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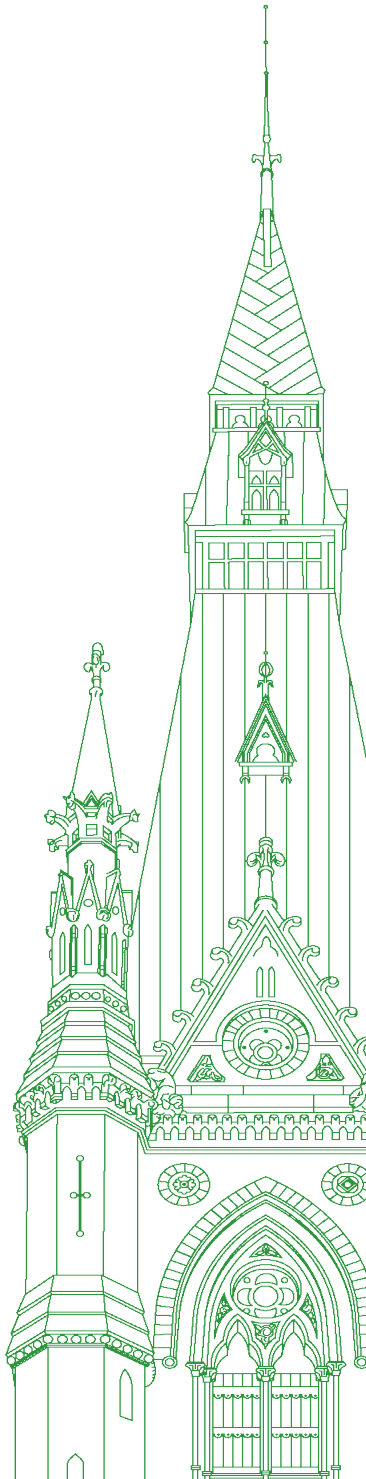

Chair: Mr. Ron McKinnon

Standing Committee on Health

Monday, April 26, 2021

● (1100)

[*English*]

The Chair (Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.)): I call this meeting to order. Welcome, everyone, to meeting number 32 of the House of Commons Standing Committee on Health. The committee is meeting today to study the emergency situation facing Canadians in light of the COVID-19 pandemic, specifically, today, examining the collateral effects of the pandemic.

I would like to welcome our witnesses.

[*Translation*]

We welcome Dr. Louis Perrault, cardiac surgeon and president of the Association des chirurgiens cardiovasculaires et thoraciques du Québec.

[*English*]

With Blue Door Support Services, we have Michael Braithwaite, chief executive officer. With Huntington Hills Community Association, we have Rick Lundy, general manager, and with S.U.C.C.E.S.S., we have Queenie Choo, chief executive officer.

We will now invite the witnesses to give their statements.

[*Translation*]

Dr. Perrault, you have the floor for six minutes.

[*English*]

Dr. Louis Perrault (Cardiac Surgeon, Montreal Heart Institute, and President, Association des chirurgiens cardiovasculaires et thoraciques du Québec): Do you want this in English or in French, or does it matter?

[*Translation*]

The Clerk of the Committee (Mr. Jean-François Pagé): You can speak in the language of your choice, because we have the interpretation service. You can speak French if you want.

Dr. Louis Perrault: I am also comfortable speaking in English.

[*English*]

Let's do it in English.

Thank you for having me at this meeting.

As the chair said, I'm the president of the Quebec association of cardiac surgeons. I've been there for three years. I have been a practising surgeon at the Montreal Heart Institute for the last 25 years.

This is not going to last six minutes, but obviously I'll be open to questions.

Having a quarter-century perspective on the health system, I can diagnose accurately what happened during the pandemic, especially with non-COVID patients with cardiovascular disease.

What we saw in the beginning was that a lot of room was made in case the hospital system became overloaded. For many weeks and months, patients were not operated on at the normal rate. Emergencies were basically the only kinds of operations we did. This had a consequence on our waiting lists.

Most of the hospitals in the province of Quebec have waiting lists. We try to have a percentage of patients outside of acceptable delays within lower than 10%. This is a calculation based on safety. If this is greater than 10%, we're taking chances, because it's very hard to predict what's going to go on with cardiovascular disease.

During the pandemic, even though we weren't at 10% before but most likely around 20%, the percentage of patients outside of acceptable delays for surgery rose to 40%, and sometimes 45%. This is basically playing Russian roulette. Oncology is important, but in cardiovascular disease we're fighting against sudden death and sometimes it's very hard to predict the course of the disease. This is one of the points I've made: a very large increase in the number of patients outside of acceptable delays.

The second thing is that patients not having access to cardiovascular care meant that some of them waited and waited at home, and then showed up at the hospital in an unstable situation, in a worse position than they would normally have been in. What happens in those cases is that they obviously have more complications and they stay longer in the hospital if they survive. This brings about greater resource utilization and less room for other patients, including COVID patients in the ICUs, and so on.

The third consequence is that, again, patients not having access to diagnostic procedures show up at a later stage, they have more severe disease and their chances of recuperation and, for example, going back to work are lessened. Normally they would have come in with a mild heart attack, but if they come in with a more severe one, they lose function and they become heart failure patients. They become a burden for our system that would not have happened had they been treated promptly with the right timing.

Some of the problems we're raising now on the long-term consequences of the pandemic are chronic problems related to underfunding, at least in the cardiovascular arena. Definitely there's going to be a backlog of operations. In that, I'm thinking of heart surgery but also cardiology, because these are the same patients. I believe we have to react urgently and consider long-term investments, because some of the problems we are facing right now have been going on for 20 years or more and have never been addressed properly.

Are there any questions?

● (1105)

The Chair: Thank you, Doctor.

For our next witness statement, we'll go to Blue Door Support Services.

Mr. Braithwaite, please go ahead. You have six minutes.

Mr. Michael Braithwaite (Chief Executive Officer, Blue Door Support Services): Thank you very much for the opportunity to speak with you today.

My name is Michael Braithwaite. I'm the CEO of Blue Door, an agency that's been working for close to 40 years to take care of our most vulnerable through housing help and employment initiatives in York region.

When COVID-19 hit our sector, in order to stay safe we had to lower capacity, which meant we were serving fewer people in need. While the pandemic has hit everyone really hard, it's been especially hard on our region's most vulnerable, and we knew we had to respond. From talking with some of the seniors we support and the families, we knew that they were afraid for their health and wellness and were unsure of the future, and many of them still are.

With the help of the provincial and federal funding our region received, we were so fortunate to work with the extremely talented and hard-working team in our region, as well as our amazing community partners—one of which is 360°kids, and you'll hear from Clovis today—to quickly build solutions to house and support those in need, and we had to move fast.

One example of that, actually, is that we were able to repurpose a Parks Canada home that had been vacant for a number of years. Shortly, it will house two families with long-term, affordable and supportive housing, again, past the pandemic and into the future. As well, we were able to repurpose spaces in our current emergency housing space to regain capacity and add new supportive housing for senior men.

There is a lot to celebrate in our sector moving forward, but there's still much work ahead. A lot of people are still hanging on, but as they use up the last of their savings, they're going to have to make a choice between food and housing, a choice that no Canadian should ever have to make.

We need to work hard and invest in preventing people from experiencing homelessness with investments in income supports and building new and deeply affordable housing with supports. I say “deeply affordable”. A definition of affordable right now is 80% of market value, and that's far too high for many people experiencing homelessness.

We also must make sure that our most vulnerable have easy and quick access to health care, an important part of helping people experiencing homelessness acquire and retain housing.

Lastly, we must push forward on the need for a housing strategy for Canada's urban, rural and northern indigenous people, something that was missing from our most recent budget.

We have seen during the pandemic how quickly our sector can move if provided with the right supports in a timely manner. We saw how thousands were housed really quickly, something that normally would take us years and years. We did it quickly by acquiring hotels and being innovative, working together to make sure that people had housing.

We urge the government not to lose this momentum and to keep building on it moving forward. We're grateful to the federal government for its continued support and for its pledge to end homelessness by 2030. It's shown us the political will and has provided us with the resources to keep our most vulnerable safe for the long term.

On behalf of Blue Door, our region and our country, I will say that we're truly grateful. We're excited about the possibilities for new and affordable housing as we move towards a country where everyone has a safe place to call home, as everyone should.

Thank you.

● (1110)

The Chair: Thank you, Mr. Braithwaite.

We go now to Huntington Hills Community Association.

Mr. Lundy, general manager, please go ahead, sir, for six minutes.

Mr. Rick Lundy (General Manager, Huntington Hills Community Association): Thank you very much for having me today.

I'm here representing four different organizations. I'm the general manager of Huntington Hills Community Association. I'm president and founder of Minds Over Matter mental health society. I am founder of Open Arms patient advocacy society, and I'm the president of Mothers Against Drunk Driving in Calgary.

The first area I would like to talk about is in the community, and that's with Huntington Hills. We at Huntington Hills are an outlet for many human service areas—we were up until recently. We had a lone parent network, a parent link and a north central resource centre for all of the north of Calgary. In these programs we help families, especially single parents, find the resources they need and to get tools and go through programs to be the best parents they possibly can. For homelessness, homeless and low-income individuals in northwest Calgary, we help them get the resources they need for the basics of life. We also have a school care program here, so we deal with a lot of the little ones in society as well.

Our mental health organization is called Minds over Matter mental health. We deal with seniors, cultural groups, businesses and organizations and children and youth.

I am the president of Mothers Against Drunk Driving, and I have been for the last couple of years. We bring awareness to drinking and driving as well as preventative measures to stop or slow down impaired driving and victim assistance for those individuals who have been affected by drinking and driving as well.

Looking at what COVID has done in the community, here at the community association we deliver food and basics to single moms and seniors. I've had first-hand experience dealing with seniors. The thing I can say first and foremost is that many seniors have talked as I'm delivering their food—because I've done it myself—of the fear of not knowing how they're going to get their next meal and the fear of not knowing how or when they're going to get the resources they need to survive. A lot of these seniors don't have any other family or friends to do it. They're relying on a community association to deliver food.

The second thing is the lack of resources. In dealing with these three human resources that we did, the biggest problem was connecting people with food banks. I had one individual come in, and he was from Africa, just new to the country, and he had no food or diapers for his family. We had to try to find resources for him. Unfortunately, during COVID, those resources weren't even open. He phoned me back and he commented on the fact that he left messages at the numbers we had given him, and nobody got back to him. There was a huge concern, not only about getting individuals these resources but also the accessibility wasn't there. There was a lot of fear in those individuals as well.

Going into the mental health organization dealing with seniors, my specialty is seniors within this organization. In talking to these seniors, I know there is a fear of COVID. They're in the last years of their lives. They've been isolated. The isolation for seniors has been a huge problem as well. Pre-COVID, 6.2 million Canadians suffered from mental illness in this country. The numbers going forward will be staggering as will accessibility, because the biggest problem in mental illness is the lack of accessibility within mental health and mental illness.

In regard to Mothers Against Drunk Driving, you would think, with all the restrictions that government has put in place, that impaired driving would be substantially down. It is a bit down, but it's insignificant. Alcohol consumption and cannabis consumption during COVID is on the rise. We work with the Calgary Police Service, and the concern post-COVID is going to be impaired driving, because people have been sitting in their houses. That's going to be a bigger problem than it was before.

● (1115)

People are still drinking, and people are still driving. The amount of alcohol and cannabis consumption has actually increased. We just had a case last week of a 38-year-old who was drinking and driving and killed somebody. We're very concerned about where this is going.

Looking at the problems in the community, they're vast. We're an organization that knows the resources and understands the system, and we're having trouble accessing the system to get help for people in all the capacities that I mentioned earlier.

COVID has been devastating to this community, the community of Huntington Hills, which is in northwest Calgary. It's been devastating in terms of the mental health and mental illness that we're seeing, and I just don't know where this is going.

We had an economy that was challenged. Then we had COVID, and the accessibility of getting mental health resources for anybody—children, youth, seniors, single parents—is horrific. I feel very badly for individuals who are trying to get that help because it's just not accessible.

Thank you, Mr. Chair.

The Chair: Thank you, Mr. Lundy.

We'll go now to Ms. Choo.

Please go ahead. You have six minutes.

Ms. Queenie Choo (Chief Executive Officer, S.U.C.C.E.S.S.): Thank you very much.

My name is Queenie Choo, and I'm the CEO of S.U.C.C.E.S.S.

S.U.C.C.E.S.S. is one of the largest social services agencies in British Columbia, serving new Canadians, seniors and those in affordable housing. Thank you for inviting me to present to the committee today.

I am pleased to join you from the unceded territories of the Coast Salish peoples, including the territories of the Squamish, Tsleil-Waututh and Musqueam nations.

The COVID-19 pandemic continues to have an impact on S.U.C.C.E.S.S. and the community we serve. As a non-profit social service agency, we quickly pivoted our services to meet the evolving needs of our communities. For example, this includes offering supports to newcomers to navigate government benefits and systems; coordinating teams of volunteers to support seniors with grocery shopping, meal delivery and virtual phone visits; and of course, ensuring that seniors who reside in our long-term care homes remain safe and healthy.

We have also seen the impact on immigrants and racialized communities. Many are working on the front line as essential workers, often in multiple and low-paying jobs with less job security, which puts them and their families at higher risk of COVID-19. In addition, we have also seen a rise in anti-Asian racism. Recent research by Insights West indicates that 43% of Asian British Columbians have been on the receiving end of racism this past year. To be honest, the true number is probably much higher, as many people will downplay their experiences of racism and hate and will not report it. It is likely that many of you know family, friends, neighbours or co-workers who have experienced racism.

The dual pandemic of COVID-19 and anti-Asian racism has negatively impacted the health and well-being of immigrants and racialized communities. Many of the clients we serve at S.U.C.C.E.S.S., particularly Asian elders and women, are experiencing very real fears about their own and their loved ones' safety, not only from COVID but also from racism and hate. This has added to their stress and anxiety levels. We have received many calls from community members reaching out for support. At the same time, we know that there continue to be many community members who do not reach out for support due to stigma and language barriers.

There is so much work that needs to be done. I wanted to put forward a few thoughts for your consideration.

First, we need to acknowledge and examine the disproportionate impact of COVID on immigrant and racialized communities. To do this, we need to do a much better job of collecting race-based data in consultation with communities. We need to not only collect this data but also be open about how it will be used to make positive changes. My concern is always that we only collect data and it just sits in a report and nothing is done with it to make improvements to people’s lives.

Next, we need to do more work to understand the short- and long-term impacts of racism. While we all acknowledge that racism is a problem, not enough is done to truly understand the far-reaching and intergenerational impacts of racism on people's health and wellness. We need to adopt an intersectional lens so that we understand how racism intersects with xenophobia, classism, misogyny and other forms of oppression.

There needs to be more sustainable funding to support the mental health and wellness of immigrant and racialized communities and particularly for culturally appropriate supports. We receive significant demand for our helplines and counselling services. We need more funding to keep up with the growing demand.

This isn't going away after COVID, which is why I say sustainable funding and not just one-off supports. We need to prepare for the long-term impacts of the trauma from COVID-19 and racism, particularly for those who have been on the front lines of the pandemic.

● (1120)

We all know that long-term care homes have been significantly impacted by COVID. There is an urgent need to develop national standards for long-term care to ensure the health and safety of seniors who experience high levels of vulnerability. At the same time, we need to ensure that these standards are inclusive of the needs and experiences of diverse seniors by considering culturally appropriate care.

We also need to support the sustainability of social service organizations and the people who work in the sector. They are critical to the health of communities. Many organizations have stepped up to the plate, pivoted their services and, quite frankly, have gone beyond the call of duty to support high needs in the community, all while dealing with falling donation levels and underfunding, as well as staff burnout. We need to ensure not only that these social service agencies survive the pandemic but that they are supported to enhance their capacity in order to respond to new community emergencies.

Thank you for your time. I hope that these are some insights that can be shared for your consideration.

The Chair: Thank you, Ms. Choo.

Thank you to all the witnesses for your statements.

We'll start our first round of questioning at this point with Ms. Rempel Garner.

Please go ahead for six minutes.

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Thank you, Chair.

I only have six minutes, so for my questions, witnesses, could you please keep your answers brief?

First, I'll start with Ms. Choo. Thank you so much for the work your organization is doing to combat Asian hate. If you do have recommendations on how the government could implement some of the recommendations you talked about, please table them with committee.

Briefly, Mr. Braithwaite, I know that your organization runs a program called “INNclusion” for 2SLGBTQ+ youth. I'm just wondering if you have any quick observations or would be willing to table to committee any specific recommendations on addressing safety for LGBTQ youth during this time, given that many of them can't shelter at home.

● (1125)

Mr. Michael Braithwaite: Thank you very much for the question.

I think it's just about providing appropriate and affordable supportive housing. That's what we've done with INNclusion.

INNclusion is a very inexpensive way to do it. The organization is actually renting a home in the community, and we're working with partners who have expertise to wrap the right supports around LGBTQ2S+ youth moving forward.

I think you're absolutely right. Many youth, including 2SLGBTQ youth, are staying at home in unsafe situations. We just need to provide more options moving forward. We have about 25% to 40% of youth who experience homelessness identifying as being from this community. We just need to open up more, and it has to not be part of another housing program because the supports are a little different and specialized.

Hon. Michelle Rempel Garner: Thank you so much.

The remainder of my questions will be for you, Mr. Lundy. You mentioned your organization and sort of went through the breadth and scope of it. I think there's a perception that our community in northwest Calgary is a big wealthy community with all these big trucks and stuff like that. Do you want to talk a bit about some of the things you've seen during the pandemic in our community in terms of the impact of both the pandemic and the economic downturn, as well as any recommendations your organization has for the federal government in terms of recovery and support?

I know that the community associations across Calgary have really had a hard time raising revenues. Many of them are on the brink of collapse because they don't have the ability to run events or programs as usual, but also, the ancillary services you talked about are being used more and more. I just wanted to give you a chance to expand on that.

Mr. Rick Lundy: Thank you for the question.

Our community association, like others, as was just commented on, has suffered greatly due to COVID. Most community associations are not-for-profit organizations. We had done very well, up until COVID. Since COVID, it has been very difficult to run a community association.

Secondly, I think the programs that we do.... Some of them, due to government cuts—provincial government cuts—we don't do anymore, but we still have people coming through the door and trying to get help. It's shocking, the number of people who have shown up at our door and are desperate, and in desperation are trying to get help—

Hon. Michelle Rempel Garner: Do you want to talk a bit about the impact of the provincial cuts on your programs?

Mr. Rick Lundy: We ran these three programs for 20 years and helped thousands of people. Unfortunately, government has cut funding to our loan parent, parent link and north central programs. Because the government cut funding, people are coming to us and asking, “Where do we go?”.

We send them to other places, but unfortunately, the accessibility to those other places has been a big problem. People are not only desperate and fearful but they're really focused on getting help.

As was mentioned earlier, the disposable income in our area in northwest Calgary is not high. We have many low-income families, many rentals, and we were always desperate to find the resources needed for this demographic, but now it's even worse. When we send people to other organizations, due to the provincial government cuts, the doors are closed, or they're leaving messages three or four times.

Hon. Michelle Rempel Garner: Yes, and it's my understanding too that the programs that have been put in place to replace some of these have not been effective and don't actually reside in our community.

Mr. Rick Lundy: They do not. It's very frustrating because we help thousands of people, and because of provincial cuts, the provincial government is saying, “Hey, look at us, we've saved all this money.” The government is not giving the proper resources to this demographic at all.

● (1130)

Hon. Michelle Rempel Garner: I know. Personally, I also find it very unfortunate.

Mr. Rick Lundy: It's very sad and heartbreaking.

As an individual, when we talk about mental illness, that aspect for us—for me—has been tremendous, knowing that at one time I had all these resources at the tip of my fingers.

I know the system better than most, because I deal with it in my mental health organization as well as my patient advocacy. I have trouble getting people the help they need. I can only imagine the horrific feelings and mental anguish of people who are low income or who have a language barrier and don't have the same accessibility as I do. They can't get the help.

It's about not being able to feed their families, not being able to pay their rent and not being able to do the basics that people shouldn't have to worry about.

Hon. Michelle Rempel Garner: Thank you, Mr. Lundy.

The Chair: Thank you, Ms. Rempel Garner.

Mr. Van Bynen, please go ahead, for six minutes.

Mr. Tony Van Bynen (Newmarket—Aurora, Lib.): Thank you, Mr. Chair, and thanks to today's witnesses for sharing their experiences with us.

I'm grateful for the opportunity to welcome Blue Door to this committee and to have its local perspective contribute to our study, so I'll be focusing my questions on Mr. Braithwaite.

At the last committee meeting, we started talking about homelessness in Canada, particularly during the pandemic. Blue Door has provided life-saving support and shelter for the vulnerable communities in York region for many years.

Michael, I congratulate you on the way you've been able to engage members of the regional government, convincing the police chief to sleep in cardboard boxes in the middle of the night. That kind of creativity has created a lot of community support.

Based on your experience over the last year, can you elaborate on the impact and the risks that homelessness groups have been experiencing, particularly with respect to a reluctance to seek out help out of fear of transmission? How are you able to cope with that?

Mr. Michael Braithwaite: Thank you. It's so nice to see you, Tony.

There's a lack of trust by people experiencing homelessness. There's not a lot of trust with systems to begin with. You'll see that with some vaccine hesitancy as well. There's a lot of fear in going into crowded spaces. Unfortunately, with emergency housing, emergency shelters, they're quite crowded sometimes. There's room sharing. There are spaces where they get together, where they eat, etc.

During the pandemic, of course, in order to stay safe, we had to have people eat in their rooms, which was social isolation. A lot of people would rather stay outside than be isolated for two weeks. We had fewer units.

We also had a transitional system—it was all for safety and made sense—where you'd have to isolate for 14 days, which was really tough, especially when you might have addictions or mental health challenges. You might have an alcohol withdrawal program or drug withdrawal program that you're working through, and you might not have access to that if you're isolated. It really opened up a lot of different challenges for people.

With regard to youth, there's a reason we have other types of separate emergency housing for youth, seniors, women. For youth to have to isolate with adults and families, they just weren't doing it. Youth weren't going inside. It wasn't a choice. They were just saying they were going to stay outside if that's the only possibility they had.

We did not end youth homelessness. We saw... I think it was 17% of youth accessing our transitional housing program to keep them safe.

The isolation piece is tough. There's a lack of trust and a lot of fear.

What we have to do is to be really innovative and creative, as we did with a vacant home in Rouge Valley park. Parks Canada has 44 vacant homes in Rouge Valley park in York region, and we can take those homes and make affordable housing for many years beyond this.

We did a 200 Doors campaign, where 10 organizations came together to work with landlords to see if we could access new rental properties. We were not looking for a break on rent but their being open to renting to vulnerable people. We really have to be creative in how we do that. It continues to be a challenge, but it's going to take innovation and creativity.

Also, we work with a lot of people to prevent them from losing the housing they have now, getting them—through the region—the rent supports they need so that they don't lose their housing and we don't have new people coming into homelessness.

● (1135)

Mr. Tony Van Bynen: I know that you run three programs: Leeder Place, Porter Place and the youth shelter.

Could you elaborate on those three programs and how you might have had to change the provision of services specific to those programs? How have each of these groups been impacted by the pandemic?

Mr. Michael Braithwaite: Sure.

We run our youth emergency housing, Kevin's Place, which is in Newmarket. It's in a house. We actually couldn't run that safely at first, because there were shared accommodations—all shared common spaces. We had to move the youth in with men at Porter Place, our men's emergency housing program, which was not ideal. There's a reason we separate them. They have different needs. That one was shut down for a while. It's now back operating but at a smaller scale.

For our families, we worked with the region. We used our family site as the isolation site for the entire region, so for the nine municipalities, that served as the isolation site. Our families moved to a hotel for about eight months or so, and then we moved them back to the site. We've had to cut down a little bit to allow for spacing there. They can't use the common rooms, and the kids can't play together, which is tough. That's been fairly tough.

What's happened is that everyone in York region goes through a transitional site first for 14 days. Usually they would just enter into whichever site made sense for them. Now they go through the transitional site. The clients we're seeing in all of our programs are the hardest to house. With the easier people to house, who might need a little income support or just help in finding a home, that happens in the first 14 days at the transitional site.

What Blue Door and others are seeing when they see those clients, or what we call high-acuity people with higher needs—larger families, not employed, more severe addictions, mental health challenges—who are harder to house, with the number of people we're housing.... It's hard to see places too, because they're only doing virtual open houses, if at all. It's become quite a challenge to get these individuals and families housed.

Mr. Tony Van Bynen: Thank you.

You're doing a great job, Michael, and I appreciate the way you're working in our community.

The Chair: Thank you, Mr. Van Bynen.

[*Translation*]

Mr. Thériault, you have the floor for six minutes.

Mr. Luc Thériault (Montcalm, BQ): Thank you very much, Mr. Chair.

Let me thank all the witnesses for their testimony. It helps us understand the collateral damage of the pandemic. I'm going to start with Dr. Perrault.

Dr. Perrault, I want to thank you for taking the time to meet with us. You practice emergency medicine, so we have a lot to gain from your being here. I would also like to thank you for the quality of your testimony, which was surgically precise, if I may say so. You summed up the situation in such a clear way that sent chills down my spine. Your voice joins those of Dr. Bélanger from the Association des gastro-entérologues du Québec, Dr. Champagne from the Association des médecins hématologues et oncologues du Québec, representatives from the Canadian Cancer Society and Dr. Shabah from the Canadian Medical Association.

First, you say that you are trying to keep the percentage of patients outside of acceptable delays at around 10%, but that the percentage has gone up to 45%. It's like playing Russian roulette, and the stake is sudden death.

Can you explain this further?

The experts who appeared before the committee in the first wave of the pandemic told us that the health care system was already weakened by chronic underfunding over the last 30 years. No one could say how the situation was going to change. That was during the first wave. Now we are dealing with the third wave.

Are you worried?

Dr. Louis Perrault: I hope I've made that point clearly: the COVID-19 pandemic has caused the shutdown or lack of access to the health care system. The more waves—and the longer the pandemic continues—the more long-term the consequences will be.

Catching up on necessary procedures may take several years if funds are not urgently provided. Some provinces are talking about a catch-up period of two and a half years. In Quebec, the backlog of procedures is estimated at more than 100,000. There will be long-term consequences before we can catch up with any success.

In addition, the delay in testing and the lack of accessibility means that there will be consequences not for two or three years, but for several more. Sporadic funding will not help us make a difference in the long term.

This image may be a little strong, but we risk sacrificing a generation or having problems for years to come if we do not react quickly to the current situation. As for the aftermath of the COVID-19 pandemic, no one knows exactly when it will end or if it will end. We must keep that in mind.

● (1140)

Mr. Luc Thériault: Just like in oncology, skyrocketing costs are expected in cardiovascular surgery and cardiology if we are not able to do something about prevention first. If we are not able to act early, we must certainly expect increasing and skyrocketing costs, not to mention the consequences on patients.

Is that what we need to understand?

Dr. Louis Perrault: Absolutely.

Let me make another point. We sometimes think of cardiovascular patients as being retired or not working. Many of our patients, especially with the increase in risk factors, such as obesity, are young and of working age. If these people are not seen in time, and if we can't get them back to an optimal functional level, they will become dependent, which will affect their quality of life. Therefore, more resources are needed. If the opportunity is lost, there will be consequences not only for the people affected, but for the system.

Mr. Luc Thériault: In addition, we have not yet addressed the waiting lists in orthopedics, which also have an impact on people's cardiovascular health in the medium term. The longer the wait for patients who have difficulty moving, walking or being active, the more likely their need to see you.

Dr. Perrault, the government is currently telling us, in the midst of a pandemic, that it will take care of COVID-19 patients first. It is telling us that it is injecting money on an ad hoc basis and that it will inject substantial, predictable, recurrent and long-term funding into health transfers only after the pandemic.

Do you see this as a medically defensible decision?

Dr. Louis Perrault: I think it's risky and misses the point. We already know what the consequences will be for patients who do not have COVID-19 if we do nothing for this majority. I hope I have described them well in my statement.

There are many COVID-19 patients, but they are still a minority compared to all the other patients who suffer from cancers and cardiovascular diseases, among others. We are putting all the money in one place. Although there is a need to invest for COVID-19 patients, this strategy lacks vision.

I don't think we can wait. We can't predict exactly when the pandemic situation will be resolved. Every day that goes by without investments for patients who don't have COVID-19 is a missed opportunity, thereby leading to the long-term consequences that we can easily predict.

Mr. Luc Thériault: Thank you very much, Dr. Perrault.

Dr. Louis Perrault: You are welcome.

The Chair: Thank you, Mr. Thériault.

[*English*]

We'll now go to Mr. Davies.

Mr. Davies, please go ahead, for six minutes.

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

Thank you to our witnesses for their testimony.

Mr. Braithwaite, you mentioned that the definition of "affordability" is 80% of market. Whose definition is that?

Mr. Michael Braithwaite: That's CMHC's.

Mr. Don Davies: The federal government defines affordability in Canada as 80% of market. I take it that you think that's too high, that it's an inappropriate measure.

Mr. Michael Braithwaite: Absolutely. For the average room in larger Canadian cities, a room in a house will be $700 to $900. If affordable is 80% of, say, $2,000 for a one-bedroom apartment.... Some people who are receiving government assistance have an income of $700 total in a month. There's a huge gap there.

● (1145)

Mr. Don Davies: If you know, approximately how many homeless people are there in Canada today?

Mr. Michael Braithwaite: Approximately 235,000 people will experience homelessness on any given night.

Mr. Don Davies: Has that number gone up or down in the last five years?

Mr. Michael Braithwaite: Unfortunately that number has continued to climb.

Mr. Don Davies: Ms. Choo, you mentioned intersectionality in racism. I'm wondering if you could explain this to us further. What have been the effects of the increase in anti-Asian racism, from a gendered point of view, men to women? I'm also interested in how that's impacted Asian youth.

Ms. Queenie Choo: Certainly racism in all its forms, especially anti-Asian racism, has been hitting a peak and is going to climb during COVID and also beyond COVID, unfortunately. It's not just about people of colour, though. It's also about looking at people who are xenophobic, classist and misogynistic, and at all other forms of oppression, definitely.

This impacts people's health and wellness, and instills fear among us in the communities. We know this is not a value in Canada, especially regarding newcomers. They come to Canada hoping for a new life and hoping for a welcoming country to settle in. However, this is not the case.

This is a real fear and a real problem that we need to deal with, and it is not something we can just ignore.

Mr. Don Davies: Ms. Choo, can you outline any barriers that immigrants or newcomers to Canada have been facing when accessing health care related to COVID-19, such as testing, treatment or vaccination?

Ms. Queenie Choo: Absolutely.

Certainly, when we're facing the COVID-19 pandemic situation, it affects all of us, including newcomers in Canada.

They've been facing a lot of settlement and cultural barriers, let alone that they have to think about their safety and the concern about COVID's spread. How are they going to access the testing? How are they going to navigate online? Many of them may not have the technical skills nor even the Internet, with the affordability of Internet nowadays. It is very important to look at all those barriers in order to support those newcomers, especially refugees.

It is crucial to make sure everybody understands that it is important for all of us to play an important part so that COVID-19 will be eradicated. We are hoping to support those most vulnerable people as well when they're facing financial hardships, cultural differences and language barriers.

Mr. Don Davies: I think all of us have seen some really disturbing incidents of anti-Asian racism. I know in Vancouver I've seen some situations that happened in Richmond, where Caucasians were accosting people of Asian descent and hurling abuse at them. Very rarely do we ever see any charges under Canada's hate crime legislation.

Do you have any suggestions for this committee as to some of the best strategies for dealing with this? Do we need to relook at federal legislation? Is it a question of education? Should there be a national education program on racism? What would you suggest we could do to help address this?

Ms. Queenie Choo: I think, above all, it's what you just said. I mentioned we need to acknowledge and examine systemic racism across all institutions. We need to collect race-based data in consultation with the communities so that they understand what was collected and how that is being used for improvement.

We need to have adequate funding for anti-racism initiatives, not piecemeal funding but sustainable funding to create long-term impacts.

The other piece is that it's important to build supportive and safe communities, such as funding the initiatives that empower community members to speak out and intervene against racism when they witness it in their communities—supports like crisis counselling and helplines for those experiencing racism and long-term trauma from it.

Last but not least, I think it's so important to fund education about historical and contemporary racism in Canada in all its forms. There are people who are directly affected by racism, but there are people who have no idea how they impact their neighbours, their peers, their fellow community members. It is important. We need this to be all-inclusive in terms of providing support to people, and education and training.

● (1150)

The Chair: Thank you, Mr. Davies.

Committee, that brings our first round of questions to a close. I believe we will have time for a short second round. One-minute rounds for each party generally works out to eight minutes, so let's go with that.

With that we will start with Mr. Maguire, I believe. Please go ahead for one minute.

Mr. Larry Maguire (Brandon—Souris, CPC): Thank you, Mr. Chair.

Dr. Perrault, you mentioned that the closures due to COVID have caused big delays. How many people do you think have died due to a lack of cardiac procedures due to COVID, while they've been waiting on a list to get those procedures?

Dr. Louis Perrault: We are currently trying to get an estimate. The exact number is hard to say.

Mr. Larry Maguire: How about a ballpark?

Dr. Louis Perrault: We're talking probably dozens, ballpark.

What we definitely know, what we've analyzed, is that the number of people usually showing up, let's say for a heart attack, has been going down quite a bit. Some of the people, if they die at home, we never know whether....

Mr. Larry Maguire: That's another consequence of the whole situation.

Dr. Louis Perrault: On waiting lists, obviously, we monitor them, and one is too many, but around the province of Quebec, we can say that there are a couple in each of the centres.

Mr. Larry Maguire: Mr. Braithwaite, you talked about affordable housing and the 80% of market. The housing strategy, you said, is needed everywhere. Can you just elaborate on what you think a long-term care facility's housing strategy would look like, and how that would include having seniors stay in their homes longer? What are your thoughts on that?

Mr. Michael Braithwaite: A lot of that is around income supports, bringing the supports to the individuals and also matching the supports to what their needs are, especially for a senior.

For seniors, their supports might look a little different—personal support workers, income support, keeping them in their homes as long as they can and keeping them safe. I think that has a lot to do with prevention work as well. We can prevent people from falling into homelessness if we invest in the forefront.

Mr. Larry Maguire: Ms. Choo, could you reply to that as well?

The Chair: Thank you, Mr. Maguire.

Go ahead, Queenie, quickly please.

Ms. Queenie Choo: Thank you very much.

I really feel that everyone has a right to safety, respect and inclusion. This is very real for us, for every Canadian. I think this is so important to ensure for people of all ages, no matter where they come from, and also for people of the racialized community. It is very important for us to be supportive and to provide them with safety and respect. We want to create that inclusive community.

The Chair: Thank you, Mr. Maguire.

We will go now to Dr. Powlowski.

Dr. Powlowski, please go ahead for one minute.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): My question is for Dr. Perrault.

Of course a lot of people have had their surgeries cancelled during COVID, but I would think that this has really disproportionately affected cardiovascular surgery because the ICUs in Ontario and Quebec are full with COVID cases. If you get your appendix out, you don't go to the ICU afterwards, but a lot of your cases, I think, do end up going to the ICU.

Can you tell me how this has really disproportionately affected your ability to do important cardiovascular surgery?

● (1155)

Dr. Louis Perrault: In the province of Quebec, basically, in the first wave, the capacity for heart surgery went down to almost 20%. You are right—100% of our patients do have a stay in the ICU. For most of them, it is a short stay. I'd say that for around 60% or two-thirds it is only 24 hours, but they do need it acutely.

Initially, because of preventative measures to try to make room, a lot of the system was shut down too cautiously. Obviously, the strategy to decide where the patients should be going should be looked at, in the sense that maybe COVID patients should not be all across different hospitals but should be concentrated. There should be COVID-free hospitals with COVID-free cardiovascular centres so that there could be operations that keep going on.

It was definitely too precocious and too extensive a shutdown during the first wave and the second wave.

Mr. Marcus Powlowski: Thank you.

The Chair: Thank you, Dr. Powlowski.

We go now to Monsieur Thériault.

[*Translation*]

Mr. Thériault, you have the floor for one minute.

Mr. Luc Thériault: Dr. Perrault, we know that it is important to try to prevent the recurrence of heart disease.

Do you fear an increase of this recurrence with the pandemic or have you already observed an increase?

Dr. Louis Perrault: Earlier, you mentioned prevention.

Primary prevention, which is to prevent the disease from occurring, has been put on hold. Secondary prevention, which aims to reduce recurrence, has obviously been relegated to second or third place, given the current situation. This has long-term consequences.

So I would urge policymakers to adopt a perspective that includes non-COVID patients and to have a long-term vision.

Mr. Luc Thériault: In response to Mr. Maguire, you talked about the non-COVID-19 patients who are on waiting lists. They have been diagnosed and are waiting for surgery. We are not talking about the patients who are waiting to be screened or diagnosed and who are currently invisible.

Dr. Louis Perrault: Exactly. The patients on the waiting lists are the tip of the iceberg. There are definitely delays in testing procedures. Cardiologists have noticed that patients don't show up. So we are just seeing the tip of the iceberg right now.

Mr. Luc Thériault: Thank you.

The Chair: Thank you, Mr. Thériault.

[*English*]

Mr. Davies, please go ahead. You have one minute.

Mr. Don Davies: Thank you.

Ms. Choo, I would be remiss if I didn't thank you and S.U.C.C.E.S.S. on behalf of British Columbians for the excellent work that you do in our community in so many areas. I just want to go on the record for that.

I want to ask you about any increase in demand for your counselling and crisis support services through the COVID-19 pandemic. Do you need additional resources or funding from the federal government? Have you found that your services are more in demand now?

Ms. Queenie Choo: Absolutely.

The escalation of issues in this area has certainly called for a lot of support, especially financial support, to make sure that people's mental health is supported and is well. Certainly, the crisis line, crisis counselling and helpline have increased fourfold from before COVID. We're hoping to have additional funding to support the increasing demands of those people who have suffered from or been a witness to those racial situations.

We definitely need funding to support this.

Mr. Don Davies: Thank you.

The Chair: Thank you to all the witnesses for your time today and for sharing with us your knowledge, your expertise and your concerns.

Thanks to the committee for the great questions.

We will now suspend and bring in the next panel.

● (1155)

_____(Pause)_____

● (1200)

The Chair: Welcome back, everyone, to meeting number 32 of the House of Commons Standing Committee on Health.

The committee is meeting today to study the emergency situation facing Canadians in light of the COVID-19 pandemic, specifically, today, examining the collateral effects of the pandemic.

First, we will welcome our witnesses. From 360ºkids, we have Clovis Grant, chief executive officer. From the federation of medical specialists of Quebec, we have Dr. Serge Legault, vice-president. With FoodShare Toronto, we have Paul Taylor, executive director. With Madikale Touring Incorporated and Reiny Dawg Productions, we have Mr. George Canyon, owner and chief executive officer, Reiny Dawg Productions Limited.

I should advise the committee that the clerk did send Mr. Canyon a headset, but he didn't receive it. It's one of the important reasons we have to give ample notice to the clerk for witnesses, so that we can get the equipment there and test it out.

Thank you all for coming here today. We will start with our witness statements at this point.

We will start with 360ºkids and Clovis Grant.

Please go ahead. You have six minutes.

Mr. Clovis Grant (Chief Executive Officer, 360 kids): Thank you.

Through you, Mr. Chair, thank you for the opportunity to speak to the committee this afternoon on behalf of 360°kids.

As one of the leading youth agencies in York region, 360°kids has a 32-year history of providing services to homeless youth, including victims and survivors of human trafficking. We serve approximately 4,000 youth each year, ages 16 to 26, providing them with education, housing and employment and health and well-being supports. Our mission is to transition youth from crisis to stability.

On the impact of COVID-19 on 360°kids, let me first share some comments from the young people themselves. The first comment is, "Being told to stay inside and not leave reminds me of when I was being trafficked and...this causes me a lot of anxiety." Second comment is "For those of us who have no place to go home to, it's hard to do the things we are told to do such as staying home, wash your hands. How can you do that when you don't have access to water. You can't even take a shower."

What are the lessons we've learned through the pandemic? There are five things. First of all, great things can happen when we work together. Second, prevention is indeed the best medicine. Third, the marginalized become even more marginalized during a pandemic. Four, youth need very specific solutions. Last, the needs of staff must also be prioritized.

One of the successes of the pandemic that we've seen is organizations coming together. Providers from various sectors in York region, including government funders and private corporations, came together to share resources and their own responses to the pandemic and to collaborate on initiatives. We were able to identify gaps very quickly and respond in real time to address needs for food, technology, housing access, etc. I can really see these built relationships continuing into the future.

Our work at 360°kids on prevention, leading the youth housing stabilization strategy, developed even more significance during the pandemic. This is a group of about 30 cross-sectoral partners and young people working together to better align services and resources to prevent youth homelessness in York region. Why? We know that homeless youth become homeless adults, and the longer you are homeless, the worse your outcome.

We definitely saw how the marginalized became even more marginalized during the pandemic. In our programs, we saw a fivefold increase in the number of youth accessing mental health supports, with past trauma, loss of income and confinement due to lockdowns all contributing to high levels of anxiety.

We need more accessible mental health supports, especially for this population and for those who are Black and racialized. The youth told us that racism was a significant factor in their homelessness. To address these impacts we had to provide various spaces for the young people to share their voices, we expanded partnerships with specific cultural agencies, and at the same time, we reviewed and are updating our own agency equity strategy.

The need for more youth-specific solutions was seen when we closed our drop-ins early in the pandemic. One of my earlier quotes spoke of the challenge some youth who are precariously housed face. We saw that youth living in the rough, these are youth who are living in abandoned buildings, abandoned cars, abandoned spaces in general, many of them went more into hiding due to the closure of many of the spaces they once went to.

To better support the youth, rather than waiting for them to come to us, we went to them. We redeployed staff to do more outreach. We even hired two young people to be outreach workers who were former youth, and we also pushed for a youth-specific isolation facility to make it more accessible for youth to get access to housing.

While we were able to house about 25 youth throughout the pandemic, we know that the need for more affordable housing is so critical. We certainly applaud the government for funding the emergency and short-term needs, but without longer-term housing and wraparound supports to keep people housed, those marginalized young people become even more marginalized.

I close with a reminder about the impact of the pandemic on our staff. Confusing public health messages, concerns about the vaccine, low wages and even the stress of their own family situations, this all took a toll on staff mental health, which worsened with each lockdown. We responded as an agency with additional mental health days off with pay for staff, and with flexibility around their sick time and their child care needs.

● (1205)

The government-funded additional hourly pay, given to frontline workers for a brief period last year, certainly went a long way in recognizing the importance of this sector that is chronically underpaid. We hope to see this kind of support continue.

Unfortunately, for many agencies like ours that are not adequately funded for our programs, it puts pressure on our fundraising. We have seen a significant hit to our fundraising due to event cancellations over the past year.

In summary, it really has been a very difficult year for the young people we serve at 360°kids and the staff who are supporting them on a daily basis. While emergency responses are great, and we saw some great opportunities throughout the pandemic, what is more important are preventative measures and wraparound supports to get people housed and to keep them housed.

Thank you for the opportunity to speak with you.

The Chair: Thank you, Mr. Grant.

We now go to the federation of medical specialists of Quebec.

[*Translation*]

Dr. Legault, you have the floor for six minutes.

Dr. Serge Legault (Vice-President, Federation of Medical Specialists of Québec): Thank you, Mr. Chair.

I would like to thank the parliamentarians for inviting me and giving me the opportunity to discuss the impact of the global COVID-19 pandemic on Quebec patients.

My name is Serge Legault, I am a general surgeon in active practice in Laval, near Montreal. I am the vice-president of the Federation of Medical Specialists of Québec.

Since the beginning of the crisis, in March 2020, I have been a member of a national committee called the COVID-19 clinical steering committee, which was set up by Quebec's department of health and social services. The purpose of this committee is to find ways to advise the department on the most prudent strategies during COVID-19.

I am also the chair of the COVID-19 clinical subcommittee—operating room, which deals with offloading strategies during the COVID-19 crisis. We have learned a lot about this over the past year and our responses to COVID-19 have adjusted over time. We can talk about this, if you are interested, during questions.

The Federation of Medical Specialists of Québec is a group of 10,000 medical specialists who work in 59 medical, surgical, imaging and laboratory specialties within the public health network.

Since March 2020, medical specialists have been working on two fronts. The first is the fight against COVID-19 in hospitals—in the ICU, in the wards and in operating rooms to preserve the lives of patients who have been affected and to try to save as many as possible. This onslaught of an infectious disease is one of the worst in modern medical history. Clearly, physicians, managers and all those involved in the health care system had to adapt as quickly as possible.

The second front is to combat the impact of COVID-19, and to ensure the continued health care and management of patients other than those with COVID-19. These patients exist; they have been forgotten for a long time, for 14 months now, and to some degree, they still are forgotten.

I am going to focus today on one aspect of the issue, which is human resources.

Right now, the most glaring problem in Quebec hospitals is a human resources problem, and I believe that this is the same wherever COVID-19 is putting strain on the health care system. COVID-19 has not only disrupted our lives, it has disrupted the delicate balance between our resources and hospitals. These resources are the people at the patients' bedside, working day and night to ensure that the patients are taken care of from the moment they enter the hospital until they leave.

Today, because of the impact of COVID-19, either through absenteeism, illness, or career changes, many of these resources are absent, some permanently. The decline in resources is one of the most alarming trends with respect to COVID-19 right now. Because of the lack of these resources and the offloading effort required throughout Quebec, especially during the first wave, many surgeries had to be cancelled or postponed.

Some surgeries have been delayed since the beginning of the crisis. At the beginning of the crisis, on Quebec's waiting lists, 1% of patients had been waiting for more than one year. Now we have 12%. That's an astronomical number, one that is beyond our imagination. Last week, approximately 150,000 patients were on surgery waiting lists across Quebec. This number is equivalent to the population of the city of Saguenay or the city of Lévis. Too often, these statistics are mentioned without meaning anything to anyone. One hundred and fifty thousand patients is absolutely huge.

If we maintain the current operating rate, which is reduced to about 80% of the usual activity, clearly because of the lack of human resources, we will have nearly 200,000 patients waiting by the end of the year, the equivalent of the city of Sherbrooke.

The Federation of Medical Specialists of Québec recently had the privilege of speaking with Mr. Marchbank, who was part of British Columbia's response to the surgical backlog caused by COVID-19.

● (1210)

Members of Parliament, I think you will agree with me that this British Columbia story is certainly a success. We are looking forward to implementing the good ideas that Mr. Marchbank and the people of British Columbia have implemented to try to respond as effectively as possible to the pandemic.

Of course, at the beginning of the crisis, Quebec had a significant shortage of orderlies. You have heard about the initiative to hire orderlies. Quebec hired 10,000 orderlies, of which more than 8,000 are currently working.

Clearly, human resources are not limited to orderlies. There are also highly trained nurses, especially for operating rooms; respiratory therapists, who can be trained for operating rooms, for intensive care and for the wards; and perfusionists. I don't want to mention all the resources, as I could talk about them all day long.

Today, a lot of resources are lacking. I think one way to address this is to inject some money. The Federation of Medical Specialists of Québec took a stand on health transfers. We believe that Quebec should receive a little more money from the federal government to recruit staff, to increase the quality of work and the quality of working conditions, and to increase the attractiveness of these positions, which are key positions across hospitals, and entail extremely demanding tasks. It is very easy for those workers to become discouraged and decide to go elsewhere, because the financial conditions are not enough.

A polyp that is not removed from a colon today can become cancer in a few years. We don't know the patients who have not been diagnosed. As my friend Louis Perrault just said in his speech, primary prevention and secondary prevention have been sort of put on hold because of the pressure on human resources caused by the pandemic.

The federal government quickly allocated significant funds to cushion the impact of the health crisis on the economy and on the public. We hope that the federal government will be able to provide additional funding to the provinces.

We need to address the needs of the health care system and to ensure its sustainability because this crisis will not go away in one year or two. It will persist for a long time.

Thank you.

● (1215)

[*English*]

The Chair: Thank you, Dr. Legault.

We'll go now to FoodShare Toronto.

Mr. Taylor, you have six minutes.

Mr. Paul Taylor (Executive Director, FoodShare Toronto): Thank you for the opportunity to appear before you today.

My name is Paul Taylor. I'm the executive director of FoodShare Toronto, an organization that works in partnership with communities across the city. We serve as a catalyst advancing meaningful solutions to food access injustices. We do this by advocating for the permanent dismantling of the oppressive systems that cause food insecurity in the first place, one of which we know is racism.

The very fact that Black households are three and a half times more likely to be food insecure than white households in Canada is an example of how anti-Black racism causes food insecurity. The anti-Black racism that we experience that causes disproportionate food insecurity is literally making us sick and taking food out of our mouths. It affects our income levels, access to education, housing, employment and a list longer than we have time for today.

It's important for me to start there because COVID-19 didn't create this reality for us. These inequities existed long before the pandemic, but when you add COVID-19 the result has been that Black Canadians are infected and hospitalized at disproportionately higher rates. We're also three times more likely to know someone who's died from the virus. Every day I worry that I'm going to get a call or see a post notifying me that I've lost someone in my community. That kind of grief, sadly, is not new to us, and neither are the ways that our calls to address these injustices have gone ignored.

Here we are, smack dab in the middle of a third wave of this deadly virus, the collateral impact of which is that our community continues to suffer disproportionately. One of the ways we're seeing this play out in this pandemic is the way that the pandemic has induced delays of surgeries and visits to our doctors, whether it's for a checkup to address an existing or a new health issue. We're not able to get the help we need right now.

I've long said that I believe we only have a sick care system in this country, but ultimately we've been forced to depend on it because it's all that our governments seem to prioritize. I say a “sick care” system because a health care system wouldn't be divorced from ensuring things like access to nutritious food and housing for us all. Again, it's all we have at the moment.

The result of these types of delayed visits to doctors and delayed surgeries will be our worsening health and the deepening of health inequities for a generation. Instead of prioritizing our actual health, the reality for Black Canadians is that we are sentenced to things like food insecurity and now less access to vaccines, less access to testing and even more policing of our communities. Ultimately, more government-sanctioned injustice targeted at Black Canadians.

At the intersection of my identity proudly exists both my Blackness and my queerness. Growing up materially poor, gay and Black means that many of us don't always have the typical family support systems to fall back on in times of need, in times of a job loss or at the onset of a serious illness like COVID-19, not to mention that many in the queer community work in the arts and hospitality sectors that have been decimated by the virus, making, again, queer folks especially vulnerable to food insecurity, homelessness and the health impacts that come with both. Like any group, in times of tumult we cling to our community for support. Many of us find chosen family in our community spaces, ones that are safe and accessible. Safe space that we have long been losing thanks to gentrification.

Week after week another of our community spaces or queer-owned businesses shuts its doors for good. We shouldn't have to suffer more as a result of this pandemic because we're queer, Black, trans, disabled, low-income or a refugee. We all deserve to be protected and kept safe, especially in a crisis like this.

Thank you.

● (1220)

The Chair: Thank you, Mr. Taylor.

We go now to Madikale Touring Incorporated with Mr. Canyon.

Please go ahead for six minutes.

Mr. George Canyon (Owner and Chief Executive Officer, Reiny Dawg Productions Ltd. and Madikale Touring Inc.): Good morning and thank you to all the members and Mr. Chair for having me on as a witness. I will try not to be too long-winded, but I was born and raised in Nova Scotia, as Chris knows, where we like to tell stories.

I currently live in Alberta where I've lived for more than half of my life—just five minutes south of Calgary, actually. I've been in the entertainment business, the music business, for approximately 30 years. I'm very blessed. Up until COVID-19 hit, I had a very successful career, internationally, in the country music niche. I have also been a recording artist, audio engineer and video engineer for the aforementioned 30 years, and not only have worked on my own career but more importantly have aided in the mentorship of dozens of young artists and charitable causes.

COVID-19 has decimated our business and our industry as a whole. We immediately made moves, of course, as all good change managers do, to pivot, to try to find some economic resource for our entire team, not unlike the time we had to pivot a few years ago when our industry introduced streaming, when my company went overnight from six IPs to one IP and lost 60% to 70% of its revenue generation.

However, hours and hours of free online concerts and virtual appearances brought basically no economic relief, albeit with music—and I'm sure everyone here appreciates music. It made us feel good to be able to bring some solace and comfort to our fans with what we've been blessed to give in music. We were one of the small businesses—I would say "few", but unfortunately, the more small businesses I've talked to, especially here in Alberta.... We were one of the few to fall through the cracks when it came to receiving any kind of federal economic relief.

In fact, we have a wonderful team of accountants and business managers who work with us, and they've been trying for months to access that funding to no avail. Our situation now is that our entire team and staff, of course, have been laid off. I would love to be the artist who gets to cry over spilled milk, but this is not just about me. It's about 3.1 million people who are directly affected in the entertainment business, who don't have work to go to and who are receiving no funding and help.

More importantly, hope, to us, is everything. We have nothing to hope for because every time something seems to open up.... It's like the shows I was supposed to do that have been moved multiple, multiple times. All of my staff, all of my team, all of those venues are now sitting on their hands again, not knowing what's coming. That, right now, is the absolute worst part for our mental health: not knowing what's going to happen a month from now, two months from now, six months from now, if we're going to be able to feed our families or not, if we're going to have to take subsequent work.

I've talked with many artists, musicians and techs who have been blessed to find other jobs and who will never, ever come back to the music business, to the entertainment business. They will stay working the jobs they've found because—and the rationale actually makes sense—when the next pandemic hits, we will be the first to be shut down yet again, although we treat our clientele with the utmost of safety, I would say, over most industries. Our insurance, our security, our clientele are put above everything else in our business, and unfortunately—

Mr. Marcus Powlowski: Maybe at one o'clock we could go to the school to get your other computer.

The Chair: Mr. Powlowski, you might want to mute.

Mr. George Canyon: Anyway, I could go on and on, but I think it's more important that you get the opportunity to ask the witnesses direct questions, so I will stand down now and wait for those questions.

Thanks again for having me.

● (1225)

The Chair: Thank you, Mr. Canyon.

I'm not sure if that was Marcus I was talking to, but someone.... There we go.

Thank you, all, for your testimony. We'll now start our rounds of questions, and we will go to Mr. Barlow to begin.

Mr. Barlow, please go ahead for six minutes.

Mr. John Barlow (Foothills, CPC): Thank you very much, Mr. Chair.

Thanks to our witnesses for appearing here today and sharing their stories with us.

Mr. Canyon, I want to start with you. You mentioned at the beginning of your presentation something I thought was interesting. Certainly, I have spoken with [*Technical difficulty—Editor*] many artists in my riding who simply thought themselves—

The Chair: I'm sorry, Mr. Barlow. You cut out there for a minute. I'm not sure if it was just me or....

Mr. John Barlow: I'm getting the "unstable Internet" message on my screen. It's one of the joys of rural Alberta, I guess, but we'll carry on.

Mr. Canyon, you were talking about being considered a small business and not qualifying for many of the federal programs such as CERB, CEBA and the wage subsidy. What are the obstacles that are keeping the music industry from qualifying for those programs? Maybe for you in particular, what has been the stumbling block?

Mr. George Canyon: Thank you for the question, Mr. Barlow.

Here's one of the biggest things. I'm no expert in this field, albeit I've done the economics for our business for 30 years. We have a company out of Vancouver called Yaletown Financial, which handles all of our business management needs, all incoming and outgoing funds. They have informed me over multiple phone calls that one of the biggest issues for small businesses is that when the ownership—my wife and I, who own our companies—does not take salaries and basically at the end of the year gets dividends, it causes a kind of economic loophole, and that loophole has been the issue.

They've been working both provincially and federally to try to gain access to those monies, which are so needed just in the downstream to support our team, and to no avail.

There are many other reasons economically that they're having issues internally, but it stems right back to the first day they were online and trying to fight with the online system.

I have talked to others in the music industry, to not just pick on one side, and they were able to gain access to funding, but they were a much smaller company and were not an incorporation that was taking dividends. I think that in a lot of small businesses that seems to be the biggest issue. For those companies where the owners are taking the dividends instead of the salary, that caused a big issue right out of the gate.

Mr. John Barlow: Thanks for that, Mr. Canyon.

Certainly, some of these programs have not proven themselves to be agile and able to address some of these problems. For the longest part at the beginning of the CEBA account, for example, if you were a small business owner but used a personal account rather than a business account—which I'm assuming many artists who are on a smaller scale than you would probably do—you would not qualify. It took 10 months to a year for the Liberal government to make those adjustments. It's certainly unfortunate when you see some businesses falling through the cracks.

Mr. George Canyon: The sad thing is using the word "business", John. Our business is not a business of "I'm going to do this and I'm going to punch a time clock from nine to five". There's so much passion and there's so much of yourself that goes into it that, when I talked to one of the artists lately who has basically just quit, they could barely speak. They're in tears, because it's a piece of them that is being killed. It's a piece of them that's dying.

● (1230)

Mr. John Barlow: You bring up my next question. I talked about this on Friday. I had a young girl in my riding call me in tears about her brother who had committed suicide. I had another one yesterday. A 29-year-old young man in my riding committed suicide yesterday. These are becoming all too common.

When speaking with some of the artists—Mariya Stokes and Lyndsay Butler in my riding—you can tell what stress is on these young artists and what anxiety there is. Maybe you can touch on that a bit. What has been the mental health aspect of seeing your entire industry and your entire livelihood, everything you've worked for, come to a screeching halt, with no light at the end of the tunnel as we continue to see lockdowns and restrictions?

Mr. George Canyon: As a Canadian citizen and a very proud Canadian—one million per cent Canadian through and through—one of the things that most disappoints me is that we didn't take a deep breath and look at what could be a huge travesty for our mental health, especially when mental health is first and foremost in the minds of most Canadians. In our industry, especially right now, because we have not recovered in the slightest—not 0.001%, not at all—mental health is a huge issue.

Just in talking to my team, which I try to maintain contact with to make sure that everybody is good, I see that everyone is trying to hold their head up and put a smile on—albeit fake. This is what we do in our industry. We're in the industry of hearing no. I've heard "no" so many times that I just kind of expect it now. When you're an artist and you're trying to get record deals or you're trying to get gigs and you're trying to climb that corporate ladder....

Right now, though, the artists I've talked with as of late, they just feel lost. It's not so much the artist in me. It's my family who made the sacrifice for us to get to where we are today after 30 years—my wife and my children. The sacrifices they've made, not just with my wife having to work three jobs at one time so I could play on the weekends, but with my children not having their dad there for the first day of school, not having their dad there when they learned how to ride a bicycle.... All those things add up to mental health, and now, seeing their dad just not being able to work at what they have been a really big part of my success in....

Mr. John Barlow: George, I have one quick question left for you.

We talk about the artists here, but how many people would you employ at a typical show? It's not just the artists who are suffering through this. It's those reciprocal jobs. How many people would you be employing for a typical show that you would put on? What's the impact for those careers as well?

Mr. George Canyon: On average, you're looking at probably, depending on the venue size, a hundred, and that includes our people and the venue people and then all of those people who are affected outside of that circle. For big tours going into arenas, you have a hundred techs alone loading and unloading trucks, so you're talking about thousands of people when it comes to the larger tours that we've been blessed to be on.

Mr. John Barlow: Thank you.

The Chair: Thank you, Mr. Barlow.

We go now to Mr. Kelloway.

Mr. Kelloway, please go ahead for six minutes.

Mr. Mike Kelloway (Cape Breton—Canso, Lib.): Thanks, Mr. Chair.

Hello to my colleagues, and a warm welcome to our witnesses, a Cape Breton—Canso welcome.

My questions are going to be directed to Mr. Grant.

First and foremost, Mr. Grant, I consider you and your organization an expert on youth and youth programming.

For many years in the first part of my career, I worked with a gentleman by the name of Gordie Gosse, and Gordie was a great man. He passed in 2019. He worked in Whitney Pier as the youth programmer in Whitney Pier and later went on to become an NDP cabinet minister in the provincial government. I learned so much from him in terms of the importance of programming and the importance of community engagement.

This year, Mr. Grant, Canadians have made great sacrifices and, in particular, youth and children have given up, as you say, going to school with its going online, spending time with friends and really getting the most out of their adolescence and childhood. Public health measures in every province are implemented by public health officers, and they're important, but we do need more and varied supports, as you mentioned.

In particular, you hit upon something I think is really important, and that's the mental health amongst youth. They are already, I think you would agree, at a higher risk even without a global pandemic being thrown into the mix.

I'm wondering if you could tell me and tell the committee how important it is for children and youth in these times to have access to platforms like Wellness Together Canada, launched by our government, or the Kids Help Phone.

Mr. Clovis Grant: As we know, in being homeless, there's a high level of anxiety and a high degree of stress and addictions that come with that, and this is pre-pandemic, so adding the notion of a pandemic exacerbates an already challenging situation.

The need for the services you mentioned, the Kids Help Phone, etc., is critical during both times, and we've seen just with 310-COPE here in York region and the Canadian Mental Health Association, all of those organizations—

● (1235)

[*Translation*]

Mr. Luc Thériault: I'm sorry, Mr. Chair, but the interpreter tells me that they are unable to interpret what Mr. Grant is saying because the sound is not good.

It would be better if Mr. Grant raised his microphone a little higher, between his nose and his mouth.

[*English*]

The Chair: Mr. Grant, say a few words before we begin your time again, just make sure that the translation is working.

[*Translation*]

Mr. Clovis Grant: Is that better?

Mr. Luc Thériault: Yes, that's great.

The Chair: Thank you, Mr. Thériault.

[*English*]

Thank you, Mr. Grant. I'll resume your time now. Go ahead.

Mr. Clovis Grant: Okay.

As we know, pre-COVID, pre-pandemic, the need for mental health services for a homeless population was high to begin with. We know from research it is one of the challenges, whether it's a cause or an effect of being homeless. The Kids Help Phone services, the Canadian Mental Health Association services, 310-COPE and all those things were important pre-COVID, and then you add a pandemic, with a whole bunch of uncertainty for these young people. They've already experienced uncertainties in their lives and this just further exacerbates that.

One of the things it's important to note is that a lot of money does go into mental health and we've seen governments increase that funding, but we find many of those services are not accessible for a homeless population, for different reasons.

Sometimes with a youth population the definition of "youth" is different. For provincial services, it can be ages 16 to 24. For federal services, it's 14 to 29, and for some health services, it's to 18. Even from just an age demographic, it's hard to access some of those services. Then you have the unavailability of psychiatric care and psychiatrists who are able to diagnose, and follow-up support.

What we find is that homeless young people are even more marginalized in accessing the services and funding that goes into mental health, which is why the need for very specific services for this population is so important.

Mr. Mike Kelloway: It's interesting you highlighted how the challenges are integrated, and so must be the solutions.

I was doing some research on your organization and I see you offer a large suite of programming. I'm just curious. Which of your programs has been the most popular as we navigate through this pandemic, and why do you think it is the case?

Mr. Clovis Grant: I'm not sure "popular" is the right word, but certainly—

Mr. Mike Kelloway: "More utilized" would probably be better.

Mr. Clovis Grant: Yes. For sure, it's our mental health supports. As I mentioned, we saw a fivefold increase in the number of youth accessing mental health services. Pre-COVID, we were serving over 1,200 youth in our drop-in programs, but that number decreased. Therefore, you could maybe show a correlation between the lack of access to services adding to an increase in the need for a number of mental health services.

However, to answer your question, it is the need for mental health services that increased.

● (1240)

Mr. Mike Kelloway: It's not surprising. I know that MP Tony Van Bynen has been a big proponent of mental health and it was the focus of a study for this committee.

I have just one last question. I wonder if you would speak to the committee about the HOPE program and its participation since the onset of the pandemic.

Mr. Clovis Grant: That's HOPE, our anti-human-trafficking program.

Mr. Mike Kelloway: That is correct.

Mr. Clovis Grant: We are the only housing service for youth in the region providing human-trafficking programs. It was affected in that it is a small apartment so we weren't able to support as many young people, but what we were able to do was actually to keep them for longer periods.

I'll just state quickly that one of the challenges is that the lockdowns had an adverse impact on many of those youth because it reminded them of being pimped when they were locked into hotels. You're trying to balance the health and safety measures, but at the same time, it actually creates trauma.

The Chair: Thank you, Mr. Kelloway.

Mr. Mike Kelloway: Thank you very much.

[*Translation*]

The Chair: Mr. Thériault, you have the floor for six minutes.

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

My thanks to all the witnesses for their testimony on the collateral damage of the pandemic.

Let me turn to Dr. Legault.

Dr. Legault, thank you for your testimony. Like your colleague Dr. Perrault, you gave us precise and surgical testimony. You pointed your scalpel to where it hurts.

You are telling us that 200,000 people are on waiting lists, which is not insignificant. This is the equivalent of the population of the city of Sherbrooke, and we are talking about identified patients only. We don't know which city's population corresponds to the number of patients who have not yet been identified because they have not had access to diagnosis.

Witnesses who appeared before the committee at the beginning of the first wave told us that health care networks were already under pressure and weakened because of chronic underfunding. This morning, you are telling us that it is all very well for the government to have invested to support the economy and the public. However, it should now respond to the needs of our health care systems by providing the provinces and Quebec with substantial recurring funding to help them put their health care networks back on their feet. Congratulations for drawing on best practices. I know that, over the past few decades, you have certainly become an expert in "doing more with less". In Quebec, we have developed this expertise because we had no choice.

Moreover, you say that there is a serious problem. Regardless of how the care is organized, people are needed to provide it. Right now, the pandemic is having a direct impact on human resources. We could lose expertise that would cost us an awful lot of money to recover.

You were talking about the operating rooms. Even if other people are hired, as was the case with the orderlies, incredible expertise may well be lost. Could you tell us more about that?

Dr. Serge Legault: When we brainstormed after the first wave, we made an initial observation. All the hospitals in Quebec were taken by storm, and we had to offload the surgical activities and reassign the operating room staff to other departments in the hospital. As a result, we had to stop training nurses and all operating room staff. The training of an operating room nurse or respiratory therapist can take six to twelve months, in addition to the usual nursing or respiratory therapist course. Most of the time, these employees are ready after nine months of training.

If I wanted to increase the number of qualified operating room staff today, it would take me nine months at best. But if the third wave were to hit Quebec as hard as it hit Ontario, we would probably have to split hairs to determine which activities we keep and which ones we stop.

In the first wave, we decided to continue the training, but in the second wave, we had to stop because our teams were already being stretched too thin.

We must promote the beauty of this work, which is really difficult. You are right, Mr. Thériault. The [*technical difficulties*] pandemic because of the resources that were already stretched thin, that was difficult. The chronic underfunding of the health care system is such that conditions are not optimal. Right now, the situation is worse than it has ever been in the history of public medicine. [*Technical difficulties*], I am absolutely sure of that.

● (1245)

Mr. Luc Thériault: You say that we are witnessing—

[*English*]

The Chair: Pardon me, Dr. Legault, but we're having trouble with the interpretation. Perhaps you could raise your microphone to moustache level and say a few words to make sure the interpretation is working.

Dr. Serge Legault: Is it okay like this?

[*Translation*]

Can you hear me better?

[*English*]

The Chair: We'll try that. Please continue with your answer.

[*Translation*]

Dr. Serge Legault: Actually, I finished answering Mr. Thériault's question. I could add a lot, but in short, it is very important that we continue to train staff. Of course, training staff costs money, and money is very scarce in the Quebec public system right now.

Mr. Luc Thériault: You also indicated that there were career changes. More and more operating room professionals are leaving. This means that we need to improve the image of these professions and also increase retention. To do so, governments must have the necessary money and some predictability to be able to make these investments.

Are you really afraid that we will ultimately be losing expertise?

Dr. Serge Legault: I'm keeping my fingers crossed that early retirements will decrease as the pandemic situation improves and people return to the fold.

If you're an operating room nurse and you have been asked three times to work in an area that you are not used to, and to literally count the dead, it's understandable why you would decide to leave the profession.

Mr. Luc Thériault: The federal government has decided not to provide its fair share and not to invest now in substantial health transfers. It prefers to wait until after the pandemic. Do you think this is justified, from a medical point of view?

Dr. Serge Legault: I don't think it's justified. I think it is important to invest money right away. We need to make the professions more attractive to try to reduce the number of people retiring or simply transitioning to other professions.

Money is not the answer to everything. I think everyone needs to be ready to take action to improve working conditions, but money is certainly part of the solution, if you ask me.

Mr. Luc Thériault: Thank you.

The Chair: Thank you, Mr. Thériault.

[*English*]

Mr. Davies, you have six minutes, please.

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

Thank you to all the witnesses for sharing your expertise and thoughts with us today.

Mr. Taylor, you mentioned that the people who suffer the most from food insecurity are Black and indigenous people, and you quoted research that said Black Canadians are 3.5 times more likely to be food insecure.

I am wondering if you could share where that data comes from. Can you elaborate a little more on that point for us?

Mr. Paul Taylor: Certainly. That data comes from research that FoodShare conducted in collaboration with PROOF, a research initiative at the University of Toronto that's focused on policy interventions for food insecurity.

This research challenged the mainstream understanding of the causes of food insecurity in this country. Previously, when groups looked at aggregate data on food insecurity in Canada it revealed that things like household composition, immigration status and access to an income floor for seniors all had impacts on food insecurity. This research looked at a specific community, the Black community, to better understand what was happening to Black Canadians when it came to access to food.

We found that Black Canadians were three and a half times more likely to be food insecure. We found that 36% of Black children grew up in food insecure households compared with 12% of white children, and also that the percentage of Black homeowners who are food insecure is just about equal to the percentage of white renters in Canada who are food insecure.

Ultimately what we found is that whether or not a Black household was new to Canada or here for generations or headed by one parent or two, the prevalence of food insecurity remained high. In essence, we found that the typical factors that helped protect against food insecurity that we had commonly understood for a long time, like ownership of a home or access to a pension, did not protect Black families in the same way that they do white families.

● (1250)

Mr. Don Davies: You also made a point that I'm hearing made in a number of different scenarios: that COVID didn't create these problems; it exposed these problems.

Has the COVID pandemic exacerbated food insecurity among the populations you serve?

Mr. Paul Taylor: Without a doubt. We just have to look at public transit vehicles and look at who is taking the most risk—excuse me, who has been forced to take the most risk. It is the Black and brown low-wage workers who are out exposing themselves to this pandemic, and of course, are then forced to deal with the brunt of its impacts and the disproportionate rates of illness and ultimately death. We're also seeing that our Black communities are having less access to the vaccine, less access to testing and all those things that we know are essential in our fight against this pandemic.

Mr. Don Davies: I read a recent news release from FoodShare Toronto about budget 2021. It said the following, which struck me. It said:

> We know that 65% of Canadians who experience food insecurity have jobs. Everyone has the right to feed themselves and their loved ones with dignity and joy—regardless of their participation in the labour market—but there are people in this country working full time jobs who are unable to feed their families.

I think you quoted the Ontario Living Wage Network that set the living wage for Toronto at a little over $22 per hour. You concluded that release by saying you wanted to see federal policies that set income supports and wages at levels that are actually livable for people in our city, meaning Toronto.

Having seen the budget come out now, are the federal income supports and wages set at livable levels in that budget? What was your reaction to the steps that were or were not taken?

Mr. Paul Taylor: One of the things that we've seen pretty consistently with the government is an investment in charitable-based responses. It might seem weird coming from an organization like FoodShare, but to do the work we do with integrity and authenticity is to recognize that charity is not a solution to food insecurity and poverty. We absolutely need to look at income-based interventions.

We know the government finally moved forward on its promise to introduce a federal $15 an hour minimum wage. My goodness, it promised that years ago. A $15 minimum wage is not enough. People are going to be struggling.

The CERB has created an opportunity for a wider conversation about how we support people in the community. In one of the richest countries in the world, how can we provide the kinds of supports that people need, especially those who have been left behind? We need to be talking about livable incomes across the board and a basic income in this country.

There was none of that really mentioned in the budget. It was pretty disappointing for us, and disappointing for many folks whom our systems have made to struggle the most.

Mr. Don Davies: You anticipated where I was going. I was going to ask your opinion on whether it's time to implement a guaranteed livable income, or at least begin with some pilots around the country. I think I have your answer on that.

I'm going to shift to something else, which is the concept of the universal school food program. That was mentioned in budget 2019. I have tabled private member's legislation to establish a national nutritious food program in schools.

How important is it for us to address food insecurity, at least in children?

Mr. Paul Taylor: The biggest impact that school food programs have are on educational outcomes. We know educational outcomes are connected to income potential down the road and overall health. It's an essential type of intervention that we need to be advancing and not neglecting.

I wouldn't necessarily connect it to food insecurity. Food insecurity is largely about income and families not having the income they need to buy the food they need.

With that said, school food programs are essential. They will support families that struggle with access to education and being able to feed the kids while at school.

The Chair: Committee members, we have a few minutes left. I propose we take another shot at a lightning round. If everyone is in agreement, we'll do one minute per party, once again, and that will take us to the end.

We'll begin with Ms. Rempel Garner, for one minute.

● (1255)

Hon. Michelle Rempel Garner: Thank you, Chair.

Mr. Canyon, oftentimes, people talk about diversifying Alberta's economy. The entertainment sector is one part that has been decimated by COVID.

Can you briefly talk about the broader impacts, not just on performing artists but also on venues, audio technicians, etc.

Mr. George Canyon: It's something that we're all in together, no matter if you're an artist, a performer, a tech or a venue. We're all affected equally. If we can't play, then venues can't sustain an income or have any kind of growth.

At my management, Invictus Entertainment, out of Penticton, B.C., Jim has told me horrific stories as of late, where he has reached out to contacts that he has booked and worked with in the venues for over 20 years who are no longer there. He was told he has to call the mayor of the town, or the city, to try to access the venue.

One of the biggest concerns coming out, God willing, the other side of COVID is that we're looking at six to eight months minimum for these venues to be restaffed, if they haven't been already been reallocated. We've lost quite a few theatres across Canada to now becoming movie theatres only. They're actually taking the time and doing the work through grants to convert the theatres. We have now lost an outlet for 3.1 million people to actually go and earn an income.

The Chair: We now go to Ms. Sidhu, for one minute.

Ms. Sonia Sidhu (Brampton South, Lib.): My first question is to Mr. Grant.

As you know, this pandemic highlighted the issue of early learning and child care. The budget announced last week the national child care plan.

What long-term benefits do you see for implementing such a system for both parents and children?

Mr. Clovis Grant: As I noted, prevention is such a critical part of addressing the issue of youth homelessness. The stronger families are, the less likelihood there will be, down the road, of homelessness.

Obviously, nothing's a guarantee, but it certainly is a big step forward in making sure that families get the support they need to better understand how to strengthen the needs of their kids and to work with the schools. All of these are preventative measures to addressing homelessness.

The Chair: Thank you, Ms. Sidhu.

[*Translation*]

Mr. Thériault, you have the floor for one minute.

Mr. Luc Thériault: My question is for Dr. Legault.

Dr. Perreault, Dr. Bélanger, Dr. Champagne and Dr. Shabah told us that COVID-19 would have an impact on patients other than those affected by COVID-19 and, more importantly, that the costs to deal with the situation would skyrocket over the next 10 years.

I imagine you agree with them. If we don't invest in the health care system now, it will cost us a lot more later.

Dr. Serge Legault: A screening colonoscopy showing a polyp costs about $1,000, including care. If that same polyp is found only two years later and has turned into colon cancer, the costs can go up to $20,000. I'm talking about a public system where the patient will have to receive radiation or chemotherapy and be absent from work for a long time.

Economically, the costs are absolutely different. Investing immediately saves us money. In terms of the social cost, it is quite obvious that if we have to do a day procedure—

The Chair: Thank you.

Mr. Luc Thériault: Thank you, Dr. Legault.

The Chair: Thank you, Mr. Thériault.

[*English*]

Mr. Davies, it's over to you for one minute. You have the hammer.

Mr. Don Davies: Thanks.

Mr. Taylor, what policies do you think should be prioritized by the federal government, particularly using an equity-informed approach?

Mr. Paul Taylor: You know, for the folks we work with, there are things that are really important. As I said earlier, they're not receiving adequate income. We need to absolutely prioritize a guaranteed livable income in this country. We also need to be building housing. When I talk to folks who are accessing charitable food, it's largely because they're spending the bulk of their money on housing. I think it was in 1993 that the Conservative government got the federal government out of building housing. In 1994 the Liberals kept us out of building housing. I think we really need to commit to building the type of affordable housing that folks need.

I also hear horrible stories about people having to split their medicine in half or go without taking the medicine they need. We also we need to prioritize ensuring that people have access to the medicines they need.

I would be remiss if I didn't add that we need a meaningful and concerted comprehensive plan to tackle racism in all of Canada's institutions, systems and public policies. Until we do that, racism will continue to bestow disproportionate harm on BIPOC communities.

● (1300)

Mr. Don Davies: Thank you.

The Chair: Thank you, Mr. Davies.

To all the witnesses, thank you for your testimony. Thank you for sharing your time with us today and for your expertise and knowledge.

To the members, thank you for all of your great questions.

With that, we are adjourned. Thank you, all.