this and cover it all up. We were all equally frustrated with the information that was coming out of those gentlemen, those people, that day.

Don't give me that you were unclear with the intent and all that stuff. I understand that maybe you weren't clear, but it was $300 million, and we all discovered that day that it was gone and Mr. Green was totally responsible for it. He couldn't even answer the question on what his salary was. As we found out, it was over $600,000. He was paid the maximum bonus for that deplorable program, which was just a train wreck.

We all know the intent. We're all very clear on that one. Since he has resigned, I guess, or stepped down or whatever he's done, he's obviously been trying to hide. I don't know why he would try to hide. As my colleague here said, this is the only chance he'll get, under parliamentary privilege, to clear the record.

I move that we summon Michael Green, former CEO of Canada Health Infoway.

An hon. member: I have a point of order.

The Chair: This motion is not in order.

Dan Mazier: Why not? It's on the matter at hand.

The Chair: It's a substantive motion—

Dan Mazier: Check with the clerk. It's on the matter at hand. It's absolutely in order.

The Chair: I'm going to....

Dan Mazier: It's on the topic of the matter at hand. We are talking about this. You brought it up.

Doug Eyolfson: I have a point of order.

The Chair: Go ahead on your point of order.

Doug Eyolfson: This is not on the agenda for today. This is a new motion, which requires 48 hours' notice. Therefore, for it to be made today is out of order.

● (1555)

Dan Mazier: It's not your decision, Doug. It's the chair's decision.

The Chair: That's okay. As the chair, I feel that—

Dan Mazier: I challenge the chair.

The Chair: The chair is challenged.

I would ask the clerk to take the vote.

Dan Mazier: Let me get this straight, just so that we understand what we're challenging the chair on and why. He doesn't think, and the Liberals obviously don't think, we should bring back Michael Green, just because he happened to resign—

The Chair: There's no debate right now. There's a vote.

The chair's decision has been challenged. I would ask the clerk to take the vote, please.

(Ruling of the chair sustained: yeas 6; nays 5)

The Chair: I will now proceed to the witness.

Dr. Kochhar, you have five minutes for your opening remarks.

Harpreet S. Kochhar (President, Canadian Food Inspection Agency): Thank you, Mr. Chair.

I'm pleased to be here today to speak about CFIA's mandate and how the agency is evolving to meet today's challenges.

[*Translation*]

Established in 1997, the Canadian Food Inspection Agency, or CFIA, is a science-based regulatory agency dedicated to the health and well-being of Canadians, the protection of our environment and the vitality of the Canadian economy.

Until 2013, the agency reported to the Minister of Agriculture and Agri-Food. Subsequently, it also began reporting to the Minister of Health as a key component of the health portfolio. Working closely with both ministers, the agency provides advice based on sound scientific evidence in its area of responsibility.

[*English*]

Each and every day, CFIA employees work hard to help businesses understand and verify their compliance with Canada's federal regulations related to food safety, plant health and animal health. This in turn allows us to open export markets for our high-quality Canadian products. Our inspectors, veterinarians and scientists across the country inspect food for safety risks, protect plants from pests and respond to animal diseases that could threaten Canada's animal and human health.

[*Translation*]

As a result, Canadian food products continue to meet the highest safety standards, which has earned the country an excellent international reputation.

[*English*]

CFIA also plays a vital role in advancing Canada's interprovincial and international trade agenda. Other countries open their doors to Canadian food products because they trust our system. They trust that we are doing our regulatory role well and that our products are world-class.

While the CFIA's role is as a regulator, it is industries like food businesses as well as importers and farmers who are responsible under federal law for producing safe, accurately labelled food. The CFIA enforces the requirements that industries must follow, but it also provides clear guidance to help them understand and comply with the rules. The agency takes decisive enforcement actions such as recalls, monetary penalties and licence cancellations when businesses or individuals do not comply with the federal rules put in place to protect Canadian plant health and animal welfare.

The work performed by CFIA builds trust in Canada's food system. According to this year's public opinion research, 88% of consumers are confident that food sold in Canada is safe.

CFIA is continually strengthening its preventative approach to plant and animal health and food safety. This involves constant monitoring, interventions, and emergency preparedness and response—such as with the highly pathogenic avian influenza—when there are threats to Canada's food supply.

It is also important to understand that food will never be risk-free. It can become contaminated during growing, harvesting, processing, shipping, storing or handling.

● (1600)

[*Translation*]

Risk-based decision-making is central to the CFIA's daily activities. This means it is an ongoing process aimed at identifying emerging and evolving issues that could pose a threat to food safety, plant health and animal health, which may in turn impact market access.

[*English*]

The agency is also committed to a one health approach of balancing the health of people, animals and the ecosystem. This is important for addressing global issues such as antimicrobial resistance. At the same time, CFIA also plays an important role in shaping international standards to maintain existing markets and to create new access.

CFIA is also committed to modernizing its initiative and transforming how it delivers on its mandate by removing unnecessary red tape for Canadian businesses and focusing on outcomes. The agency has now started to move towards a new business line model, which is focused on food safety, animal health and plant health. It is supported by the policy, trade and business enablement branch. This change will align our organization more closely with the risks we face and the expectations of Canadians.

Going forward, we are focused on making regulations straightforward and practical to meet the real-world needs of Canadians and the agriculture and agri-food sector. We will continue delivering clear guidance to businesses and strong regulatory oversight. This means that we will aim to make it easier for businesses to navigate the system while maintaining the standards Canadians expect.

Thank you for the opportunity, Mr. Chair. I'm happy to take any questions now.

The Chair: Thank you, Dr. Kochhar. You took five minutes and 15 seconds. That's good timing.

We will start with honourable member Mr. Bailey.

Mr. Bailey, you have six minutes, please.

Burton Bailey: Thank you, Chair.

Dr. Kochhar, you're here today through an accountability mechanism that provides parliamentarians the right to scrutinize and question government appointees to ensure Canadians have the most qualified people in these positions and are receiving value for their tax dollars through public salaries. Do you think this is an important part of our democratic process, yes or no?

Harpreet S. Kochhar: It is an important part.

Burton Bailey: You would agree with me that parliamentary scrutiny and holding the government to account are an important function of our system. Would you not agree that shutting the doors and turning off the cameras during committee meetings meant to hold the government accountable directly contradict their promise of an open and transparent government and raise the clear suspicion that there's something to hide or, worse, a cover-up?

Doug Eyolfson: On a point of order, Chair, this line of questioning is clearly outside the subject matter of today's meeting.

The Chair: Some of the questions that we are putting to the—

Burton Bailey: Did we stop the clock, Chair?

The Chair: Yes, we did.

Burton Bailey: Thank you.

The Chair: I'm perfect at that.

Basically, this is not the topic, Mr. Bailey, because the officials are not here to play politics. If you can just focus on the subject at hand, I would really appreciate it. I want this committee to go very cordially. I don't stop people. I gave all the time to any member who wanted it on the other issue, and I do this on every issue, but please stay on topic.

If there's no other point of order, I'll cede to—

Helena Konanz: I have a point of order.

I believe, after what happened in our last meeting, that Mr. Bailey might be worried that he might be silenced in the middle of the procedure here if there's something that the Liberal members don't want the public to hear.

● (1605)

The Chair: No, that will not be the case. He will get his time. He will be able to focus on the subject that we are studying today, and he will have every right to ask the witness questions related to the study.

With that, I will go back to Mr. Bailey.

Please go ahead.

Burton Bailey: Thank you, Chair.

The Liberal government claims it wants to build Canada and protect our sovereignty, yet their actions show the complete opposite. When it comes to agriculture and protecting our food security, the Liberals are running backwards.

I'm sure you're well aware of agriculture research centre closures across Canada, including the one in Lacombe, close to my riding. If you were approached today by the agriculture minister for advice about closing the research and development centres, what would your position be?

Harpreet S. Kochhar: Agriculture research centres are under the purview of Agriculture and Agri-Food Canada, and I don't have any mandate in terms of advising the minister on that.

Burton Bailey: I guess I'm asking what long-term risk to Canadian food sovereignty and regulatory independence is caused by the Liberal government's decision to gut domestic research capacity.

Harpreet S. Kochhar: As I mentioned earlier, there are multiple ways we look at our regulatory frame and some of the research that is done everywhere, so I am not in a position to comment about Agriculture and Agri-Food's decision on that.

Burton Bailey: The change in the mandate of the Canadian Food Inspection Agency and the Pest Management Regulatory Agency, now called the Pesticides Regulatory Directorate, PRD, to incorporate economic variables in their decision-making has yet to be completed. It was announced again in this week's Liberal credit-card economic update that their mandates would change to consider food security and the cost of food.

There seems to be push-back from your department on moving forward with this mandate change. Your VP of policy and programs, Robert Ianiro, was asked point-blank by MP John Barlow at the AGRI committee whether the department was changing its mandate to meet the promises made by the government, and he said, “The change isn't required”.

When will the CFIA and the PMRA mandates be changed to consider food security and the cost of food in their decision-making?

Harpreet S. Kochhar: In terms of CFIA's role, I will stick to that. I am not responsible for the PRD.

The national food security strategy will make it easier for Canadians to access affordable and nutritious food. It will increase and build Canadians' resilience to the capacity needed to meet domestic needs.

One thing that is very clear about the security of food is that the CFIA—

The Chair: I have to go back to the member.

Honourable member Bailey.

Burton Bailey: Thank you, Chair.

In announcing the name change of the Pest Management Regulatory Agency to the Pesticides Regulatory Directorate, your department used the motto “different name, same spirit”. That doesn't instill much confidence in me or the stakeholders and businesses that will be interacting with your agency going forward.

If nothing has changed internally except the name, when will the mandate eventually change? What measures are you putting in place to change the activist culture that's festered within your agency and made it harder for Canadian businesses to operate, grow and succeed in this country?

Harpreet S. Kochhar: Very respectfully, PRD is not under my purview and authority. It is a division of Health Canada. They will be responsible for answering.

Burton Bailey: Since 2015, over $1 trillion in investment has fled Canada, according to RBC, while the Canadian Federation of Independent Business reports that agriculture has seen more businesses exit than enter for the past decade, largely due to the heavy regulatory burden and red tape at CFIA.

The agriculture committee recently issued a strong report calling for urgent CFIA reform. Your government's response was widely criticized as weak and inadequate. CropLife Canada stated that it fell well short of matching the level of urgency and ambition in the committee's road map for growth and competitiveness, with us ranking 32nd out of 38 OECD countries in terms of regulatory burden, and 36th in terms of licensing and permits. Your department's response listed only measures that were already completed and under way.

With over 300 outstanding regulatory irritants identified by the agriculture and food sector, what exactly will be eliminated?

● (1610)

Harpreet S. Kochhar: If we go back to red tape reduction, CFIA is making excellent progress in reducing red tape. I would point out that the red tape reduction progress report is on CFIA's website. What we have done is reduced the regulatory and administrative burden. There were 26 actions identified, and 92% of them—about 24 out of 26—are either complete or on track to completion. This remains our priority.

If I can explain, there are multiple benefits from this. For example, there is Canada's enhanced feed ban, the exempting of low-risk fertilizers products from premarket registration and multiple others that are helping Canadians in their own way by reducing the regulatory burden.

The Chair: Mr. Bailey, you have 10 seconds.

Burton Bailey: I'd like to thank the doctor for answering my questions.

Thank you, Chair.

The Chair: Thank you, Mr. Bailey.

Now we will go to the next member, Dr. Jaczek, for six minutes.

Please go ahead.

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

Dr. Kochhar, it's certainly a pleasure to see you in this position. Congratulations on becoming the president of the CFIA. Having known you and knowing something about your background, I know you're extremely well qualified for the position.

Having said that, I'll follow up somewhat on what Mr. Bailey was talking about.

The spring economic update announced the government's intention to amend the Canadian Food Inspection Agency Act and the Pest Control Products Act to include consideration of food security and the cost of food. Could you please enlighten us on this? What exactly, in practical terms, does this change mean? How will things be different? What are you going to be considering?

Harpreet S. Kochhar: There are two things I would say. First, it is about supporting food affordability for Canadians without compromising their health and safety. That is an important piece for us.

When we use the economic lens, that is what we are trying to achieve. Even though we have, in our CFIA regulations and our regulatory stance, always considered economic impacts, this amendment will be tabled in future legislation and be scrutinized and studied in the parliamentary process and will build on that as part of our future.

I have to give you one simple example. We have created among ourselves a business enablement group. It is going to assist Canadian entrepreneurs who are looking to getting up to the federal standard of the safe food for Canadians licence. We are giving white-glove and concierge service to help them get to that point, giving them economic guidance that is much more necessary than just an enforcement role.

Hon. Helena Jaczek: I presume there will be broad consultation with stakeholders. Could you elaborate on the sectors that you're particularly interested in hearing from?

Harpreet S. Kochhar: As I mentioned, this is going to be in future legislation. We have an elaborate plan for consulting with stakeholders from different parts of industry, touching on food safety, animal health and plant health. Given the fact that food is derived either from plants or animals—food of plant origin or food of animal origin—we are actually casting a wider net to get information, get engagement and get the consultation going, and then we're presenting it through studies in the parliamentary process.

Hon. Helena Jaczek: During your presentation, you mentioned regulatory modernization. This sometimes worries people that there are going to be some glitches, possibly, in terms of new software programs. How exactly are you considering making processes more efficient, more predictable and more responsive? Can you elaborate a bit on what you're looking at?

● (1615)

Harpreet S. Kochhar: That is one of the things we have started to put in play: How do we evolve with the times in terms of modernizing the way the regulations are built? As I mentioned in my opening remarks, this agency was created in 1997, and we have had multiple iterations where we have increased our oversight and where the regulatory role has evolved. We continue to do that by making sure that we are modernizing our acts and legislation.

I'll give you a simple example. There has been an enhanced feed ban in Canada since the time of BSE. However, as we have moved to a negligible risk status, meaning there is very low risk to humans and of transmission of the BSE to Canadian cattle, we have now started to look at modernizing that and evolving it to allow certain specified risk material.

Another good example is seed regulation modernization. For seed modernization, we have consulted extensively and looked at the legislation, which is many decades old.

We are trying to formulate those things to bring them in line with today's modern industry standards.

Hon. Helena Jaczek: Going forward, you will perhaps look at some of these outdated processes, one by one, systematically to ensure that they fit today's world.

Harpreet S. Kochhar: That is absolutely the vision here, to look at the regulatory frame, which should fit in with how we can help Canadian enterprises and agri-food businesses to benefit.

Hon. Helena Jaczek: How much time do I have?

The Chair: You have 40 seconds.

Hon. Helena Jaczek: I'll just cede my time. Thank you.

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

We will now go to Mr. Blanchette-Joncas for six minutes.

Please go ahead.

[*Translation*]

Maxime Blanchette-Joncas (Rimouski—La Matapédia, BQ): Thank you very much, Mr. Chair.

I would like to welcome Mr. Kochhar, who is with us today. First, I want to congratulate him on his appointment.

Mr. Kochhar, at the end of January, staff at the Canadian Food Inspection Agency's Longueuil laboratory were informed that the laboratory would be ceasing operations at the end of April 2026, according to public information, as part of a planned closure.

Your colleague, Mr. Ianiro, appeared before the Standing Committee on Health on March 12. He told us that there were no risks and no consequences. He had committed to answering my questions and providing us with the analyses that led to the closure of this centre.

Today is April 30, and the documents have not been provided. A few days ago, on April 24, we noticed that the closure had ultimately been postponed to March 2028. We want to understand what actually happened.

Can you confirm that the Longueuil laboratory was supposed to cease operations at the end of April 2026, yes or no?

Harpreet S. Kochhar: I thank the member for the question, Mr. Chair.

Let me start by saying that, as part of a comprehensive review of expenditures, the Canadian Food Inspection Agency will close the Longueuil laboratory in 2028. That is indeed the case.

[*English*]

We have actually started to look at how we can consolidate the work done there.

[*Translation*]

For example, there are allergen tests and—

Maxime Blanchette-Joncas: You answered the question, Mr. Kochhar, and the answer was yes.

If the planning was sound, why is the centre's closure being postponed to March 2028?

[*English*]

Harpreet S. Kochhar: Since this is a three-year comprehensive expenditure review, one of the things we have done over time is planned for it to go into March 2028. Hence, we have used our ability to allow people to continue to be employed up to that time. In between that, we will do planning, as well as re-profiling this work to all the other laboratory networks we have.

● (1620)

[*Translation*]

Maxime Blanchette-Joncas: I'm trying to understand, Mr. Kochhar.

Do you still stand by the statement your colleague made on March 12, claiming that closing this lab posed no risk and that, supposedly, all the expertise that was available at the Longueuil lab was already available at another lab in the country?

[*English*]

Harpreet S. Kochhar: I need to mention that this work is done in different laboratories. As I said, we have a laboratory network.

I'll give an example, for ease. The Longueuil lab detects marine biotoxins. We have a capacity in Burnaby and Dartmouth, which both perform similar tasks. Basically, moving the work over there would be an important piece for us. We're planning for that. Similarly, allergen testing is conducted at the Burnaby laboratory and other western laboratories, so we'll use that laboratory network.

There will be other things that we may not be able to immediately identify and may not be in the mandate. We are working towards that, in a planning way.

[*Translation*]

Maxime Blanchette-Joncas: Mr. Kochhar, could you be more specific?

The closure of a centre is being postponed by two years. This isn't just a matter of transferring employees.

Can you explain what led to this decision? I'm particularly interested in why the announcement was made a few days before the originally scheduled closure date.

[*English*]

Harpreet S. Kochhar: I need to respectfully mention that the intent was to close our part of Longueuil laboratory in 2028. The letters that were sent out were actually sent out as “surplus”. However, realizing that creates anxiety, and although the date was to be 2028, we have moved them to “affected” status, which means that they will still have employment continuing on.

At the Longueuil laboratory, the CFIA operation is going to be closed. The laboratory belongs to Health Canada. Those other aspects at the Longueuil laboratory will continue to happen.

[*Translation*]

Maxime Blanchette-Joncas: Mr. Kochhar, why haven't the analyses that were promised to the committee on March 12 been submitted? We haven't received anything yet.

[*English*]

Harpreet S. Kochhar: We could provide you with more of a concise response to that in a written format, if that is what is being asked for by the committee.

[*Translation*]

Maxime Blanchette-Joncas: I'll be happy to assist you in that, Mr. Kochhar.

Mr. Chair, I hereby give notice that I will be introducing a motion. The committee requested information more than a month and a half ago and it is still waiting for a response. We have been getting bits and pieces of information from the media. I believe it is important to reassure the public regarding food safety.

In order to get a comprehensive, data-driven picture, I move the following motion:

> That, pursuant to Standing Order 108(1)(a), the committee order the Canadian Food Inspection Agency (CFIA) to table, within 21 calendar days, the following documents, unredacted:
>
> 1. All analyses, assessments, scientific opinions, and public health risk analyses, including preliminary and internal versions, that led or contributed to the decision to close, postpone, suspend, or modify the closure of the Longueuil laboratory;
>
> 2. The capacity analyses and the plan for transferring activities to other laboratories, including those related to food allergens, nutritional analysis, and marine biotoxins;
>
> 3. All internal or external correspondence related, directly or indirectly, to this decision, including communications with the minister's office and with Health Canada;
>
> 4. Any assessment of the impacts on Canada's international obligations and on access to export markets;
>
> 5. Any analysis concerning business continuity and risk management;
>
> 6. A complete chronology of decisions, including:
>
> a) the decision that led to the issuance of notices to employees in January 2026;
>
> b) the information available at the time of the testimony of Mr. Ianiro before the committee on March 12, 2026;
>
> c) any developments that led to the postponement announced on April 24, 2026;
>
> That these documents be submitted to the clerk of the committee, and that all confidential information be provided, under seal, to the members of the committee.

[*English*]

The Chair: The clerk does not have the motion, but I have a speakers list that I have to honour.

Mr. Mazier, please go ahead.

● (1625)

Dan Mazier: Thank you, Chair.

Thank you to the member for introducing this motion. I guess this is how transparency is going to work.

I can't believe that you actually have to take the time to put through a motion in this committee to beg for information on what's going on here. I congratulate you wholeheartedly for doing this.

This is after 10 years of cover-up. The Liberals have had how many years to do this? Even the new government—supposedly so, as they call themselves the new government—has had a year to come up with this information. It's unbelievable.

We'll see what happens here, but I wholeheartedly support this motion. Hopefully, we'll get some answers to your questions and get to bottom of it.

The Chair: Thank you, Mr. Mazier.

It's Madam Konanz, and then Madam Chi.

Helena Konanz: Following up on that, I want to support the point that when we as a committee ask for information and transparency, we should receive information or documents. There are many documents that we have ordered as a committee that we have not yet received, or our requests for them were voted down by our Liberal colleagues.

It's important that we receive as many documents as we can so that we can let Canadians know how their dollars are being spent, particularly in health care. Obviously, from our first year as a committee, we see that we are lacking so many things in health care, such as doctors, health clinics and specialists.

This is important. This committee should vote for any documents required by or asked for by a member so that we can receive them.

The Chair: Thank you.

I just want to be clear to the honourable members that the clerk has not received the text of the motion.

Madam Chi.

Maggie Chi: Thank you, Chair.

I thank my colleague for bringing forward a motion. Based on what I've heard, it is fairly substantive, and we haven't had time to read it on our side. It would be great to consider the clauses within the motion. I think the honourable member—who is online—and folks around this table would agree with that. When we are considering matters at hand, it would be great to see them, especially when they're substantive.

We have witnesses here today. We've barely gotten through one witness, and there is another witness waiting in the committee room. Out of respect for our witnesses today, I move to adjourn the debate.

The Chair: Clerk, take the vote, please. It is to adjourn the debate on the motion.

(Motion agreed to: yeas 6; nays 5)

The Chair: I'm going back to the witness now. The next round will be three minutes, three minutes, a minute and a half, three minutes and three minutes.

[*Translation*]

Maxime Blanchette-Joncas: Mr. Chair, I just want to let you know that I still had some time left before I introduced my motion. As you know, under the standing orders, speaking time—

[*English*]

The Chair: You have two minutes left.

● (1630)

[*Translation*]

Maxime Blanchette-Joncas: Thank you for respecting my speaking time, Mr. Chair.

Mr. Kochhar, since we have yet to receive any helpful answers from the government, I would like to ask you the following question.

A former national manager at the Canadian Food Inspection Agency said that it's unrealistic to believe that food safety can be maintained while closing the Longueuil lab.

Do you dispute this assessment, yes or no?

[*English*]

Harpreet S. Kochhar: I would say that the whole mandate of CFIA is food safety. That is our top priority. We do not compromise on food safety, animal health and plant health. Any of those decisions are taken into consideration, keeping in mind that there are other programs or other ways to reduce redundancy and duplication and still deliver for Canadians.

[*Translation*]

Maxime Blanchette-Joncas: Mr. Kochhar, is there a laboratory in Canada today that has the same level of expertise as the one in Longueuil?

[*English*]

Harpreet S. Kochhar: We have 13 laboratories at CFIA, including the Longueuil lab, and we have varied expertise in different labs. I mentioned the Dartmouth lab and the Burnaby lab, where we can actually have similar testing done. If there are things that we believe are not in the mandate of CFIA, we will have to look at industry, provincial labs and others that are partnering with us in any of these situations.

[*Translation*]

Maxime Blanchette-Joncas: Mr. Kochhar, international standards require that biotoxin analyses be completed within 72 hours.

Can you guarantee that these deadlines will be met after the Longueuil laboratory closes?

Is there another laboratory in Canada capable of meeting these standards?

[*English*]

Harpreet S. Kochhar: We are very cognizant of the fact that marine biotoxins have to be tested in a very timely manner, and we are working towards making sure that the service standard does not go down.

[*Translation*]

Maxime Blanchette-Joncas: How much time do I have left, Mr. Chair?

[*English*]

The Chair: You have 45 seconds.

[*Translation*]

Maxime Blanchette-Joncas: As you know, Mr. Kochhar, transporting samples over longer distances can cause problems with sample analysis.

Could there be a logistical risk involved in having a laboratory in Burnaby now, or in the fact that there are no laboratories in other parts of the country?

[*English*]

Harpreet S. Kochhar: As I mentioned earlier, there are multiple laboratories. One of them that is closer to Longueuil would be Dartmouth lab, where we also do marine biotoxin testing. As I mentioned earlier, we will take every care so that we do not have a reduction in our services in terms of laboratory testing.

The Chair: Thank you very much, Mr. Blanchette-Joncas.

I will give short turns in this next round. We will have two minutes, two minutes, one minute, two minutes and two minutes.

Burton Bailey: Why?

The Chair: It's because he's here until 4:30. We have another witness coming in, and I have to accommodate that witness.

Dan Mazier: We started 15 minutes late.

The Chair: That's why I'm going for 15 minutes. That's the way I'm counting the numbers.

Dan Mazier: Could you do a quick check to see what resources we have left, please?

The Chair: We will do that, but right now I'm not going to waste any more time. I'm going to give rounds of two minutes and two minutes, and then one minute.

Dan Mazier: Okay, I'm up.

The Chair: Madam Konanz is up.

Helena Konanz: Mr. Kochhar, earlier today I was at the trade committee, where the president of the Canadian cattle commission described the infrastructure bottlenecks that are limiting our exports. He was concerned that there's not enough capacity or hours for CFIA's veterinarians when it comes to measures such as restricted feeder cattle from the United States getting to Canadian slaughterhouses, among other issues. We need now of all times to remain competitive.

Given the intention of all parties to see more markets open up for Canadian beef and other meat products, how is CFIA going to avoid continuing to be a regulatory bottleneck to getting goods to market as we're finding increased demand?

Harpreet S. Kochhar: I take the point that it has been flagged that CFIA veterinarians or others are unavailable. However, we do strive to provide the service as quickly as possible. We have moved to digitization, and the certification is all done that way to help them get there.

● (1635)

Helena Konanz: Mr. Kochhar, how many veterinarians has the department lost in recent years compared with how many you're recruiting? I just want a number.

Harpreet S. Kochhar: We currently have over 500 veterinarians working for CFIA. It's continuous, as people join CFIA and then retire or leave, but there are 500.

Helena Konanz: Mr. Kochhar, can you table with the committee how much you've collected in fines from cattle ranchers in the last fiscal year and an explanation of how the new traceability requirement will affect them?

The Chair: You have seven seconds to respond, Dr. Kochhar.

Harpreet S. Kochhar: I don't have those—

Helena Konanz: He'll need to table it.

The Chair: Thank you. The time is up.

We will go to Madam Chi.

Madam Chi, you have two minutes.

Maggie Chi: Thank you, Chair. I'll share my time with Dr. Hanley.

The Chair: Dr. Hanley, go ahead, please.

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

Dr. Kochhar, congratulations on your position, and thank you for being here. Hopefully, I can get in two quick questions—and neither, really, is quick, but we only have a certain amount of time.

I have heard from one of the local egg producers in Yukon about access to CFIA inspection becoming more difficult. I wonder if you can comment on that.

It's always been challenging. We did have an inspector in Dawson Creek down the highway—quite a long way away. I believe that position is no longer intact. I'm just wondering if you can quickly comment on the access to inspection for the more remote areas in the country.

Harpreet S. Kochhar: Our intent is to provide timely service to all Canadians who require service from CFIA. We have, as I mentioned, looked at the consolidation of where we have our inspection services. We do provide service on a regular basis. It may not be in a specific area, but we regularly provide that service. As I was mentioning earlier, most things are becoming more digitized, so we are able to provide more access to people looking for certification and other things through online portals.

Brendan Hanley: I'll leave the other question, but can you elaborate on how online inspection would work for, say, a poultry farm?

The Chair: You have 10 seconds left.

Harpreet S. Kochhar: I would not say the poultry plants are assessed by inspection, but it's like the certification for pet exports. There are others, like cattle or farm animals that are moved across the borders and are exported. We do have a way to do that. For example, for Canada and Mexico, we have done—

The Chair: Dr. Kochhar, I'm sorry, but I have to cut down the response in the interests of time.

Now we will go to Mr. Blanchette-Joncas for one minute.

Please go ahead.

[*Translation*]

Maxime Blanchette-Joncas: I'd like to clarify something, Mr. Chair.

Did you say two minutes for everyone? You also mentioned one minute.

[*English*]

The Chair: It's one minute for you, and two minutes for the others.

[*Translation*]

Maxime Blanchette-Joncas: Okay.

That's not what you said earlier, Mr. Chair. You said everyone would have two minutes.

[*English*]

The Chair: Just go ahead, please, for one minute. Let's focus.

[*Translation*]

Maxime Blanchette-Joncas: We'll pull up the recording and discuss this further, agreed?

Mr. Kochhar, you stated that the closure of the centre in Longueuil was postponed to complete the transition plan.

Wasn't the plan already finalized when the initial decision was made? Please answer yes or no.

[*English*]

Harpreet S. Kochhar: The transition plan was discussed. It was not during the time I was there, but it was discussed and there is a plan in place. It has to be refined as we move forward with deciding where other components of the testing at the Longueuil lab are going to be, but we have a fair idea of where the testing will go.

● (1640)

[*Translation*]

Maxime Blanchette-Joncas: I know you weren't there, Mr. Kochhar, but could it be that the transition plan's timeline was underestimated, which might explain why the closure of the Longueuil centre was postponed for two years?

[*English*]

Harpreet S. Kochhar: I would just reiterate that the intent was always to close the lab in 2028. It is a three-year comprehensive expenditure review process, and that's how much time we need to actually transition. That's why we have given a fair amount of time to the individuals who work in the laboratory.

The Chair: Thank you.

Now we'll go to Mr. Mazier for two minutes, please.

Dan Mazier: Thank you, Chair.

Dr. Kochhar, welcome.

There have been 587 confirmed job cuts in the CFIA as part of the expenditure review. How is this affecting services related to food safety and inspection?

Harpreet S. Kochhar: We have looked at the workforce, but let me assure you, first of all, that there have been no cuts to frontline inspection staff. What we have seen is the—

Dan Mazier: Okay, I'll go back. I have another question for you.

The Canadian Veterinary Medical Association says that Canadian veterinarians have lost access to 40% of the drugs they had in the 1980s, in part because regulations are making it harder to get drugs to market.

You are a veterinarian yourself. I want to know if this is concerning from a health and safety perspective.

Harpreet S. Kochhar: I'll keep my professional title on one side.

In terms of the—

Dan Mazier: Excuse me, sir, but that's a very important fact. You have the professional opinion.

Harpreet S. Kochhar: I do, but I wouldn't want to speak on behalf of Health Canada, which is the regulating authority for veterinary drugs.

Dan Mazier: Okay.

The Chair: Thank you, Dr. Kochhar.

Mr. Mazier, I stopped the watch. As I mentioned earlier, if we don't do crosstalk, it will be easier on the interpreters.

Mr. Mazier, go ahead.

Dan Mazier: Dr. Kochhar, how many vacant veterinarian positions does the CFIA have today?

Harpreet S. Kochhar: I'll have to come back to you. I don't have that number.

Dan Mazier: Can you please table that information, then?

Harpreet S. Kochhar: Yes, sir.

Dan Mazier: How many CFIA veterinarian positions at slaughterhouses are currently vacant today?

Harpreet S. Kochhar: We have 100% presence at the slaughterhouses. The veterinarian positions are always there.

Dan Mazier: What province has the highest vacancy rate for CFIA veterinarians?

Harpreet S. Kochhar: Again, I'll have to come back to that. That data is not in front of me.

Dan Mazier: In the last year, how many times did the CFIA have to reduce, delay or cancel inspections because no veterinarian was available?

Harpreet S. Kochhar: It is a very rare phenomenon that we would have to cancel. We generally plan everything.

The Chair: Your time is up, Mr. Mazier.

Dan Mazier: If you could table that, it would be great.

The Chair: Thank you very much.

We'll go now to Dr. Eyolfson for two minutes, please.

Go ahead.

Doug Eyolfson: Thank you, Dr. Kochhar.

We're talking about diversifying our markets. What is your agency's strategy for assisting in diversifying our markets so that there's better market access for our agricultural products abroad?

Harpreet S. Kochhar: Let me start by saying that Canada's ability to export food, animal and plant products is based on the very strong confidence that foreign regulators have in the Canadian regulatory inspection system, certification system and oversight system.

The CFIA provides that oversight, and we have the ability to have system verification with our trading partners. They come in here and verify our system, assess our system and assess an establishment, for example, for the meat. That gives them confidence.

We continue to build on that, and we are trying to expand into more markets. We have multiple markets that have been opened up lately.

Doug Eyolfson: Thank you, sir.

How much time do I have left?

The Chair: You have 45 seconds.

Doug Eyolfson: Part of our government's mandate is to reduce interprovincial trade barriers. Could you explain how the CFIA will help to work to support internal trade within Canada?

● (1645)

Harpreet S. Kochhar: Specifically looking at internal trade, almost 61% of the food produced in Canada is moving around in the provinces. There are some parts where we have to get the producers to the safe food for Canadians licence level.

We have been able to give exemptions in, for example, unmet slaughter capacity. If there is a slaughter facility in, let's say, Ontario, and it has to be moved 500 kilometres to Quebec, they can use that exemption for that. We're using a lot of that to help them get to that point.

The Chair: Thank you very much.

On behalf of the honourable members of the committee, I would like to thank Dr. Kochhar for his time today.

I will briefly suspend the meeting, and we will welcome the second witness.

● (1645)

_____(Pause)_____

● (1645)

The Chair: I call the meeting back to order.

Dan Mazier: I have a point of order, Mr. Chair. This is going back to the last hour.

There was a motion presented to bring back Mr. Green from Canada Health Infoway. You turned to the clerk and asked her to advise you if the motion was in order. I want to know what advice the clerk gave you. That's all I want to know.

● (1650)

The Chair: The only advice I asked from the clerk—

Dan Mazier: I'm not asking for the decision. I am asking for what advice the clerk gave you.

The Chair: I totally understood your point the first time, Mr. Mazier.

I'm going to tell you. I asked her whether Mr. Green was invited by name or by title. She showed me in bold letters what it said. It said that it was by designation.

Dan Mazier: That's not what I'm asking, Chair. I'm asking if my motion was in order.

The Chair: That was my decision. Every decision that I make is my final—

Dan Mazier: She advised you that it was in order, then.

The Chair: She did not advise me. I cannot—

Dan Mazier: You conferred. It's in Hansard. You conferred back and forth.

The Chair: We conferred—

Dan Mazier: What did the clerk advise you? Was it in order or not?

The Chair: I did not ask that specific question. I asked her—

Dan Mazier: Can you ask her now?

The Chair: I'm not going to ask her now.

This was my decision. I looked at it, and it was not by name. It was by designation. It's not her decision. It is my decision.

Let's move on. Thank you.

Pursuant to Standing Order 111 and the motion adopted by the committee on Thursday, April 16, 2026, the committee shall commence its study of the order in council appointment of Dr. Joss Reimer to the position of chief public health officer of Canada.

On behalf of committee members, I would like to welcome Dr. Reimer for the second hour.

Dr. Reimer, you have five minutes for your opening statement.

[*Translation*]

Joss Reimer (Chief Public Health Officer, Public Health Agency of Canada): Mr. Chair, members of Parliament, thank you for the invitation to meet with the committee today.

I am honoured to be here in my new role as Canada's chief public health officer and appreciate the opportunity to speak with you early in my mandate.

I assumed this position on April 1, following my appointment by the Government of Canada. I am a public health physician, the former regional chief medical officer for the Winnipeg Regional Health Authority, and past president of the Canadian Medical Association.

In these roles, I have learned that public health works best when decisions are informed by scientific evidence, collaboration and community. I look forward to listening to and learning from all partners and stakeholders and to bringing my experiences to this new role at the federal level.

[*English*]

As the Government of Canada's lead public health professional, my mandate is to provide independent, science-based advice to the Minister of Health and the president of the Public Health Agency of Canada. To do this effectively, I will collaborate with partners across jurisdictions in Canada and internationally on public health matters. I will also speak and engage with Canadians, health professionals, stakeholders and the public on population health issues. Finally, I will report annually to Parliament on the state of public health in Canada.

I have had a busy first few weeks listening to and learning from the agency's senior leaders about their ongoing work, challenges and priorities. I have also had meetings with the Minister of Health and the president of the agency, and have discussed priorities and expectations for my mandate.

I am focused on building strong relationships with federal, provincial, territorial and indigenous public health leaders. I had the opportunity to attend my first public health network council meeting as federal co-chair last week. One of the issues we discussed was emergency preparedness, specifically strengthening operational readiness and coordination.

This week, I had the honour of participating in the launch of the Pan American Health Organization's annual vaccination week in the Americas, which was held here in Ottawa. It was an opportunity to both celebrate the life-saving impact of vaccines and discuss how we need to sustain progress and address the challenges we face.

Immunization is a deeply personal topic for me. In Manitoba, I was responsible for the COVID-19 vaccine rollout. In addition to that, I grew up in a rural community that at one point in the last two years had the highest rate of measles in the Americas. These issues matter to me and play a major role in why I decided to take on this position.

During my mandate, I look forward to collaborating with colleagues and partners domestically and internationally and with communities across the country to address pressing health concerns as well as health equity. This is a consequential moment for public health.

Canada faces a convergence of challenges with the re-emergence of vaccine-preventable diseases such as measles, the ongoing toxic drug and overdose crisis, persistent health inequities, including for indigenous people, and growing risks linked to extreme weather events and emerging infectious diseases. At the same time, public trust in health institutions has been strained following the pandemic.

Earning and strengthening trust are central to my approach. I will support the delivery of public health advice and information that is transparent, consistent and reliable. To achieve this, I will work closely with partners and experts to address health misinformation and disinformation.

● (1655)

[*Translation*]

I will also place emphasis on strengthening prevention and preparedness, addressing infectious diseases and reinforcing global health security as well as supporting efforts to encourage innovation and strengthen basic public health functions like disease surveillance.

I am incredibly honoured to take on this role.

Mr. Chair, I look forward to working with this committee and partners across the country to protect and promote the health of people in Canada.

Thank you. I welcome your questions.

[*English*]

The Chair: Thank you, Dr. Reimer.

We will go to Dr. Strauss for six minutes.

Please go ahead.

Matt Strauss: Thank you, Chair.

Thank you, Dr. Reimer, for being here today.

Thank you for your opening remarks. I had it in my head that you and I agree on a number of things—for instance, that medical misinformation can be dangerous and can harm patients and populations, and that measles vaccination in children is very important.

You didn't say so in your remarks, but I imagine you would agree with me that it's a bit of a gut punch that Canada has lost its measles elimination status. Would you agree with that?

Joss Reimer: I would agree that we do agree on many points, including that losing the measles elimination status was a very disappointing thing to happen in Canada.

Matt Strauss: I suspect that we also agree that it's really important that Canadians have trust in public health institutions and that public health institutions work to build trust with Canadians. I suspect that if you and I were to discuss this at great length, we might find that we have some areas of disagreement there.

I'll be open. In the region where I served as a public health officer, I'm sure measles vaccination rates went down, although good data wasn't even being taken at that time. In the region where you served as a public health officer, did measles vaccination rates go down over the time that you served?

Joss Reimer: We have seen a decrease in childhood vaccine uptake across the country. There's certainly variation in different regions and communities. However, I would say that across the board, for a variety of reasons, there has been a decrease, which contributed in part to what we're seeing with measles right now in Canada.

Matt Strauss: Could you share with me your reasoning for why that happened?

Joss Reimer: A number of things happened at the same time. As I mentioned, there was certainly some distress that occurred during the pandemic. For people who were experiencing the decisions that public health made, whether those were the right or the wrong decisions, we know that there were many difficult things people went through, such as losing income and losing access to friends and family. Other individuals lost loved ones. It was a really difficult time across the board.

● (1700)

Matt Strauss: I'd say that's more agreement between you and me than I expected to attain.

You said, “whether those were the right or the wrong decisions”. Would you agree that some of the decisions in some jurisdictions were the wrong decisions?

Joss Reimer: During the pandemic, I know that public health professionals were working their very hardest to make the best decisions they could for their individual communities and for the country as a whole. There's—

Matt Strauss: Surely they weren't batting a thousand.

The Chair: Raise your hand, please. That way it will work better.

Matt Strauss: Sure.

The Chair: Dr. Reimer, go ahead, please.

Joss Reimer: I have no doubt that we as public health professionals did not function perfectly. However, I believe that we made the best decisions we could with the information we had at the time and with the goal of the best outcome for Canadians as a whole.

Matt Strauss: In service of our shared goal of increasing public health in institutions, do you think public health authorities specifying when they got it wrong and perhaps expressing some amount of humility or even contrition around those points may be in order as a way of building trust?

Joss Reimer: You bring up a really valuable point.

Something that I heard very clearly from Manitobans when I was doing the vaccine rollout was how important it was to them that I was transparent, that I expressed both what I knew and what I didn't know, and that when we changed our approach, we gave them an explanation as to why. Often it was because of new information.

I want to take that into this mandate as well, to make sure that when Canadians hear me speak about a topic, they can trust that I'm going to share what I know and what I don't know and that when we change approaches, I have an explanation for why we changed them.

Matt Strauss: I'll go to some more specifics.

It's my understanding—although I'm not in the field anymore—that many public health authorities in many European countries no longer recommend COVID-19 vaccinations for healthy children under 18. It is my understanding, last I checked, that public health authorities in Canada do recommend that. Can you speak at all to that discrepancy?

Joss Reimer: Within public health recommendations, we rely on the National Advisory Committee on Immunization, which is an independent body of scientific experts who review all of the evidence that is available and come up with recommendations for Canadians. They provide excellent advice to us because they're an independent body. The decisions about what is covered and offered in each province or territory are made by provinces and territories.

Matt Strauss: I'll be totally open with you. When I was serving as a public health officer, people would tell me things like, “I am not going to get this vaccine as long as I feel that you're forcing me into it.” They would tell me things like, “Fine. You've convinced me to get the vaccine, but there's no way in hell you're vaccinating my 16-year-old.”

When I look at the coercion, frankly, that was used with respect to vaccine mandates and at the fact that multiple public health authorities in other countries have stated that the risks outweigh the benefits for healthy young people, that is a source of profound and ongoing loss of trust. Until that's acknowledged, I don't see that being repaired.

I'd like to know what reflections you have on that. I want to raise it as you go forward in your mandate. There is an important lack of trust here, and I think it needs to be dealt with.

Joss Reimer: I really appreciate those comments. As I mentioned, it was a really difficult time for everyone.

When we work in public health, we are always trying to balance the benefits and harms of any intervention. This is as opposed to when I'm caring for an individual patient and can think about their needs above anyone else's needs. When you care for a community, you know that the decisions that you make may help some people more than they help others, and that's a difficult balance to take. At all times, there will be some people who appreciate the decisions and others who do not. That's something that I take very seriously.

I know the Public Health Agency of Canada takes very seriously that the decisions we need to make will always need to balance benefits and risks for all Canadians. That's what makes the job difficult, but it's also what makes it so important.

The Chair: Thank you, Dr. Strauss.

We will go to Dr. Eyolfson for six minutes.

Please go ahead.

Doug Eyolfson: Thank you, Dr. Reimer, and once again, congratulations on your appointment.

I share with you the very personal relationship with vaccination, particularly during the pandemic. I worked pretty much through the entirety of the second wave of COVID, which hit Manitoba very hard. I spent that time working in the intensive care unit. One of my personal observations was that in a six-month period, I saw more preventable deaths than I had seen in the previous decade of my career. It was a very heartbreaking time, so I was very appreciative of your role in the vaccine rollout.

As vaccine uptake increased, we did see admissions to ICUs start to go down. We saw mortality start to go down. I thank you for your role in that. It really did highlight the importance of building trust in the medical community, because there was a loss of that from many sources, some reputable and many not.

Given the approach you took to increase trust in public health and public health recommendations, how are you planning to use this strategy? What are some of the strategies you used in Manitoba that you plan to use nationally to increase trust?

● (1705)

Joss Reimer: Building trust is fundamental to the work I want to do in this new role. We saw a loss of trust for a variety of reasons. What I want to do is think about it in many different ways.

Speaking more directly to my role, as I mentioned, one thing that was made very clear to me by Manitobans was the importance of not only transparency, but also humility and being able to share when I know things, when I don't know things and why we're making the decisions that we are.

I know about the importance of having a trusted relationship. That's something I want to support from the federal level for frontline health care providers, who have an existing trusted relationship with patients and communities. I want to work with community leaders, religious leaders and all of the individuals who already have those existing trusted relationships so we can give them the tools and information they need to help support their communities and to help support those interactions.

I know that no matter what I say at the federal level, what somebody with that trusted relationship says is always going to be the most important thing. People rely on their care providers and their friends and family for advice, so we need to be thinking about this from the national level all the way down to individual patient interactions.

Doug Eyolfson: Can you think of any specific practices or specific partnerships you developed in your role in Manitoba that you can apply nationally in this role, particularly with regard to increasing vaccine uptake?

Joss Reimer: I can think of a number of examples that were helpful during that time.

One of the most successful aspects was the work we did by partnering with indigenous health experts. In Manitoba, we initially saw lower vaccine uptake within indigenous populations, but once indigenous health experts were brought in to lead the rollout for indigenous communities, we saw a dramatic increase in uptake, which I believe was a combination of improved access and having a trusted face who is familiar with the circumstances, familiar with the cultural aspects and familiar with the challenges faced by those communities.

Being able to ensure that we have people with lived and living experience and have trusted leaders involved is a strategy that I would take into this current role, because I know that I will never know as much as a community leader does about their community. I want to develop those relationships across the country to help support community leaders and frontline health care providers so they can support their communities and patients.

Doug Eyolfson: Something you said resonated with me given my career as an emergency physician. It is much the same as when you said that we know what we know, and we know what we don't know. If we're doing a resuscitation, we know that. Does the patient need an angiogram? We might not know that, and that is why we call the cardiologist.

It's very important to know when to make that call. I think that is important, and part of the humility that builds trust is about saying, “I don't know. We will find out from those who do.”

We've been talking about the particularly challenging decrease in vaccine uptake. I believe Manitoba, for some time now, has been number one for cases of measles in Canada, and it might even be number one for measles in North America.

What is your approach to these areas and these regions? How can this be applied nationally to increase uptake in these particularly problematic regions?

● (1710)

Joss Reimer: The partnerships with provinces and territories are critical to that work, because while we can come up with national standards and guidelines, the provinces and territories are going to have much more information about what is effective in their communities and about the needs of those communities.

The Chair: Thank you, Dr. Reimer.

Thank you, Dr. Eyolfson.

We will go to Mr. Blanchette-Joncas for six minutes.

Please go ahead.

[*Translation*]

Maxime Blanchette-Joncas: Thank you, Mr. Chair.

Good morning, Ms. Reimer. Congratulations on your appointment.

You took office on April 1 of this year. I'd like to understand what you've done since then to assess the public health implications of the Longueuil laboratory's closure. The closure was scheduled for April 2026. It has now been postponed to 2028.

Since taking office, have you personally confirmed that there's no risk to public health?

Joss Reimer: I thank the member for the question.

[*English*]

The closure of the laboratory falls under the CFIA and its decision-making. I have not yet had an opportunity to meet with my CFIA colleagues, but I do know that the CFIA and the Public Health Agency of Canada work very closely together. This is something on which we will continue to work with them to ensure that for any changes in their process for the work they do, we are partnering with them and providing advice regarding any impact that may exist for public health.

[*Translation*]

Maxime Blanchette-Joncas: I'm just trying to understand, Ms. Reimer.

Are you aware of any independent public health assessment of this decision?

[*English*]

Joss Reimer: That is something I would have to take away, as it's not something that I'm directly responsible for. I would be happy to ask the agency if there has been any involvement in that decision-making from us and bring that back.

[*Translation*]

Maxime Blanchette-Joncas: In your opinion, could the loss of specialized expertise in allergens pose a risk to public health?

[*English*]

Joss Reimer: When I think about the work of the Public Health Agency of Canada, and when I think about public health in general for Canadians, there is always a need for more expertise. We always function in difficult resource settings in all levels of public health. While I will always value additional expertise, the specifics of the lab closure are not something I can comment on.

[*Translation*]

Maxime Blanchette-Joncas: Ms. Reimer, the answers you can choose from are yes or no. Do you believe there's a risk, yes or no?

[*English*]

Joss Reimer: I certainly understand that. I'm not sure that I have a simple yes or no answer to that question, because all the ways we do laboratory sciences are complex and they're shared across different labs.

I'm not able to give a simple yes or no answer to something that requires an analysis of the laboratory structure as a whole.

[*Translation*]

Maxime Blanchette-Joncas: Let's try to keep this simple, Ms. Reimer.

On April 24, the government decided to postpone the closure of the CFIA laboratory in Longueuil until 2028.

When were you consulted, before or after the announcement?

I'm trying to understand the decision-making process a bit. There's a public health issue at stake. In fact, it's a food safety issue.

[*English*]

Joss Reimer: I would have to take that away and ask the agency what their role was, if any, in consultation with the CFIA in that decision-making.

I don't have that answer right now, but I am happy to ask the agency and bring that back.

[*Translation*]

Maxime Blanchette-Joncas: Mr. Chair, the answers we've just heard show that there's a lot of uncertainty. The fact is we don't have answers, and that is why I am moving a motion calling on the Public Health Agency of Canada to provide the committee with all of its assessments, risk analyses and documents pertaining to the closure of the Longueuil laboratory.

The motion reads as follows:

> That, pursuant to Standing Order 108(1)(a), the committee order the Public Health Agency of Canada to provide, within 21 calendar days, the following documents, unredacted, in its possession or under its control:
>
> (1) All public health assessments, analyses or advice, including preliminary and internal versions, regarding the impacts of the closure or postponement of the Longueuil laboratory;
>
> (2) All public health risk analyses related to food allergens and marine biotoxins, including impacts on testing timelines and emergency response capacity;
>
> (3) All assessments of the system's capacity to respond to incidents or outbreaks, in the context of reduced laboratory capacity;
>
> (4) All internal or external correspondence directly or indirectly related to this matter, including briefing notes, emails, memoranda and presentations, including communications with the Canadian Food Inspection Agency, Health Canada and the Minister's Office;
>
> (5) All recommendations made by the agency regarding the closure, postponement or maintenance of operations at the Longueuil laboratory;
>
> (6) A complete timeline of the agency's involvement, including:
>
> (a) any involvement prior to January 2026;
>
> (b) any assessments or advice available as of March 12, 2026;
>
> (c) any contributions or analyses that led to the postponement announced on April 24, 2026;
>
> That these documents be deposited with the clerk of the committee, and that any confidential information be provided under seal to committee members, subject to personal information protections.

● (1715)

[*English*]

The Chair: Thank you, Mr. Blanchette-Joncas.

Madam Clerk is trying to distribute the motion to members.

I'll go to Madam Chi, and then I'll go to Mr. Mazier and Madam Konanz.

Maggie Chi: Thank you, Chair.

I thank my colleague for bringing forward the motion.

We have a witness here. This is only the first round of questions. Out of respect for members who are in the queue to ask questions.... It's the first time we get a chance to ask questions of Dr. Reimer, and she's doing fantastically. I would really appreciate the opportunity for us to finish with the witness so that members here can get in a round of questions and it's fair for every single party.

With that, I move to adjourn the debate.

The Chair: It's non-debatable.

Clerk, take the vote on this, please.

(Motion agreed to: yeas 6; nays 5)

The Chair: The floor goes back to Mr. Blanchette-Joncas.

[*Translation*]

Maxime Blanchette-Joncas: How much time do I have left, Mr. Chair?

[*English*]

The Chair: You have two minutes and 14 seconds.

[*Translation*]

Maxime Blanchette-Joncas: Thank you.

That brings me back to my questions, Ms. Reimer.

The pharmaceutical and life sciences sector task force is made up of many big pharma representatives.

Was the Public Health Agency of Canada consulted on who would be part of this recently created government task force?

[*English*]

Joss Reimer: I'm sorry, but can I ask you to clarify which working group you are referring to?

The Chair: I'm going to stop the watch and give the time back to Mr. Blanchette-Joncas.

[*Translation*]

Maxime Blanchette-Joncas: Thank you, Mr. Chair.

In March, the government created the pharmaceutical and life sciences sector task force.

I want to know whether the agency was consulted on the task force.

● (1720)

[*English*]

Joss Reimer: Any consultation would have occurred before I began in the role. That is something I will have to ask the agency, as I would not have been part of it at that time.

[*Translation*]

Maxime Blanchette-Joncas: Ms. Reimer, do you think it's appropriate for this key round table to have pharmaceutical industry representatives, but no patient representatives or independent experts?

[*English*]

Joss Reimer: Again, I'm sorry, but can you clarify the question?

The Chair: I'll stop the watch.

Mr. Blanchette-Joncas, go ahead, please.

[*Translation*]

Maxime Blanchette-Joncas: Thank you, Mr. Chair.

I know these aren't easy questions.

The task force is made up solely of pharmaceutical industry representatives.

The makeup of the task force isn't balanced. Patients and even independent experts aren't represented on the task force. Do you think that could undermine how they view the situation?

[*English*]

Joss Reimer: Thank you so much for the clarification.

Regarding the committee, this is not something that is within my mandate. I am very happy to speak to other issues, but I don't have the background to be able to speak to that committee specifically.

[*Translation*]

Maxime Blanchette-Joncas: All right.

How much time do I have left, Mr. Chair?

[*English*]

The Chair: You have 45 seconds.

[*Translation*]

Maxime Blanchette-Joncas: Thank you, Mr. Chair.

Ms. Reimer, in the economic update it released this week, the government talks about food security, affordability, groceries and food production. We also see that spending on government operations is being cut.

Has the Public Health Agency of Canada measured the potential impact on public health capacity, given this reduction in the resources it has to operate properly?

[*English*]

Joss Reimer: My understanding is that some of the previous financial commitments for running the Public Health Agency of Canada were reinforced in this economic update. However, the agency did go through a workforce adjustment prior to my taking on the role, so that has already occurred in the agency with respect to their budget.

The Chair: Thank you, Mr. Blanchette-Joncas.

We will go to the next round, and we will start with Mr. Mazier for five minutes.

Please go ahead.

Dan Mazier: Thank you, Chair.

Welcome, Dr. Reimer. Congratulations on your new position as Canada's chief public health officer—good for you.

I'll start with a simple question. Is consuming illegal fentanyl safe, yes or no?

Joss Reimer: The toxic drug crisis is a complex situation, and it requires a complex response—

Dan Mazier: It was a pretty simple question.

Is consuming illegal fentanyl safe, yes or no?

Joss Reimer: While I understand the question, I believe that it is a complex question that requires a more complex answer, which I would be happy to provide, but—

Dan Mazier: You can't—

The Chair: Let her finish first, Mr. Mazier.

I have stopped the watch. I would ask Dr. Reimer to finish off, and then we'll start the watch.

Go ahead, please, Dr. Reimer.

Joss Reimer: The consumption of any medication or drug, illegal or legal, is—

Dan Mazier: That wasn't the question, though. It was a very simple question.

The Chair: I'm not going to stop the watch.

Go on, Mr. Mazier.

Dan Mazier: Dr. Reimer, you said in reference to vaccine implementation during the pandemic, “the science changes every single day, so we’re having to flip our approaches all the time.” I guess we all heard that, and we all lived through that. Does the same principle of changing science apply to supervised drug consumption sites and safe supply policy?

Joss Reimer: That's an excellent question, because it highlights the scientific method and the importance of always evolving our knowledge in regard to any topic.

Dan Mazier: It's a yes-or-no question. It's easy.

The Chair: Honourable member, I have stopped the watch. Let's be respectful to her. Let her finish, even if you don't agree. Then I will start the watch when the turn comes to you.

Dr. Reimer, go ahead, please.

Joss Reimer: As you mentioned, MP, during the pandemic, the information was evolving very quickly, more quickly than we are typically used to in scientific advancements because of so much attention to that topic.

When it comes to other topics, like supervised consumption sites, I anticipate that we will continue to learn and evolve as the science evolves. That is something that we will always need to apply to our approaches.

The Chair: Dr. Reimer, if you can, once a member raises a hand, quickly wrap up the answer. That will help me in managing the committee in a cordial manner.

I will start the watch, and we'll go to Mr. Mazier.

Please go ahead.

● (1725)

Dan Mazier: Thank you, Chair.

Are you aware of the new peer-reviewed evidence published in the journal Addiction showing that when supervised consumption sites shut down, there is no increase in mortality rates or ER visits and in fact this result in an increase in people accessing treatment services, yes or no?

Joss Reimer: There are multiple studies published every day on these topics, so I'm not aware of what specific study you are referencing.

Dan Mazier: Okay. Will you commit to reviewing the government's supervised drug consumption site policies?

Joss Reimer: Supervised consumption sites fall under the mandate of Health Canada. However, it's very important for me, as the chief public health officer, to be partnering with them, reviewing evidence and working alongside them in our response.

Dan Mazier: You referred to the opioid crisis as one of your mandates and one of your interests. So that you're aware of what you're walking into when you start reviewing the drug consumption site policies, I'll note that right now, Health Canada is advertising to minors. You can be 16 years old and up and walk into a drug consumption site and watch an adult consume illegal fentanyl. That is approved by Health Canada right now. There's also no ID required either.

If you could, look into those two requirements. I think you would agree that those definitely need to be looked at.

Joss Reimer: I look forward to reviewing the approaches of Health Canada alongside the approaches of all of the provinces and territories in the work that I take on as the chief public health officer.

Dan Mazier: In what situation is consuming illegal fentanyl safe?

Joss Reimer: As I mentioned, when it comes to substances, legal or illegal, there are risks associated with all of them. When we are working in hospitals and when we are working with illegal drugs, we are always trying to provide the best and safest options possible for people.

Dan Mazier: What would you tell a minor? What would you tell my child or my granddaughter? Would you say using illegal fentanyl is safe?

Joss Reimer: The toxic drug crisis is a complex issue, and supervised consumption is one area that we need to use in our response, but it goes together with prevention and treatment.

Dan Mazier: I honestly can't believe you can't answer that. Why can't you answer that question?

We all admit that fentanyl is a terrible drug. It's ravaged our streets. It's torn apart our communities. It's government policy that's enabling it and enabling these consumption sites. Actually, our health minister, who could do it with the stroke of a pen....

Why won't you admit that using fentanyl next to children is not good? It's not good for the Canadian public and it's not good for our families. Why won't you admit that?

The Chair: Dr. Reimer, the time is up. You can give a short answer if you wish to. Otherwise, we'll move to the next speaker.

Joss Reimer: It is a complex issue, and I believe the answers require complex responses.

The Chair: Thank you, Dr. Reimer.

Thank you, Mr. Mazier.

We will go to Ms. Chi for five minutes.

Please go ahead.

Maggie Chi: Thank you, Mr. Chair.

Thank you, Dr. Reimer, for coming in today to provide expert witness testimony and testify in front of the committee. Congratulations on your appointment.

Recently, the CMA commissioned a survey of Canadians, and it found that "43% of Canadians are highly susceptible to misinformation." We've seen various trends online. It's quite concerning for any generation.

You have done a lot of work on this. You have a lot of expertise on this. I want to pick your brain on the types of strategies you believe are the most effective in countering misinformation, especially online misinformation.

Joss Reimer: There are very clear harms associated with misinformation and disinformation. The survey you're speaking about demonstrated some of the harms Canadians experience when it comes to misinformation and disinformation. It is something that I care a lot about and is one of the topics that I hope to bring into this mandate as a priority for the work that I do.

When it comes to responding to and mitigating misinformation and disinformation, it needs to happen at multiple levels at the same time. What I see as my specific role will be sharing transparent, evidence-based, easy-to-understand information with Canadians. However, it is equally important that the agency be supporting provinces, territories, municipalities, communities and indigenous groups so that they also have the tools and information they need to support their communities. That is as important as if not more important than the work I'll do at the national level because of the relationships and the specific knowledge they have about their own communities, the information they're being faced with and the needs they have.

● (1730)

Maggie Chi: Thank you, Chair.

Thank you, Dr. Reimer.

I'll be sharing the remainder of my time with Dr. Hanley.

The Chair: Dr. Hanley, please go ahead. You have three minutes.

Brendan Hanley: Thank you, Mr. Chair.

Thank you, Dr. Reimer. I want to add my congratulations on your appointment, particularly your being appointed as a public health physician.

I want to continue more or less on the same subject.

We're in a very challenging time of health information. We often see that political viewpoints and values may override the influence of expert opinion. We're even seeing that within this committee, for example. We're also seeing south of our border changes in leadership at the CDC. North Americans in general, but also Canadians, look to that leadership in health information.

In navigating this more difficult world where disinformation is a daily reality, how do you envision pulling in civic society? I see this as a real pan-societal effort, with your leadership and that of other health leaders enabling citizens to be able to distinguish good information from false information.

Joss Reimer: I would agree that this is a major issue that is impacting people as they try to make the best decisions they possibly can for themselves and for their loved ones. As a physician, I have personally had patients make decisions based on misinformation that caused them to turn down the life-saving or serious treatments and remedies they needed.

It's something I want to bring into this role, but I would agree with the premise that we need to make sure we are working at multiple levels. That includes working with people who are on the front lines—the health care providers—but also working with patient groups, religious organizations, community leadership and indigenous health experts.

There are many different groups we need to be partnering with as we try to fight against misinformation and disinformation, because we know there is an onslaught of that. We know with social media that we have little ability to control the algorithms and what people see when they go online, but we also know that trusted relationships with friends, family and community members can make a big difference.

I want to be part of sharing information at the national level, while also supporting leaders in their communities so they also have the information they need to support their communities.

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

Now we will go to Mr. Blanchette-Joncas for two and a half minutes.

The floor is yours.

[*Translation*]

Maxime Blanchette-Joncas: Thank you, Mr. Chair.

Ms. Reimer, I want to revisit the pharmaceutical and life sciences sector task force and its makeup.

In your opening remarks, you said you were going to advance transparency and humility in your decision-making and approaches. I very much appreciate that. As you know, the government hasn't made public who will be on the task force. That information isn't available online. All we know is who the two co-chairs are.

The government hasn't released who will be on the task force or published that information online, so would you say the government is being transparent?

Parliamentarians had to ask the minister herself.

[*English*]

Again, I do not have the background on this committee. This is not something that falls under my mandate, but it is a question that I can take back to the agency to see what involvement it has had in the development of the committee.

● (1735)

[*Translation*]

Maxime Blanchette-Joncas: Ms. Reimer, why do you think the government is hiding who will be on the pharmaceutical and life sciences sector task force?

[*English*]

Joss Reimer: Unfortunately, as I mentioned, I don't have the background regarding this specific committee, so this is something I would have to look into and come back on.

[*Translation*]

Maxime Blanchette-Joncas: Do you understand that the Public Health Agency of Canada should have the opportunity to provide its assessment before the government decides who's going to sit on the task force?

[*English*]

Joss Reimer: It's critical that the Public Health Agency of Canada partner with all other parts of the government that deal with health-related issues. Whether they be on pharmaceuticals, with the CFIA or with Health Canada, these partnerships are important to the work we do. I look forward to those partnerships as I learn more about the role and about the agency, including this committee.

[*Translation*]

Maxime Blanchette-Joncas: Thank you, Ms. Reimer.

I think it's also important for parliamentarians to be aware of the Public Health Agency's views and advice.

Mr. Chair, I am moving a motion so that the committee can obtain the agency's analyses and documents related to the makeup of the task force, as well as the information required for full transparency.

I move as follows:

> That, pursuant to Standing Order 108(1)(a), the committee order the Government of Canada to provide, within 21 calendar days, the following documents, unredacted, in its possession or under its control:
>
> (1) All public health analyses, assessments or advice regarding the composition, mandate or work of the Pharmaceutical and Life Sciences Working Group;
>
> (2) All documents demonstrating the involvement, consultation or validation of the Public Health Agency of Canada in the composition, mandate or work of the Working Group;
>
> (3) All assessments of public health risks related to conflicts of interest, representativeness of the group, and the balance between industry interests, patients, independent experts, provinces and public health;
>
> (4) All internal or external correspondence related to these matters, including communications with the pharmaceutical industry, Health Canada and the Minister's Office;
>
> (5) All documents demonstrating the participation of patients, independent public health experts, generic and biosimilar manufacturers, and provincial representatives, including Quebec;
>
> That these documents be deposited with the clerk of the committee, and that any confidential information be provided under seal to committee members, subject to personal information protections.

[*English*]

The Chair: Thank you.

I have two speakers on the list. I have Madam Chi and then Dr. Eyolfson.

Maggie Chi: Thank you, Speaker.

Again, I thank my—

The Chair: I'm the chair.

Maggie Chi: I'm sorry. Thank you, Mr. Chair. You look so honourable and great in your seat.

The Chair: You're very kind.

Maggie Chi: I appreciate the honourable member bringing up the topic of pharmaceutical sovereignty, because we have had many good conversations about it member to member. He knows this is also a great interest of mine. I really appreciate his interest in the subject.

That being said, we are on the topic of asking Dr. Reimer questions in committee. Although the pharmaceutical sovereignty study has been delayed many times, I know a meeting is coming up, so we're happy to review the motion, which we haven't seen yet, and bring it up in a meeting at the appropriate time.

With that, I move to adjourn the debate.

The Chair: We will take a vote to adjourn debate.

(Motion agreed to: yeas 6; nays 5)

The Chair: We're going back to Mr. Blanchette-Joncas.

You have 13 seconds to finish.

[*Translation*]

Maxime Blanchette-Joncas: Thank you, Mr. Chair.

This is proof yet again today that the government does not want to be transparent. This isn't the first or second time the debate has been adjourned. It's the third. The committee has the right to know who is influencing pharmaceutical policy and what role public health plays in that process.

I am very proud of this effort to demand accountability from the government, which of course does not want to co-operate. It has made that very clear again today.

Those who are following these proceedings, then—

● (1740)

[*English*]

The Chair: Thank you very much, Mr. Blanchette-Joncas. You are 15 seconds over.

[*Translation*]

Maxime Blanchette-Joncas: All right.

[*English*]

The Chair: Thank you kindly. I appreciate it.

Now I'm going to the honourable Ms. Konanz for five minutes.

Please go ahead.

Helena Konanz: Thank you, Chair.

Dr. Reimer, you were quoted by the CBC in April 2019 as saying about drug consumption sites, “It certainly reduces risks of overdose, [and] connects people to the system”. We've heard a lot that these consumption sites exist within a continuum of care, but these sites, I'm sure you know—

Dan Mazier: On a point of order, the camera just came over to Ms. Konanz. I wonder if she could start again from the top.

Helena Konanz: Thank you for noticing that.

The Chair: Wait just a minute. Let me reset my watch.

Madam Konanz, are you ready?

Helena Konanz: Yes. Thank you, Chair.

The Chair: Okay. We'll restart from the top.

Go ahead, please.

Helena Konanz: Dr. Reimer, you were quoted by the CBC in April 2019 as saying that drug consumption sites “certainly [reduce] risks of overdose, [connect] people to the system”. We've heard a lot that these consumption sites exist within a continuum of care, but I'm sure you know from your role that these sites often exist in places where recovery methods are not accessible at all, even though drugs are very available. I've been told that in my region, it would take two years for a recovery bed to open up to an addict who wanted to access it. In rural areas, this is what happens, as I'm sure you know.

Do you believe in the theory of consumption sites? Do you believe that they're really working if treatment centres, detox beds and mental health supports are not accessible for recovery, especially in rural areas?

Joss Reimer: Thank you for the question. It highlights the importance of looking at all aspects of our response to the toxic drug crisis.

Helena Konanz: Do you believe that drugs should be distributed in consumption sites if these supports are not available?

Joss Reimer: As a public health official, I would like to see investments in all aspects of care for people struggling with drug use.

Helena Konanz: Yes or no, do you believe that these consumption sites should be available if no supports are available, as in many rural areas?

Joss Reimer: It's important that we look at all aspects of the response to the opioid and other toxic drugs crisis at the same time and make sure that we have investments so that people have access to treatment, harm reduction and prevention.

Helena Konanz: Dr. Reimer, I ask this because as a British Columbian, I can say that in the last decade we've seen more drug consumption sites and more overdose deaths. You know that, of course, in your leadership position. Advocates for these sites deny that these two numbers are connected—more overdose deaths with more consumption sites. I appreciate that the deaths aren't happening on site, but they are happening, and more often than a decade ago.

As Canada's new public health officer and in your leadership position, do you see any correlation between more sites and more overdose deaths?

Joss Reimer: The overdose deaths are tragic for the families who are experiencing them and for everyone related to someone who has gone through that. One thing that's been encouraging—

The Chair: Dr. Reimer, you can carry on if you want. I will let you finish. I have stopped the watch.

Joss Reimer: Thank you.

One thing that's been encouraging is that we've recently seen a small decrease in overdose deaths across the country. While it is small, it is encouraging to see, for the first time in a while, the numbers moving in a good direction. We need to continue with a complex response to a complex problem.

Helena Konanz: Dr. Reimer, what should I tell the people in my communities, where people are dying of overdose deaths? What should I tell the people on the streets who are getting drugs off the street and want support but have no support? What should I tell them? In your new leadership position, what message do you want me to bring to them?

● (1745)

Joss Reimer: In my position, I look forward to working with Health Canada and working with the provinces and territories to improve access to treatment, prevention and harm reduction, because they are all critical in this response.

Helena Konanz: Dr. Reimer, would you table your reference binder?

Joss Reimer: Yes.

Helena Konanz: That would be fantastic. Thank you.

I'm going to cede the rest of my time to Dr. Strauss.

The Chair: Dr. Strauss, please go ahead. You have a minute and six seconds.

Matt Strauss: Thank you, Chair.

Dr. Reimer, I want to return to Mr. Mazier's question, because I was honestly really surprised by your response.

Like you, I'm a physician. I have been a public health officer. If either a patient or a young person in my life asked me, “Is it inadvisable to inject illicit substances?”, I would have no hesitation in saying, “Yes, it's inadvisable because you could die, or you could get infective endocarditis.” I could say that with compassion. I would be worried about that person. If they feel that they might inject anyway, despite my advice, I'd urge them to get on methadone treatment or something like that.

Why do you not feel able to make that recommendation, with reference to our previous chat about building trust in public health institutions?

The Chair: Dr. Reimer, you have 20 seconds to respond.

Joss Reimer: I think the importance in my response is that it is a complex response, and I want to be able to provide in my response a more fulsome answer that includes the risks and benefits and how we can reduce harms.

The Chair: You have five seconds.

Matt Strauss: I was able to give my response. It took 20 seconds. I don't know why you couldn't, and I'm terribly curious to know what you think the benefits of injecting illicit fentanyl are.

Thank you.

The Chair: Thank you very much.

We will go to Dr. Jaczek for five minutes.

Please go ahead.

Hon. Helena Jaczek: Thank you, Mr. Chair.

Congratulations, Dr. Reimer, on your position.

Obviously, with your background, you have great experience for this particular position. I remember meeting you when you were president of the Canadian Medical Association. I'm sure you have contacts across the country, as well, as you assume this new role.

I'm going to go back to early 2020. I was a member of this committee when COVID-19 was declared a pandemic, and we were very distressed to discover that the stockpile for pandemic preparedness had become obsolete. A number of items had expired.

Have you, in your new role, had the opportunity to check out that situation? We know we will face another pandemic at some future time, so what's being done in terms of pandemic preparedness, the stockpile, etc.?

Joss Reimer: The Public Health Agency of Canada learned a lot of lessons through the pandemic. When it comes to emergency preparedness, that is an area that is a high priority for the agency, and it's something I look forward to participating in.

For example, a lot of efforts have gone into the stockpile and into ensuring that we have access to medications and non-medical supplies and that they are kept up to date and monitored on an ongoing basis. I know that emergency preparedness plans have been created across the government, and the Public Health Agency of Canada has been part of that work as well.

I have had an opportunity to be briefed, just as an introduction to the work on our emergency stockpile, but I look forward to having an opportunity to delve a lot deeper in order to understand what supplies we have, where there may be gaps and what we can do better, making sure that we're working with our partners in the provinces and territories. I know that we had similar issues in the provinces and territories during the pandemic; some stockpiles had expired.

Making sure that we continually invest in preparedness is going to be very important for health security in Canada.

Hon. Helena Jaczek: In terms of surveillance, as we potentially await the next pandemic, are you familiar with the ability across provinces and territories to gather the appropriate data from laboratories to know if we are suddenly facing incidents of a new virus? Have you been able to liaise with provinces and laboratories across the country to assure yourself that we are monitoring the situation here in Canada?

● (1750)

Joss Reimer: Thank you for asking that question, because it gives me an opportunity to speak about something I think the agency does very well, something I was excited to participate in. That's the ability to convene experts, collect information and share that information.

In Canada, we have reportable conditions. All the provinces and territories have to report up to us to let us know when these conditions are occurring in their jurisdictions. Likewise, we share information with other countries about reportable conditions or new infectious diseases of concern that occur, and those conversations are happening on an ongoing basis. Even before we've had a confirmation, we have information that's been shared among different countries about things that we are seeing so we can be aware of potential risks and threats that may be developing.

As we continue to do this surveillance, an ongoing critical part of our emergency preparedness will be that we not only share with Canadians the information but also work with our public health counterparts across the country so that all of us are aware of what is being seen in the different regions and can prepare accordingly.

Hon. Helena Jaczek: How much time do I have?

The Chair: You have 45 seconds.

Hon. Helena Jaczek: I'll just ask a bit of a follow-up on surveillance. Can you tell me what role the World Health Organization is taking in warning countries about something that's occurring across the globe?

Joss Reimer: The World Health Organization is an excellent organization that can share up-to-date information about what is being seen across the country. In fact, I will have the opportunity to be at the World Health Assembly in May in Geneva. That will be an opportunity for me to meet with my colleagues from other countries and to learn about the partnership we have and the role we have in Canada at that international organization. I'll be able to bring that back to Canada—and, as needed, to this committee as well—and share what I've learned from that experience.

The Chair: Thank you, Dr. Jaczek.

Dr. Reimer, congratulations on your new role, and thank you for sharing valuable information with the honourable members.

With that, we are past the two-hour mark. Is it the will of the committee to adjourn the meeting?

Some hon. members: Agreed.

The Chair: The meeting is adjourned.