Bon jour, merci beaucoup de m'accueillir aujourd'hui au nom de SoinsSanté CAN, le porte-parole national des organisations de soins de santé et des hôpitaux du Canada.

Je suis heureux d'être aux côtés de la Dʳ Heidi Sveistrup de Soins continus Bruyère, une chercheuse appréciée et membre de SoinsSanté CAN.

If government wants to address the climate emergency, hospital and health organizations must be made key partners in its sustainable development, green infrastructure and climate change agendas.

As everyone knows, hospitals operate 24 hours a day, 7 days a week, 365 days a year. The result is that these critical institutions are the most energy-intensive public facilities in Canada. Hospitals currently consume roughly 11% of Canada’s total public energy and collectively account for more than 5% of our nation’s greenhouse gas footprint.

Making matters worse is the fact that Canada’s hospital infrastructure is ancient—much of it over 50 years old.

Yet Canada’s hospitals and health organizations continue to be excluded from most federal infrastructure funding programs, including the Disaster Mitigation and Adaptation fund and many others.

This is an appalling policy oversight. Hospitals and health organizations cannot make green upgrades, retrofits or repairs when they often do not have the budget to perform even basic maintenance.

In 2018, we were pleased that FINA recommended the federal government ensure a level playing field by allowing hospitals and health organizations to be eligible to compete directly for federal funding programs, like green infrastructure and innovation.

We are not asking for any special favours all we’re asking for is for our sector to be treated equally like other sectors such as energy and universities. We ask that you bring back that overlooked recommendation in 2020.
This requires only a policy change and no new funding.

HealthCareCAN is also urging that the federal government step up to fund the full cost of health research in Canada.

Les activités de recherche comportent des coûts indirects importants. Le financement fédéral ne couvre actuellement qu'entre 18 et 21 % des coûts indirects de la recherche, par rapport aux 40 à 80 % couverts par nos homologues américains et britanniques.

You can see how Canadian researchers are at a serious disadvantage and why “brain drain” of top-tier research talent is a serious concern.

HealthCareCAN therefore recommends that the federal government grow investments in science to cover the full cost of research enabling Canada’s research hospitals to generate new breakthroughs, including on the health impacts of climate change.

The last area for specific action to support health lies in the federal government stepping up its efforts to support full deployment of digital solutions in health.

Au Canada, les données sur la santé sont généralement « cloisonnées » dans un établissement ou une autorité compétente.

Mais comme l’ont fait valoir les propres conseillers du gouvernement à la Table de stratégie économique du Canada sur la santé et les sciences biologiques, la mobilisation de nos données sur la santé sera à l'avantage des patients, des cliniciens, des chercheurs et de l'économie en général.

Plus précisément, la Table de stratégie a recommandé que le Canada mette de l'avant trois éléments essentiels : une plateforme de santé numérique interopérable, des cadres harmonisés pour les données et la protection de la vie privée, et un dossier médical électronique unique pour les Canadiens.

Le gouvernement fédéral a tout à fait le pouvoir de concrétiser cette recommandation.

I would like to close with the words of the CEO of one of our member institutions who recently published a stirring call to action from the front lines of our health care system in the Globe and Mail:

“While much divides our country, one thing unites us: compassionate, safe and high-quality care for all Canadians. Without definitive action, it’s never been at greater risk.”

I urge the honourable members of the Finance Committee to take that action now.

Thank you.