



House of Commons  
CANADA

## Standing Committee on Health

---

HESA • NUMBER 042 • 2nd SESSION • 40th PARLIAMENT

---

EVIDENCE

**Wednesday, November 4, 2009**

—  
**Chair**

**Mrs. Joy Smith**



## Standing Committee on Health

Wednesday, November 4, 2009

• (1525)

[English]

**The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)):** I call the meeting to order.

Good afternoon, ladies and gentlemen. My apologies for the delay. It was requested that I delay the health committee meeting because a tribute is being paid to former Governor General Leblanc.

Monsieur Malo has requested that we start because we have a lot of business to do.

Thank you for that request. Now that you've made it, I can do it, so thank you very much.

Today we have a very interesting presentation. Pursuant to Standing Order 108(2), we are to have a briefing on airline policy to allow small pets in passenger cabins.

We will have a five-minute presentation from each of the witnesses. Following that, we will have a seven-minute question and answer period.

I have to tell you that someone else will be taking the chair shortly, because I am required to go back into the House and deliver a speech very soon. I will return after that speech. It's going to be a busy day today, kind of like a skateboard.

Appearing before us is Diane Bergeron, a guide dog user; we have the Allergy/Asthma Information Association, Mary Allen, chief executive officer; and the Canadian Lung Association, Jennifer Schenkel, director of communications.

Then we have a video conference with Jill Frigon, a registered nurse who is the health initiatives coordinator for the Canadian Lung Association; Dr. Robert Schellenberg, head of the division of allergy and immunology, Department of Medicine, University of British Columbia, and Thomas Kovesi, pediatric respirologist, Children's Hospital of Eastern Ontario, both from the Canadian Thoracic Society; and from the Canadian Transportation Agency, we have Joan MacDonald, director general, dispute resolution branch, and Mary-Jane Gravelle, director, accessible transportation directorate.

I want to thank you very much for being here today, and I want to thank you for your patience.

We will begin with Diane Bergeron, a guide dog user.

Diane, please begin. You have five minutes.

**Ms. Diane Bergeron (Guide Dog User, As an Individual):** Thank you.

I really appreciate having the opportunity to come and talk to you for a few minutes today. I wanted to come to make sure that people understood the differences between a guide or service dog and a pet, and to differentiate those when looking at rules, regulation, and legislation.

A guide or service dog is specially trained, usually by an organization of specialized and qualified trainers to mitigate a disability and to ensure the safety of the individual they are protecting because of their disability. It also enhances their independence and allows them to be more free to do the things they want to do and give them a higher quality of life.

When I was first thinking about this topic, I found it quite ironic that I was having the opportunity to come and talk about this, because a year ago I tried to get my dog in the cabin of a plane and was refused. I was going to London. I had a three-month issue where I couldn't convince the agency that my dog should be in the cabin though, finally, it did happen. I think it's kind of ironic that I'm here today to talk about not having pets in the cabin of a plane.

Dogs that are trained as guide or service dogs are trained very well. They usually take between \$30,000 to \$60,000 to train and get qualified. The people who are the handlers are also trained. We go to special schools to train with our animal. There's a big process and a heavy-duty process to go through to have and work a service or guide animal.

One of the things that we learn is to handle the dog in any situation. The dog has a natural instinct to be distracted by other animals and to want to go and interact with other animals, but they are trained to work through that process. But there's still an instinct. You can't train the instinct out of them, you simply train them to work through it. Having pets on an aircraft in the cabin is a distraction for guide and service dogs. I have been on a plane where there has been a cat right next to me. My dog wasn't nearly as stressed as the cat was, but there were still some distractions there. In a situation where there may be an emergency evacuation, it may be difficult for a guide or service dog to maintain its attention.

My main purpose for being here is to make sure that people understand that guide dogs and service dogs are there for a reason and should be exempted from any regulation refusing the allowance of pets inside the cabin.

Thank you.

• (1530)

**The Chair:** Thank you very much for your presentation.

I now have to go into the House of Commons, so I'm asking one of our vice-chairs, Ms. Judy Wasylycia-Leis, to take over for a few minutes. I will be back after my speech and we'll continue on.

Thank you.

**The Vice-Chair (Ms. Judy Wasylycia-Leis (Winnipeg North, NDP)):** Thank you very much.

The pertinent part of that statement was that it was for only a few minutes, so I get to ask lots of questions, right?

**Voices:** Oh, oh!

**The Vice-Chair (Ms. Judy Wasylycia-Leis):** Now we go to Mary Allen, chief executive officer of the Allergy/Asthma Information Association.

**Ms. Mary Allen (Chief Executive Officer, Allergy/Asthma Information Association):** Thank you.

I'll start by saying a bit about allergy. It's believed that about 30% of Canadians are allergic in one way or another. Although I don't think we have exact figures, maybe 10% of those are allergic to pets in varying degrees. It tends to be pet dander and saliva that cause problems and the pet dander can float in the air. It's light, people breathe it in, and it can lead to symptoms in their nose, eyes, or lungs, if they have asthma. I think it's admittedly difficult to predict the seriousness of a reaction in advance, because it can really vary from person to person, and even within the same person at different times. There can be coexisting factors that occur, whether they're reacting to other allergies, other triggers, have a cold, and so on.

People who do avoid pets tend to believe that the policy of allowing them in the cabin restricts their mobility rights and imposes undue obstacles for them when they're travelling. I'll run through some of the concerns that we have heard.

They fear having a reaction in the air, where they can't leave the premises, where they're stuck on the plane, and where they may not be able to get medical help if it's needed.

They're also uncertain as to what to expect in advance. They don't know when they leave whether or not they're going to unexpectedly have a little pet sitting next to them. Some of them have said that when they do fly, when there is a pet seated next to them, their request to change seats is not honoured; they're not able to get an alternative spot on the plane. They know that after the pets leave the planes, a lot of the allergen may stay behind, even if the seat is cleaned properly. Even if they are able to find out in advance that a pet is on board, it would be a big inconvenience to them to have to change flights and pay penalties and so on.

They're also aware that even if they don't react on the flight, there can be delayed reactions. They could have symptoms four to twelve hours later. Not knowing in advance, they don't know whether they need to adjust their medications before they come on board. Some people have raised the fact that even flight attendants and other airline employees could also be infected, if they are asthmatic.

They would clearly prefer to have a pet-free environment on planes. If that is not to be—that is what we are advocating for, with the exception, of course, of service dogs—they would certainly like to be able to find out in advance of the flight that a pet is on that

flight. They'd like other procedures that reduce risk and improve communication, possibly confining pets to one area at the back of the plane; the right to change seats; they want airlines to improve the cleaning processes, perhaps switch to leather seats; they would like the right to cancel and rebook with no penalty, or a mechanism where they can even register their allergies in advance. Perhaps, after that point, pets wouldn't be accepted on the flight.

I know it's a difficult issue because there are animal lovers and people who are allergic to them—sometimes one and the same—and it's not an easy topic on which to get consensus from everyone. However, these are the main points that I have heard.

Thank you.

• (1535)

**The Vice-Chair (Ms. Judy Wasylycia-Leis):** Thank you very much.

The next presenter is the video conference with Jill Frigon, Canadian Lung Association.

Can you hear us, Jill?

**Ms. Jill Frigon (Registered Nurse, Health Initiatives Coordinator, Canadian Lung Association):** Yes, I can. Can you hear me?

**The Vice-Chair (Ms. Judy Wasylycia-Leis):** Yes.

Go ahead. You have five minutes.

**Ms. Jill Frigon:** Good afternoon, Madam Chair, and members of the committee.

My name is Jill Frigon. I'm a health initiatives coordinator with the Lung Association of Saskatchewan and a registered nurse.

I am here today to represent the many patients I work with every day who have severe pet allergies, asthma, and various other respiratory diseases. I'm here not only as a health care professional but also as a patient. I have asthma and have lived with asthma my entire life. That is one of the reasons I'm presenting to you by video conference down the street from you all, because I could not be in the same room as an animal without having an asthma attack.

Asthma is a chronic lung disease that causes the airways to become inflamed, making it very difficult to breathe. Asthma is the one of the leading causes of the hospitalization of children and is the most common chronic disease among children.

Asthma attacks can be brought on by exposure to pets and can lead to episodes of extreme breathlessness. Asthma attacks require treatments immediately, and often medical attention. Asthma attacks can in fact be life-threatening.

Pets are a common trigger for asthma, causing flare-ups and asthma attacks. When I am exposed to a dog or cat and/or their dander, I experience an asthma attack. I'll give you an example of what that looks like.

In addition to sneezing, coughing, and having watering eyes, I find that my chest becomes very tight; it feels like an elephant is sitting on my chest. I struggle to breathe. When that happens, I am forced to increase my medications, as my airways have become inflamed, constricted, and narrowed. After the initial attack and after taking my medications, it's important to point out, I won't feel healthy again for weeks, as the inflammatory process is actually quite a bit longer than the initial attack. With that, I'm often so ill I have to miss work, and I'm unable to provide for my family or care for my patients, which is really important.

For much of the first ten years of my life, I lived in the hospital because of my asthma. At the age of three, I was exposed to a family friend's cat, and as a result ended up staying for several days in the intensive care unit at the Regina General Hospital. That gives you a picture of how severe asthma can really be.

Over the years, I have developed a much better understanding of how to manage my asthma, for sure. I want to point out that the research is very clear: people with asthma need to avoid their triggers, in addition to taking their medications and lifestyle interventions. One of these triggers is often pets.

The consequences of being exposed to triggers such as pets vary. The spectrum is rather broad. There are people who can have mild reactions, just experiencing watery eyes, sneezing, and coughing. But people can also be at the other end of the spectrum and experience severe breathlessness, which can be life-threatening, for sure.

I work very hard to keep healthy and physically fit, and I avoid my triggers at all costs, just so I can do the things I love to do. I'm training for a half marathon; I'm a dancer in a dance company; and I teach fitness classes on the side on a regular basis, when my asthma is under control.

In my career I studied in the fields of kinesiology and adapted physical activity, working with people with disabilities, which led me to nursing. So I have seen first-hand how a disability can really affect one's quality of life. I do not wish to feel disabled because of my asthma.

Today I represent the many patients, families, and loved ones whom I care for, and they all wish to travel safely. I'm asking you today not to put corporate needs ahead of the public's health—and mine.

I flew with Air Canada from Saskatchewan to be here to speak with you today. If a dog or cat had been on my flight, I would not have had this opportunity to speak with you, to share my story, and to represent my patients. I would simply be too ill and too short of breath to speak.

So please consider the Lung Association's request today.

Thank you very much, Madam Chair.

• (1540)

**The Vice-Chair (Ms. Judy Wasylcia-Leis):** Thank you very much, Jill.

Now we'll now go to the Canadian Thoracic Society and hear from Thomas Kovesi, a pediatric respirologist at the Children's Hospital of Eastern Ontario.

**Dr. Thomas Kovesi (Pediatric Respirologist, Children's Hospital of Eastern Ontario, Canadian Thoracic Society):** Madam Vice-Chair, members of the committee, I am pleased to be here today on behalf of the Canadian Thoracic Society and CHEO, the Children's Hospital of Eastern Ontario, to speak on this important issue.

I am a pediatric respirologist, or children's lung specialist, an associate professor of pediatrics at the University of Ottawa, and a senior author of the Canadian Pediatric Asthma Consensus Guidelines. I am recognized nationally for my research on air quality and respiratory health in Inuit children. I should admit that I'm currently redeployed as a physician at the CHEO emergency treatment unit for H1N1.

I want to outline for the committee today the issue of air circulation in an airplane passenger cabin and why that may present a problem for those with asthma and/or pet allergies.

As committee members have already heard, the main allergen produced by cats that people get allergic to is stored in their skin and fur. This is often referred to as dander. The allergen is often present in very tiny particles that can remain suspended in the air for extended periods of time.

Modern commercial airliners provide about 15 to 20 air changes per hour, which compares very favourably to a typical level of about 12 air changes per hour in a room, such as in an office building or this room, or about five changes per hour in your house. In addition, airliners have sophisticated HEPA filters for filtering out small particles, including allergens or micro-organisms. However, the situation is not as simple as this for two reasons: ventilation patterns and the use of upholstered seating.

Let's look at both issues one at a time. In terms of airliner air ventilation and circulation, air normally enters near the cabin ceiling, circulates around the cabin, and exits near the cabin floor. Less air moves along the length of the inside of the cabin. Research has shown that cabin airflow patterns do not entirely eliminate the risk that airborne bacteria travelling from one section to another. In any enclosed space, micro-patterns of air circulation can occur and can be very difficult to predict. For this reason and despite the sophisticated ventilation systems and HEPA filters, infections of tuberculosis and SARS, for example, have occurred on commercial flights, particularly among passengers a few seats over.

That's why in 1998 Air Canada banned serving peanuts aboard their flights. It is impossible to predict the possibility of allergens travelling from one part of an airplane to another.

Before Air Canada banned peanuts from being served on planes, I had one patient with peanut anaphylaxis who nearly died on a flight from London, England, to Ottawa after being exposed to the odours from other people eating peanuts.

Life-threatening reactions to nuts have been reported on commercial airliners by Comstock and co-workers in California. He reported two patients with severe life-threatening reactions, including one requiring diversion of the airplane, and a total of six who had to visit emergency departments after their flights. Over 60% of these reactions were caused by inhalation of allergens.

The second issue we need to consider is the cloth upholstery used in most airplane seats. Numerous studies have shown that pet owners can transmit pet allergens from their clothes to carpets and upholstered furniture in other locations such as schools. As well, allergens deposited on these surfaces can cause allergies and asthma in people exposed to these surfaces who have the relevant allergies.

A study by Martin and co-workers in New Zealand has already shown increased concentrations of cat allergen on commercial aircraft seats. In that study, 100% of the seats on commercial domestic flights and 14% on commercial international flights contained clinically significant levels of cat allergen.

A study by Custovic and co-workers shows that the amount of cat allergen present in upholstered furniture in the homes of people who have cats is 300 times higher than on the upholstered furniture in the homes of people who don't have cats. Thus, the amount of allergen deposited on aircraft seats is going to be vastly higher if that pet is present on board the plane than if only the owner is present on the plane.

While both Air Canada and WestJet have proposed moving people with animal allergies away from pets on airplanes, there are no proposed plans to ensure that people with pet allergies don't sit on a seat that was just occupied, or recently occupied, by a pet.

• (1545)

In addition, seating people with animal allergies away from animals on board may be impractical, given that families may want to stay together and given how crowded most airline flights are.

The issue isn't just one of allergic reactions and asthma attacks, but where these events could potentially take place. As you can imagine, having an asthma reaction here in Centre Block would not be a good thing, but it would be a vastly worse thing if it were happening at 40,000 feet, especially over water, where even an aircraft diversion would take time. People with allergies and asthma can and do have life-threatening asthma attacks, and the risk of having one on an airplane outweighs the purported commercial benefits to the airline of allowing people to bring their pets on board. There may also be a cost to the airline due to flight diversions.

In 2005 the Province of Ontario banned smoking in public places. At the time, the Ontario Medical Association noted—to be a little crude here—that having a non-smoking section in a restaurant is like having a non-peeing section in a swimming pool. From a medical perspective, maintaining a ban on pets on board Air Canada flights makes as much if not more sense than banning smoking in restaurants and voiding in swimming pools.

Thank you very much, Madam Vice-Chair.

**The Vice-Chair (Ms. Judy Wasylcia-Leis):** Thank you very much.

I'd like to go to Robert Schellenberg, also with the Canadian Thoracic Society. He is the head of the division of allergy and immunology, Department of Medicine, University of British Columbia.

Thank you, Robert.

**Dr. Robert Schellenberg (Head, Division of Allergy and Immunology, Department of Medicine, University of British Columbia, Canadian Thoracic Society):** Thank you, Madam Chair.

I'm pleased to be here with the Canadian Lung Association and my colleague Dr. Kovesi.

I'm an allergist who personally doesn't have allergies and who has owned both cats and dogs, some of which have travelled with me on planes, but safely in the cargo hold. With these pressurized areas guaranteeing safe transport of animals, my question to committee members and to the airlines is why should we jeopardize the health and safety of humans by allowing pets in the main cabins of planes?

As committee members may know, and as Mary Allen has already pointed out, the prevalence of animal allergies in our general population is high, with estimates suggesting that 10% of individuals are allergic to cats, and 5% to dogs. There's such a high incidence that the likelihood of someone having an allergic reaction to cats and dogs on any large commercial airline, or at least having exposure, is close to 100%, and there's certainly a significant risk of reactions.

As a physician, I must say that many of my patients have raised the issue of allowing pets on planes and expressed their concerns over the matter. One of these patients who's allergic to cats had cat exposure on a recent flight to Ottawa to receive a national award for her contributions to science. The flare-up of her severe asthma forced her to stay an additional three days in Ottawa for medical attention and prevented her from carrying on to Boston to visit her grandchildren, which she was looking forward to. She's now very reluctant to get on any airplane.

Another young woman who's highly allergic to cats contacted me from the U.K. regarding her return flight. She was just being released from hospital after a one-week stay because of her asthma. Needless to say, both she and I were very worried that she might have an acute exacerbation if she had cat exposure on the flight. Managing this somewhere over the Atlantic Ocean would be a nightmare.

Although some pet-allergic individuals will have only eye and nose symptoms with exposure, cat and dog allergens are major triggers of severe asthma attacks in others. These can be life-threatening, as Jill has told you. A single exposure, even treated aggressively, can lead to persistent symptoms for days.

The greatest risk of reaction is to those sitting nearby an animal and those who cannot avoid exposure. This would include flight attendants who suffer from allergies to animals. All allergists and respirologists have numerous patients who develop severe asthma when exposed to cats and dogs.

With the vast distances between our cities in our country, everyone should have the right to safe air travel. The alternative modes of transportation for many of us are simply impractical, as would have been mine coming from Vancouver yesterday.

An additional concern raised by many with whom I speak is hygiene. Do you really want to sit next to a cat or dog? I don't, and I must admit I also prefer not to have to spend my flight attending to someone with a severe asthma attack.

If breeders of cats and dogs ship their highly prized animals in the cargo hold of planes, surely this is appropriate for an individual with a single pet. Why should a small minority of individuals jeopardize the comfort and health of the much larger population who have the misfortune of being allergic to pets? Safe air travel entails more than appropriate maintenance of aircraft. Ensuring such for all Canadians requires legislation or regulations restricting pets from the cabins of aircraft.

Thank you, Madam Chair.

• (1550)

**The Chair:** Thank you very much.

We'll now go to the Canadian Lung Association, with Jennifer Schenkel.

**Ms. Jennifer Schenkel (Director, Communications, Canadian Lung Association):** Thank you.

Madam Chair and members of the committee, on behalf of the Canadian Lung Association, thank you for the opportunity to come before you today to address our concern about the decision by Canada's airlines to allow pets to travel in the passenger cabins of airplanes.

At the outset, let me thank you, Madam Chair, and vice-chairs Ms. Wasylycia-Leis and Ms. Murray, for being so attentive to this issue, and all committee members for agreeing to today's meeting.

I want to take a moment to explain how the Lung Association became aware of the problem of pets in passenger airplane cabins.

In May 2008, a Lung Association volunteer with severe allergies to pets attempted to board a WestJet flight departing from St. John's. At the last minute he noticed a passenger with a cat carrier standing in line behind him about to get on the plane. As he was fearful that he might have a severe allergic reaction to the cat while mid-flight, the volunteer asked to be placed on a different flight. Unfortunately, he was refused. He subsequently bought a ticket with Air Canada, which at that point did not allow pets to travel in the cabin.

Based on this experience by one of our volunteers, the Lung Association contacted WestJet to clarify its policy in regard to animals on board planes. We learned that WestJet allows up to two dogs, cats, birds, or rabbits to travel in the passenger cabin on every flight, and they do not let passengers know which flights will include pets.

To ensure a safe trip for allergic passengers, we asked WestJet to consider offering pet-free flights. WestJet indicated that they were not willing to change existing policies, instead preferring to seat people with lung disease and allergies several rows apart from any animals.

In July 2009 Air Canada began to allow pets in airplane cabins as well, something it had not previously allowed. As we had done with WestJet, the Lung Association wrote to Air Canada's president and CEO requesting that the airline consider our recommendation to make air travel safer for people with pet allergies. Like WestJet, Air Canada rejected our recommendations, speaking of their desire to be pet-friendly.

Given that both major national airlines now permit pets in the passenger cabin and knowing that this puts at risk a large number of Canadians with lung disease, the Lung Association felt compelled to take this issue to the Canadian public. In late June 2009 we commissioned four questions in an Angus Reid omnibus poll asking Canadians to let us know their feelings on the issue, the results of which I'm happy to table with the committee. Eighty per cent of Canadians stated that they wanted Canada's airlines to offer pet-free flights, and seventy-five per cent of Canadians said they felt the federal government had a responsibility to act on this issue in the interest of protecting passengers and crew members who have asthma and severe pet allergies.

We then conducted a national web-based advocacy campaign. This was advertised only through word-of-mouth and earned media. In the 12 weeks of the campaign nearly 3,000 Canadians came to our website to send letters to members of the health committee and to the CEOs of Air Canada and WestJet to call for hearings on the issue of pets on planes. We were impressed at the large number of Canadians who expressed concern about this issue and who urged airlines and government to protect them and their family members from the possibility of a serious allergic reaction mid-flight.

The Lung Association is extremely concerned about the health of airline passengers and crew who may suffer from severe allergies to pets. I do wish to highlight that prior to this meeting today, the Lung Association spoke with a representative from WestJet, who informed us that in the last 18 months, 25% of their flights had a pet on board the airplane. This number excludes service animals. The average number of animals per flight was 1.2. We're conscious that any solution we propose will not be perfect, but the association is committed to a compromise that serves to reduce the risk presented to those with asthma or pet allergies that could be exacerbated by exposure to an animal.

Our recommendation to your committee is that you ask the airlines to ban pets in the passenger cabins of airplanes. People with lung disease should not be prevented from travelling by aircraft. At the same time, we do not want to see people with other disabilities who require service animals denied access to an aircraft. As such, we recommend that on flights where a service animal is present, passengers be informed in advance and given the option of either staying on board the flight or being moved to the next available flight at the airline's cost. Although this compromise is not perfect, it will greatly reduce exposure to pet allergens and the risk of asthma episodes.

We believe that in an age where Canadians can pre-select their meals, their seats, and numerous other options associated with travel, existing information systems can easily accommodate requests from people with pet allergies to be booked on a flight with no pets in the cabin.

•(1555)

Many people love pets. Indeed, many members of the Lung Association are also pet owners. This is not about trying to deny people the privilege of travelling with their pets. Rather, this is about finding an important middle ground that balances the love of our pets with the health and safety of airline passengers and crew who are at risk due to their allergies and asthma.

Thank you, Madam Chair.

**The Chair:** Thank you very much.

Now we will go to the Canadian Transportation Agency and Joan MacDonald, director general.

**Mrs. Joan MacDonald (Director General, Dispute Resolution Branch, Canadian Transportation Agency):** Thank you, Madam Chair and members of the committee.

I'm Joan MacDonald, the director general of dispute resolution at the Canadian Transportation Agency. My colleague is Mary-Jane Gravelle, our director of accessible transportation at the agency.

The Canadian Transportation Agency is a federal administrative tribunal whose jurisdiction covers a wide range of economic matters affecting air, rail, and marine modes, and includes accessible transportation for persons with disabilities. Its role is to provide effective dispute resolution and economic regulation through its mandate that is set out in the Canada Transportation Act.

[Translation]

As an independent administrative tribunal, the agency has the powers of a court of justice and can make binding decisions.

[English]

Rulings are made by the agency's five full-time members, who are appointed by the Governor in Council and supported in their work by the 260 staff of the agency.

Before I go any further, I would like to underline that my observations today do not apply to service animals such as guide dogs for blind persons, which are obviously not considered pets. Canadian carriers operating larger-size aircraft in Canada are required by agency regulation to carry these service animals in the cabin.

[Translation]

Before addressing complaints related to pet-related accessibility issues, I would briefly describe air tariffs.

[English]

A tariff is the contract between the passengers and the airline. Carriers are generally free to set the terms and conditions contained in them, provided they are clear, just, and reasonable. Tariffs can cover a wide variety of matters, including whether or not pets can be carried in the cabin, the cargo hold, or the baggage compartment.

Today most of the pet-related tariff cases the agency has handled involve the carriage of pets in airplane baggage compartments. But one tariff case was about allowing a pet in the aircraft cabin, which the carrier's tariff at that time did not allow.

•(1600)

[Translation]

The agency has also received access-related complaints filed by air travellers who are allergic to pets.

[English]

Although the agency's mandate does not cover health issues per se, its enabling statute provides it with the power to remove what we call undue obstacles to the mobility of persons with disabilities. The agency does this through various means: voluntary codes of practice, regulations, binding decisions on individual complaints, and ordering corrective measures to remove barriers to travel.

One complex question the agency has had to answer is whether an allergy is a disability for the purposes of the Canada Transportation Act. The agency has ruled that an allergy per se is not a disability, but there may be people with allergies who may be considered as having disabilities under the act. So we examine each allergy-related complaint on a case-by-case basis using the World Health Organization model of disability to determine if a health impairment affects the person's ability to travel. If it is in the affirmative, the agency then examines whether the person experienced an obstacle, and if so whether it was undue. Then corrective measures can be taken.

At present we have eight active allergy-related cases involving Air Canada and WestJet. Four of these involve allergies to animals in the aircraft cabins.

To assist the agency in its understanding of allergies it has hired a doctor who is an allergy specialist to prepare a report for us. It also includes a component related to dog and cat allergens.

Regarding the specific pet allergy complaints, as the cases are currently being formally adjudicated before the agency I can only speak to the process we are following.

[Translation]

At the present time, the agency is receiving written pleadings from the complainants and the air carriers. The pleadings of complainants include medical documents.

[English]

Once these pleadings are complete, the agency then will be in a position to weigh all the evidence and decide on the next course of action, which could include decisions on the disability status, the obstacles and their undueness, and possible corrective measures.

[Translation]

I hope this quick overview will answer some of your questions about the role of the agency in relation to the concerns of persons with allergies travelling by air.

[English]

Madam Chair, this concludes the Canadian Transportation Agency's presentation to the Standing Committee on Health. We would be pleased to answer any questions you might have.

**The Chair:** Thank you very much.

We'll now start with a seven-minute question and answer period.

Can you hear me, by the way?

**Mrs. Joan MacDonald:** I think I can hear, thank you.

**The Chair:** We'll start with Madam Mendes.

**Mrs. Alexandra Mendes (Brossard—La Prairie, Lib.):** Thank you very much, Madam Chair.

I'm not a usual member of this committee, so excuse my ignorance on the depth of the matter.

I would like to know, from Ms. MacDonald, please, whether there are other international airlines that have this kind of policy already developed. Are you aware of any?

**Mrs. Joan MacDonald:** There is a variety of different policies as to whether or not carriers allow them. It really depends on the airline. Some do, some don't. Some restrict the number, some will not even allow it in baggage. It really does vary.

I would submit, though, that probably more do than don't.

**Mrs. Alexandra Mendes:** More that allow than don't.

**Mrs. Joan MacDonald:** Yes.

**Mrs. Alexandra Mendes:** Why would it vary?

**Mrs. Joan MacDonald:** In Canada, particularly, carriers are free to set those terms and conditions of carriage, subject to their being just and reasonable. Occasionally we will receive complaints from air travellers saying that a particular tariff condition is not reasonable, and the agency will hear that complaint.

On the accessibility side, we will hear complaints from persons with disabilities who will encounter problems while travelling. We will hear those as well.

**Mrs. Alexandra Mendes:** From those who have allergies, I imagine.

• (1605)

**Mrs. Joan MacDonald:** Well, that's where we get into the determination of whether a person who has an allergy is a person with a disability for the purposes of our act and applying the legislation.

**Mrs. Alexandra Mendes:** I just find it very difficult to understand.

I would imagine that if somebody is travelling with a pet, it's because that person is going for an extended period of time and needs to carry the pet with them to wherever they're going. If they can't transport them either by cargo or by baggage, or with them in the cabin, how are they going to transport the animals? I think bus transportation and train transportation allow for pets, as far as I know.

**Mrs. Joan MacDonald:** There are various options for an air traveller. If, for example, the airline does not allow pets in the cabin, it may allow pets in the baggage compartment. For those airlines that don't, sometimes there are strictly cargo carriers, so an individual could always ship their animal on a cargo carrier or find another airline.

**Mrs. Alexandra Mendes:** What happens with other transportation means such as trains and buses? What are the rules there?

**Mrs. Joan MacDonald:** That possibly might be an option for them as well, but I'm not really that familiar about whether trains will accept pets as cargo. Are you talking about somebody travelling with a pet on a train?

**Mrs. Alexandra Mendes:** Travelling with a pet, yes.

**Mrs. Joan MacDonald:** Gee, I'm sorry, I don't know the answer to that question. I could try to find out what VIA Rail's policies are vis-à-vis pets.

**Mrs. Alexandra Mendes:** I'll pass on my time to other colleagues. I don't have enough preparation to ask more questions on this.

Thank you very much.

**The Vice-Chair (Ms. Judy Wasylycia-Leis):** Monsieur Malo.

[Translation]

**Mr. Luc Malo (Verchères—Les Patriotes, BQ):** Thank you, Madam Vice-Chair.

There is one thing I would like to clarify, Ms. MacDonald: you undertake a study to determine if asthma or allergies are a disability or not, once you receive a passenger complaint? Is my understanding correct?

**Mrs. Joan MacDonald:** Yes. Please allow me to answer in English.

**Mr. Luc Malo:** Yes, but let me clarify my question first. In such a case, is it a requirement that the passenger got seriously ill on the aircraft in order for you to determine the existence of an infringement?

**Mrs. Joan MacDonald:** This is not a requirement. A complaint can be filed in anticipation. For example, the agency dealt with complaints from people who were preparing to travel and who, having been made aware of the rules of a carrier, decided that they would cause them a problem. It is possible to file a complaint without having experienced the situation.

**Mr. Luc Malo:** Therefore, if I understood you correctly, in your view it is not a matter of having a blanket policy but rather of looking at it on a case by case basis to determine if a passenger carrying a pet is entitled to travel with other people. Did I get that right?

[English]

**Mrs. Joan MacDonald:** There's a wide spectrum of allergies. You could have somebody with a very minimal reaction to a particular allergen. It's very difficult to come out with a blanket resolution that would cover the whole spectrum of allergies. Instead, the agency looks at it on a case-by-case basis. They look at the level of impairment, what the allergy translates into as an impairment, the situation, and the participation restriction on the individual who's travelling.

[Translation]

**Mr. Luc Malo:** This means that, for example, if you determine that an individual who has allergies or asthma cannot be in contact with a pet, you will call the carrier to tell them that on that given date, that given day, that person will be on that given flight and ask them to ensure that there will be no pets on board? Is this what you do when you determine that it is problematic for someone to travel when there are pets on board?

•(1610)

**Mrs. Joan MacDonald:** I am not sure I understand the question.

[English]

The agency is now dealing with four complaints from persons who have allergies vis-à-vis pets in cabins. That's what the agency is looking at right now. It's getting evidence to weigh that and it will make a ruling on the situation once it finishes hearing all the evidence.

[Translation]

**Mr. Luc Malo:** Therefore it will be a blanket policy, it will not be case by case.

[English]

**Mrs. Joan MacDonald:** We have the complaints against Air Canada and WestJet. Those are our two primary air carriers in Canada. They cover approximately 90% of the domestic traffic. So when the agency makes its decision, it will cover a lot of that domestic travel.

[Translation]

**Mr. Luc Malo:** Very well.

Ms. Bergeron, can you tell me if at the present time you travel by air with your guide dog?

**Ms. Diane Bergeron:** I do not understand French well.

[English]

I'm not getting a translation.

[Translation]

Could you repeat the question, please?

**Mr. Luc Malo:** Are you getting the translation?

[English]

**Ms. Diane Bergeron:** Yes, I have it now. I'm getting it in English.

[Translation]

**Mr. Luc Malo:** Good.

At the present time, do you travel by air with your guide dog?

[English]

**Ms. Diane Bergeron:** Yes.

[Translation]

**Mr. Luc Malo:** My next question is for all the other witnesses.

In your view, should Ms. Bergeron be able to continue travelling with her guide dog because she needs it in order to move around?

Yes, go ahead, Ms. Allen.

[English]

**Ms. Mary Allen:** Yes, I think so. But if the allergic person knows in advance that the dog will be there, he or she can make alternative arrangements. That's what we're suggesting. We would never deny the service dog's right to be there.

[Translation]

**Mr. Luc Malo:** If my understanding is correct, this means that air carriers will have to ensure better coordination and not have on the same flight people who require a guide dog to move around and people who are truly allergic or who have asthma.

**Ms. Mary Allen:** Yes, exactly.

[English]

Better communication.

[Translation]

**Mr. Luc Malo:** In your view, Ms. MacDonald, is this possible or can it be considered?

[English]

**Mrs. Joan MacDonald:** There are all sorts of possible measures that can be taken. At this point it would be premature for me to speculate about what decision the agency might come up with.

[Translation]

**Mr. Luc Malo:** Do you know when that decision will come down?

[English]

**Mrs. Joan MacDonald:** We're still at the early stages. We're in the process of receiving *les plaidoiries* from the applicants and from the carriers. So there's a process where the evidence is exchanged and comments are provided by both parties. In this case, we have two carriers, so there are multiple parties.

[Translation]

**Mr. Luc Malo:** Thank you very much, Madam Vice-Chair.

[English]

**The Vice-Chair (Ms. Judy Wasylcia-Leis):** *Merci.*

Jill, do you want to comment on any of this before we go on?

**Ms. Jill Frigon:** With regard to the last remark, about allowing service dogs on aircrafts, I have a degree in adapted physical activity and have worked with people with disabilities, and I think absolutely it is a need. A lot of it has to do with risk reduction.

Jennifer Schenkel, from the Lung Association, also pointed out that 25% of the WestJet flights have cats or dogs on them that are not service animals. Just minimizing that number would be significant in itself.

So we're not suggesting that service dogs in any way, shape, or form should not be allowed on the aircraft, but rather, that risk reduction would benefit greatly people like myself.

Thank you, Madam Chair.

**The Vice-Chair (Ms. Judy Wasylycia-Leis):** Thank you very much, Jill.

Now we'll go to Pat Davidson, with the Conservatives.

•(1615)

**Mrs. Patricia Davidson (Sarnia—Lambton, CPC):** Thank you very much, Madam Vice-Chair.

Thanks very much to all of our presenters with us by teleconference or here in person. Certainly this is an interesting subject this afternoon.

Practically everyone we look at sitting around this table spends quite a bit of time in the air, so it's something that has certainly crossed my mind many times. As recently as Thanksgiving weekend, when I was flying home after my week here, I could not believe the number of pets that were on that plane. It's not usual that I see this, but that day, whether there were a lot of people going for Thanksgiving with families who were taking their pets along or whatever the reasons were, there were several pets on that plane.

It crossed my mind several times that I was glad it was me and not my sister on that flight, because she is very highly allergic to cats. It's an interesting conversation we're having here as to what her recourse would have been had she been seated on that plane. Actually, one of the cats was sitting in the seat right in front of me, so I was in very close proximity.

What I'm hearing is that, really, the person who has the allergy does not have a lot of recourse, unless there is a place they can move to that's maybe not in quite as close proximity. But as far as changing tickets, and then disrupting their plans, too...and I'm not so sure that's totally fair to do.

Would anybody like to comment on the availability of passenger choices?

**Ms. Mary Allen:** We only have two carriers in the country, or mainly two carriers; I think someone just said that 90% of the airline business is done through WestJet and Air Canada. When you put that together with the fact that, as Dr. Schellenberg said, it's a big country, you can see that we have an extra challenge here. Consumers don't have a lot of choice.

As I think everyone has said, we need to have some kinds of procedures put in place to reduce risk and improve advance knowledge of whether there's a pet on board or not. I think that's really crucial. It will take some planning.

**Dr. Robert Schellenberg:** Yes, I would echo that. In a lot of areas of the country, including for Jill from Saskatchewan, there's very limited choice in terms of flights. It's a great inconvenience if you're

going to be hours later because of having to take another flight if you don't have that information ahead of time.

The other point I'd like to raise, though, is that we shouldn't base opinions and decisions on the degree of complaints to the Transportation Agency, because I think they're just seeing the tip of the iceberg. Those of us on the front lines hear daily complaints in regard to this. Most of those people will never carry it forth to any regulatory agency.

I think it's very important to really consider the prevalence of this problem, because all of us have family members or friends who are allergic to cats and dogs.

**Mrs. Patricia Davidson:** I think that's a very good point.

Ms. Bergeron, thank you very much for your presentation. Certainly I think that what you've told us is of great importance. I was glad to hear the rest of the presenters agree that there is a huge difference between a service animal and a pet and that as far as restrictions go, there should be a distinction along those lines.

I have just one question. I hope I don't appear to be disrespectful, but one thing I have been asked several times is why you need the service animal right next to you. If you're on an airplane, would there not be an attendant who could help you if you had to move, if you had to get up and walk to the bathroom, say, or something like that?

**Ms. Diane Bergeron:** It's a very good question.

There's a team-building exercise that a lot of people do. I don't know if you've ever had the chance to do it. You're blindfolded, and you have somebody guide you around. The game is to build trust. Most people realize that as they're walking, they don't have trust, even sometimes with people they're married to or are related to. It helps to build the trust factor.

I travelled here independently. If I'm travelling independently, and I am walking through an unfamiliar airport and have had to put my dog in the cargo hold—let's put the dog's situation aside—I am now putting my own health and safety at risk. I have to trust somebody I've never met. It is just some stranger who works for the airline who is going to walk me through and get me on a plane. If something happens, and we have to get off the plane in an emergency, I am required to wait until somebody can come and get me.

With my dog, I can get to the plane and get on the plane. I can go to the bathroom. I can function independently. When the door is opened and I can get off the plane, I can walk off the plane just like everybody else and go through the airport. In many situations, I don't even wait for passenger assistance. I just go. I tell my dog to follow and he follows the crowd all the way out of the airport. So it gives me independence and freedom. It gives me an increased quality of life.

The main factor, too, for me, is that if my dog is in cargo, there is undeniably going to be some kind of stress factor for an animal that is used to being at my feet, by my bed, in my office, under my desk, and at all times beside me. I have discussed this with my vet. Last year, I went to London, and there was the question of whether the dog could travel in the cargo hold. My vet said that he could travel in the cargo hold if he was heavily medicated. And it would take a minimum of 24 to 48 hours for the medication to be sufficiently out of his system at the other end for him to work in a safe manner. That would mean that, when getting to the airport at the other end, I could not just throw the harness on the dog and get out of the airport. For the next two days, I would be restricted as to what I could do, unless I had somebody with me to walk me around. Even at that point, again, if it's somebody I don't know, then I'm trusting somebody.

You know, I love my family. But the majority of my family, when they guide me, walk me into things and trip me over things because they're not paying attention the way my dog does.

So it is a safety factor at both ends and on the plane.

• (1620)

**Mrs. Patricia Davidson:** Thank you very much for that answer. I think that should certainly answer any questions anybody has. I think those are extremely valid reasons, and I'm certainly glad I asked you that question.

**The Vice-Chair (Ms. Judy Wasylcia-Leis):** Go and ask another question and then I'll take my turn.

**Mrs. Patricia Davidson:** I'll make it brief.

Ms. MacDonald, you had said that a blanket resolution would be difficult. Why couldn't you just say no to pets in the airplane cabins?

**Mrs. Joan MacDonald:** That's the very matter that's before the agency right now with the complaints before it, whether or not pets should be allowed in aircraft cabins. That's from the four people who have allergies and have filed that complaint. That's exactly what we're hearing right now.

**Mrs. Patricia Davidson:** So you are going to make a ruling? What is the process? Do you make a ruling on it or do you recommend to somebody? What happens?

**Mrs. Joan MacDonald:** If the agency, at the end of the day, were to find that there was an obstacle to travel.... I mean, we do apply the law when we're going through any process and rendering a decision, but it will have to go through the steps to determine whether the people are indeed persons with disabilities, whether or not they encountered an obstacle, and whether or not that obstacle was undue, meaning can the carrier remove that obstacle without undue hardship. If so, then it will order corrective measures.

So it's sort of a sequential process that the agency takes.

**Mrs. Patricia Davidson:** If the allergy is not deemed to be a disability, there's nothing you can do?

**Mrs. Joan MacDonald:** That's correct. They would not be deemed to be a person with a disability for the purposes of our act.

**Mrs. Patricia Davidson:** Who can do something, then, in terms of banning pets?

**Mrs. Joan MacDonald:** I guess that's one of the things that this committee is looking at today.

If the agency does determine that a person with an allergy has an impairment and they are facing an activity restriction in the context of travel....

I know I'm sounding a little bureaucratic here.

• (1625)

**Mrs. Patricia Davidson:** Yes, you are.

**Mrs. Joan MacDonald:** The issue really is that you are dealing with a wide spectrum of allergies. The very first step is determining what that allergy is really about. What is the impact on the person, and what is the impact in relation to travel?

If indeed those line up, then the agency will make the finding that there's a person with a disability and they'll go on to look at the next step. If there is an undue obstacle, how does it get removed?

I can't tell you where we're going to end up. We're in the early stages of weighing all that evidence right now.

**Mrs. Patricia Davidson:** Is there an expected timeframe?

**Mrs. Joan MacDonald:** These types of issues can be very complex. They're not clear-cut. The answer is not always twofold. We'll be looking at a myriad of evidence. Some of the work that we've done to date in some of the other allergy cases, they are not about pets, but we're a bit further along. We're looking at such issues as the circulation in an aircraft cabin. We're looking at some of the specialists' reports that have been tabled with the agency.

There are a lot of pieces to pull together as the agency weighs the evidence.

**Mrs. Patricia Davidson:** Thank you.

Thank you, Madam Vice-Chair.

**The Vice-Chair (Ms. Judy Wasylcia-Leis):** Is it all right with the committee if I take my seven minutes from here? Christine will keep the time and let me know—with some flexibility.

I'm really glad we're having this session. I want to thank all of you for taking the time to present to us. I especially want to thank the Lung Association for actually starting this whole process, starting with letters to all of us and making us aware of the issues. Since you spoke out, the Canadian Medical Association has also joined this project of trying to get back to the days when at least one Canadian airline was pet-free.

I want to start with a question to any of you in terms of what happened this year. We in fact had an airline, Air Canada, that up until sometime in 2009 did not allow pets. They made that decision in 2006. I imagine they made that decision because they were made aware of problems in terms of allergies and problems for people with breathing problems.

Is that your understanding? Do any of you have a background in terms of Air Canada? Or could the CTC folks tell us anything in terms of what caused that reversal?

Did people complain that they had a human right to bring their pets on planes, and therefore the Canadian Transportation Agency looked at the evidence and decided that their human rights were more important than people with allergies? Or was that just Air Canada's decision?

**Mrs. Joan MacDonald:** I can point to a decision that the agency had before it shortly after Air Canada decided to discontinue its pets-in-cabin program. We had a complaint from someone who wanted to travel with their pet and found this new change in policy was unreasonable.

The reason that Air Canada gave to the agency for that change was they had complaints from persons with allergies. They also had complaints from other travellers just about the nuisance factor of having dogs in the cabin. So it was largely feedback that they had received from their travellers, and that was their decision.

I think you'd be best to ask Air Canada why they have changed it again.

**The Vice-Chair (Ms. Judy Wasylycia-Leis):** You're right, we need to ask Air Canada. We're hoping at some point that Air Canada, WestJet, and Boeing will be able to come to this committee before we conclude our study.

It sounds to me as though Air Canada jumped when people complained, and it was afraid of losing dollars and of a threat to its profit base. Yet when people have written and complained, they get the kind of answer that I think is quite offensive for most people: I'm sorry to hear that you were ill on your latest flight, and you're dissatisfied with the response, but that's too bad.

If Air Canada can't bring forward a more responsible position, and your agency can't—it sounds as though what you have to go through is to get a doctor's certificate to prove you have a certain kind of disability, you have to justify that there's an obstacle on an airline that would aggravate that disability, and so on—it doesn't sound to me that there's much hope of going that route. Maybe what we have to do is bring in a law or do something in Parliament to make this happen.

So what's the best we should aim for? I know we have to deal with the issue of guide dogs and that's important, but first, in terms of the broad policy, do we go for a complete ban? Is that the ideal, notwithstanding the question of guide dogs? Or do we go towards the WestJet approach in having certain flights designated? Well, I don't think they do that, but one idea is that certain flights be designated pet-free and others not. Or do we just let airlines decide to keep the seats apart and that will be good enough?

I'd like to hear from each of your organizations on what you think is the best approach.

• (1630)

**Dr. Thomas Kovesi:** Madam Vice-Chair, given that pet allergen is going to linger, especially on the seats, even if there isn't a pet on that particular flight, and given that there aren't that many service animals on flights in Canada, really the best-case scenario would be a complete ban on the flight except for service animals.

**The Vice-Chair (Ms. Judy Wasylycia-Leis):** Thank you.

**Dr. Robert Schellenberg:** Madam Chair, I agree.

The argument I had in a letter back from the CEO of Air Canada was that other international airlines allowed them, and therefore they had to. Well, it turns out that the largest one, British Airways, does not allow it. So I think that's a spurious argument.

Optimally, still a ban, aside from service animals, is the ideal.

**Ms. Jennifer Schenkel:** I would agree with that.

In addition to British Airways, we can also look at Cathay and Southwest Airlines, which also don't allow pets on board. So we would ask for a complete ban, as well as a notification to passengers if a service animal is on board a flight.

I will note that it's disappointing that the airlines aren't here today to clarify the policy and the rationale for this decision. We've been asking for a dialogue and we hope we have that opportunity.

**The Vice-Chair (Ms. Judy Wasylycia-Leis):** Thanks.

Mary Allen, and then I'll go to Jill.

**Ms. Mary Allen:** The Allergy/Asthma Information Association members would agree that a complete ban would be the ideal, with the exception for service animals.

**The Vice-Chair (Ms. Judy Wasylycia-Leis):** Jill, and then I'm going to ask Diane a question.

**Ms. Jill Frigon:** Thank you, Madam Chair.

I definitely agree with the panel that a ban of all animals in the air cabin, other than service dogs, would be ideal.

I also want to point out something that hasn't been brought up today. Not all people have been diagnosed with asthma and their allergies yet. You look at people, young children for example, the first time they are exposed to peanut allergies, they don't know they have that reaction yet. It would be quite terrible to have a young child have his or her first asthma attack in an airplane because of a dog or a cat, an animal, in the aircraft.

Thank you, Madam Chair.

**The Vice-Chair (Ms. Judy Wasylycia-Leis):** Thank you. Good point.

Diane, if the committee ended up recommending a complete ban of pets on planes except in cases where guide dogs are essential and with the proviso that notice be given to other passengers, would that be acceptable, in your mind?

**Ms. Diane Bergeron:** Absolutely. I think it's important that everybody work together. Even with Jill and I coming here today, we had to compromise, and we worked with Christine to come up with a solution that would work for both of us.

I think it's important that we do that, that we work together and come up with a way. I won't tell you that every person with a guide or service animal identifies in advance. It is recommended that they identify in advance that they have a service dog or a guide dog that they're using for their mobility, and I typically do. In other situations, though, such as when I call taxis, I never tell them I have a guide dog or I'd never get a cab.

It's very different when you're on the ground and you can open a door or open a window, step out of the vehicle, and get some fresh air. It's very different when you're at 40,000 feet. I think the disability community that uses guide and service dogs needs to cooperate as well and make that advance notice.

**The Vice-Chair (Ms. Judy Wasylycia-Leis):** Thank you, Diane.

My time is way up.

Now let me go to Joyce Murray.

**Ms. Joyce Murray (Vancouver Quadra, Lib.):** Thank you for being here.

I apologize that I've missed much of the presentation. We were dealing with a very important motion on H1N1 in our attempts to get the resources that we believe the provinces and health authorities need to do their job and get the mass vaccinations done.

As some of you know, I'm very interested in this issue. The Lung Association released information that, I believe, 80% of Canadians feel that pet-free flights should be offered. Has industry been briefed on that? What was their response, and to what degree have you worked together with industry to find a solution?

• (1635)

**Ms. Jennifer Schenkel:** We have briefed industry and we've placed numerous calls and written letters to both the airlines. WestJet has expressed interest in having a discussion with us. We haven't heard anything from Air Canada. We've been pursuing open dialogue and collaboration on the issue, but at this point we haven't managed to solidify any discussion.

**Ms. Joyce Murray:** Are there any other organizations that have had dialogue with the airline industry?

**Dr. Robert Schellenberg:** Well, I had some dialogue with a number of the executive vice-presidents of Air Canada at a reception they had in Vancouver. I thought I'd better go and try to make some contact. One of them, actually, was allergic to cats, interestingly, but he was in another area of the industry and basically never took planes, so he wasn't exposed.

Most of the others didn't really give me a response, I must admit, and my letter to the CEO came back with platitudes, basically saying others all do it, so we're obligated to do it, which I didn't accept. As I mentioned, others don't all do it.

Thank you.

**Ms. Joyce Murray:** I have some experience, having been a provincial environment minister, in being in the middle of difficult issues that have advocates on opposite sides of an issue. I used to often find there appeared to be no third door. There was one door or the other door, but when there was a requirement to sit down and find a way, a third door often was figured out.

What would be an ideal process, in your view, for the advocates for pet-free flights and the industry to actually get together so that everyone who needs to be at the table is at the table and to find a way forward?

**Ms. Jennifer Schenkel:** I would ask for a subsequent meeting and to have the airlines present. In the absence of having any representation from the airline, there may be a solution that's not obvious to us, that we're missing. I think you're right that when parties are forced to come together to come up with solutions, there may often be a third door that opens that may not be apparent to us. We would be more than willing to sit down and hammer out a solution.

**Ms. Joyce Murray:** Whom do you see initiating an invitation like that? I don't necessarily think a committee meeting like this is where

solutions can be hashed out, but who could initiate a mediated meeting, or a process like that, amongst the parties?

**Mrs. Joan MacDonald:** If I may, the agency does offer mediation services. We are in the midst of the judicial proceedings vis-à-vis the four allergy complaints before us, but it doesn't mean they can't come off that track and go to mediation. However, it does require all parties to be willing, and that has not been the case so far. That's not to say it couldn't still be a possibility. A request can be made and we can turn to the carriers and offer that, but in order for us to mediate, we need the agreement of the parties. We'd certainly be willing to try that, if indeed it's option we could pursue.

**The Vice-Chair (Ms. Judy Wasylcia-Leis):** The time is up. I'm sorry.

Cathy McLeod.

**Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC):** Thank you, Madam Chair

Again, I would also like to thank all of our witnesses today for some excellent presentations. You've certainly put your perspective very clearly to us.

I guess the first thing I'd have to say is that when I heard that the airlines were opening up this pets-in-the-cabin policy, I was actually quite stunned. What immediately came to mind was people having allergic reactions. I can't believe it's not actually a huge risk management issue for them if someone has an acute asthmatic reaction triggered on a flight by a nearby pet. It has to be a huge risk management issue. But I guess that's something the airlines must have considered.

To me, it's fairly clear that the safety of the travelling public should be a huge concern and priority. I also appreciate that people want their pets to be able to travel safely, so the thing I would like to ask about—I guess this question would have to go to the Canadian Transportation Agency, and ultimately I will certainly want to ask the same question of the airlines—is what were the issues with pets travelling in the cargo hold, and were those issues easily overcome? You said you had a few complaints in that area.

• (1640)

**Mrs. Joan MacDonald:** Those complaints related largely to the size of the animals. For example, Air Canada has a cut-off of 70 pounds for the weight of both the animal and the carrier. Then the animal has to get shipped by cargo. There are problems in that your animal may not necessarily be on the same plane as you; it could go on a different plane and it could come a day or two later.

We heard another complaint about a medium-sized animal that was not allowed in the baggage compartment, as the airlines discontinued allowing these animals to go there. You previously could have your dog, say, go as checked baggage or cargo, but that was discontinued. The agency ruled in that particular case that the tariff was unreasonable. We try to balance the rights of passengers for a reasonable tariff with the carrier's commercial, statutory, and other operational obligations.

So there have been a variety of cases, but we have certainly heard of problems with the stresses that animals undergo in the belly hold of an airplane.

**Mrs. Cathy McLeod:** I know that if you go to Spruce Meadows, you will see these beautiful multi-million dollar horses that have travelled in the belly of airplanes and then compete.

Over the years, how many complaints have you dealt with regarding pets and travel issues?

**Mrs. Joan MacDonald:** Not a lot. I would say maybe four or five. It's not a lot.

**Mrs. Cathy McLeod:** So that's been over many years, and you've had four regarding allergies in a much shorter time?

**Mrs. Joan MacDonald:** No, we did have some allergy complaints related to Air Canada back before that airline changed their policy in 2006 to discontinue.... Those individuals then withdrew their complaints. When Air Canada re-instituted its policy, it wasn't very long before we started receiving complaints again.

**Mrs. Cathy McLeod:** I guess the other question for you, and perhaps for the Lung Association and some of the other witnesses here, is whether there is value in some of the people they work with making a whole lot more complaints to you. I'm thinking of your decision-making here.

**Mrs. Joan MacDonald:** There's that possibility. Generally what we'll do is that if the complaints are similar, we can join a couple of them. Or we'll stay them if we're currently dealing with the issue. Once a decision is issued, the direction is given, so the other complaints can be readily dealt with after that. It really does depend; but quite often, we'll just put the others in abeyance and hear the main cases so as not to slow down the process.

**Mrs. Cathy McLeod:** Thank you.

**The Vice-Chair (Ms. Judy Wasylycia-Leis):** Thank you very much.

Before we wrap up, let me just see if Jill has anything she wanted to add. It's awfully hard being here, yet at a distance.

Please go ahead.

**Ms. Jill Frigon:** At this point, I strongly agree with what the panel has said.

I just want to again take this opportunity to thank you so much for allowing me to speak to you today.

Thank you, Madam Chair.

• (1645)

**The Vice-Chair (Ms. Judy Wasylycia-Leis):** Thank you.

I have one quick question: who stopped the smoking on airplanes? Was it the government or the agency or the airlines?

**Mrs. Joan MacDonald:** It was not the agency.

**The Vice-Chair (Ms. Judy Wasylycia-Leis):** Okay, we'll look into that.

Have any of you thought about taking this matter to the Canadian Human Rights Commission? The right to breathe clean air seems a human rights issue to me. Anyway, that's a rhetorical question to think about.

As a committee, we have talked about having another session. The unfortunate part is that we may not be able to do that until the new year, which means that we're going to have to go through the holiday season with this issue hanging over our heads and people dealing with it. But we thank you very much for opening up the whole discussion and bringing it to our attention. We will complete this discussion by bringing you back with the airlines, and then doing a report to Parliament.

Thank you very much for your time.

The meeting is suspended.

• (1645)

\_\_\_\_\_ (Pause) \_\_\_\_\_

• (1650)

**The Vice-Chair (Ms. Joyce Murray):** Pursuant to Standing Order 108(2) and the motion adopted by the committee on Wednesday, August 12, 2009, on the study of H1N1 preparedness and response, I would like to welcome our witnesses today to speak with us and to bring us up to speed on the situation with H1N1.

Dr. Butler-Jones.

**Dr. David Butler-Jones (Chief Public Health Officer, Public Health Agency of Canada):** Thank you.

I am pleased to provide a brief situation update. Over the past two weeks, there has been a considerable increase in the number of hospitalizations and deaths. While this trend is increasing, it's still lower than the peak period of the first wave—the first three weeks of June 2009.

Since October 29, 175 new hospitalizations and 6 new deaths have been reported. Since the outbreak began, we've seen a total of almost 1,800 hospitalized cases, of which 351 were in intensive care and 101 have died, unfortunately.

While there may be many things we know about this virus, the future remains a bit uncertain. We have a comprehensive approach. Ultimately, vaccine will be our best defence and by Christmas there should be enough for everyone who wants it. We also have national, provincial, and local plans. We have a stock of antivirals sufficient to treat all who need it, and we have enough backup supplies to provide any necessary support to provinces and territories.

This is thanks to a great deal of foresight from governments over many years. Canada's agreement for the domestic production of pandemic vaccine dates back to 2001. Canada entered into that contract to ensure capacity in Canada, so that we would be capable of meeting our needs for a large supply of vaccine produced domestically in a limited timeframe. The company had an established record in the production of seasonal flu vaccine. When this agreement was secured, it secured Canada's supply of H1N1 vaccine for all Canadians who need and want protection.

Other countries did not have such agreements in place, and some have had to buy multiple vaccine products from multiple suppliers, each with different indications. As it turns out, while we would all hope for more, Canada actually has the most secure and complete supply of vaccine in the world, with one of the world's highest percentages of people in the process of being immunized.

I'd like to clarify something that was said yesterday about the security of our domestic supply. GSK is devoting its entire domestic production capacity to producing and bottling vaccine to fill the Canadian order. The manufacturer cannot export finished pandemic vaccine in vials to any other customer, and it has not done so. The certainty and stability of supply from GSK has meant that, unlike other countries, Canada did not have to scramble to find a supplier. GSK has produced more antigen than it can bottle in Canada.

[Translation]

Rest assured that there will be enough vaccine for the whole population.

[English]

I'd like to express my sincere appreciation for the hard work and long hours that public health officials, health care workers, individuals, and governments at all levels are putting in across the country. This is no easy task. In under two weeks, we have immunized as many Canadians as we would normally do in two months. Rest assured, there will be enough vaccine for all.

Thank you.

**The Vice-Chair (Ms. Joyce Murray):** Thank you, Dr. Butler-Jones.

Ms. Woods.

**Ms. Shelagh Jane Woods (Director General, Primary Health Care and Public Health Directorate, First Nations and Inuit Health Branch, Department of Health):** I'll be very brief in my remarks and let you know what the state of play is with first nations communities.

Based on FluWatch as of October 24, we are seeing increased levels of influenza-like illness in B.C., Alberta, Saskatchewan, the Northwest Territories, and Newfoundland. Overall, the levels of influenza-like illness in first nations communities are following a pattern similar to that observed in B.C., Alberta, and Saskatchewan. Most of the cases for on-reserve first nations continue to be mild. And we, of course, will continue to monitor the activity in the community nursing stations.

The immunization program is well under way. Some of the clinics started October 26. This of course depended on the supply of vaccine from the provinces and the provincial sequencing.

I'm happy to say that in the first few days of the vaccine rollout, mass clinics were held in more than 135 first nations communities. We're happy to report that in the case of our region in Alberta, for example, clinics have been held in all 44 first nations communities. They had administered 22,000 doses of vaccine as of late last week, and I know from talking to my regional colleagues today that it's even more now.

We're very happy to see that the response to the clinics has been very positive and that the clinics are generally very well attended. Community leadership has been absolutely invaluable. Volunteers are visible, supporting mass immunization efforts. This is not to exclude people from Health Canada; our health professionals have gone to help their colleagues in three regions.

Despite delays in the rollout of some clinics, we're still looking toward our original timelines of having clinics complete their round of vaccines—this is all of them—by mid- to late November. We hope to be able to finish up required second doses in December.

We will continue to keep committee members updated regarding the vaccine rollout, because I know you're interested in it. So far, though, we're very happy with what's happened.

Thank you.

• (1655)

**The Vice-Chair (Ms. Joyce Murray):** Thank you.

Ms. Chatigny, do you have a presentation as well?

**Ms. Elaine Chatigny (Director General, Communications, Public Health Agency of Canada):** No, I don't have a presentation per se. I just normally update on some of our activities week-to-week.

All I wanted to say this week is that we have successfully delivered our direct-mail pamphlet to 10 million Canadian households. It provides important information on symptoms and on what to do if you're sick. It also talks about our preparedness guide.

In a five- or six-day period at 1-800-O-Canada at Service Canada, we received well over 27,000 calls from Canadians requesting the guide. And because of the interest in the guide, which has been ordered through 1-800-O-Canada and picked up at Canada Post outlets across the country, we've had to reprint two million more. So that totals 3.2 million preparedness guides that will have been produced and distributed by the agency.

Clearly, we're reaching millions of Canadians. Over the weeks, I have updated the number of hits to our website. Since April we've seen more than four million visits by Canadians looking for information on H1N1. And we have produced multiple fact sheets for at-risk groups. We have more information on symptoms, and of course all the links to all the provinces and territories so that Canadians can be informed about activities across the country, not only in their own jurisdiction.

That's all I wanted to update you on today about our activities. Of course, we will be providing you with an update of the document we tabled last week. It will give you more statistics in terms of all our communications outreach.

Thank you.

**The Chair:** Thank you very much.

I want to thank the vice-chairs, Ms. Murray and Ms. Wasylycia-Leis, for so kindly filling the chair for me for a while.

We're going to go into the first round. We're going to do seven minutes, questions and answers.

We will start with Dr. Bennett.

**Hon. Carolyn Bennett (St. Paul's, Lib.):** Thank you, Madam Chair.

My first question is for Shelagh Jane.

You sent the vaccines to the provinces and are now counting on the provinces to get them to the remote and isolated communities. Is that correct? But I'm hearing today that northern Ontario has received about half of what they expected, and no pediatric needles, so they're having to immunize babies and children with adult needles.

• (1700)

**Ms. Shelagh Jane Woods:** I can answer part of it, not all of it, Dr. Bennett.

We don't rely on the provinces to get the supplies and the vaccines to the remote clinics; we rely on our own supply chain. We're following the same route we follow with seasonal vaccine, so in most cases there hasn't been an interruption. I know there was an unfortunate case in Ontario where one small shipment of vaccine froze, but ordinarily it isn't a problem.

I do know there appeared to be a shortage yesterday in some of the communities in northern Ontario, but there were 4,300 additional doses in Sioux Lookout to be sent out today to the various communities, so I think we're okay on that one.

I don't know anything about the pediatric needles, but of course we will look into that right away.

**Hon. Carolyn Bennett:** Okay.

Elaine, I wonder whether all members of Parliament have received a copy of the brochure.

**Ms. Elaine Chatigny:** I know that we had provided some PDF files. I'll backtrack on that and find out from our parliamentary affairs, and I'll ask them to get back to you....

Marla has just confirmed that they were sent to all MPs and senators.

**Hon. Carolyn Bennett:** I think on the debate on Monday night there was a concern that because, still, members of Parliament never got the camera-ready art to actually send out ten percenters—we were just referred to the website—that this never happened.

It seems that only...that it was a problem in terms of us being able to help.

**Ms. Elaine Chatigny:** I think perhaps we're talking about two different products. I'm sorry if I'm misunderstanding you.

**Hon. Carolyn Bennett:** Oh, it's two different products, for sure. It's just that all summer we were offering to send out ten percenters. We didn't get the camera-ready art, so that didn't happen.

In terms of the emergency guide, was that sent to members of Parliament?

**Ms. Elaine Chatigny:** I'm sorry, could you repeat your question, please?

**Hon. Carolyn Bennett:** Was the emergency guide sent to members of Parliament?

**Ms. Elaine Chatigny:** The preparedness guide? That's what was sent.

**Hon. Carolyn Bennett:** Were there any sent to constituency offices—a box of them or anything?

**Ms. Elaine Chatigny:** Not specifically to constituency offices, no.

**Dr. David Butler-Jones:** They were if they requested them.

**Ms. Elaine Chatigny:** Oh, well, certainly.

**Hon. Carolyn Bennett:** I think maybe people would feel a bit better, particularly in the constituency offices, to actually have the hard copy there to refer to. I think they're getting a lot of questions. If people wanted to come down there instead of the post office, maybe that would make us feel a little better in terms of providing it.

I do want to ask David something. The 2004 pandemic preparedness plan articulated that there would be at least two suppliers for purchasing the vaccines. I just wonder why the 2006 plan changed.

**Dr. David Butler-Jones:** We've only ever had the one contract for pandemic vaccine. That's with what is now GSK, previously Shire and ID Biomedical. There's never been another contractor. There was never someone else who was available to produce the vaccine domestically. There still isn't.

**Hon. Carolyn Bennett:** I guess the feeling was that when it comes time to purchase the vaccine, there was, in 2004, an articulation of why it would be important to buy from two companies. And in the contract, I believe it does say you can buy from another company.

Anyway, I'll give it over to Joyce Murray, because she has a specific Olympic question.

**Ms. Joyce Murray:** Thank you.

About three weeks ago I spoke with the medical health officer who is responsible for a quarter of B.C.'s population and for the Olympic plan for preparedness for H1N1. She said that the plan is in place, that it is a good plan, but there is no funding for it.

Dr. Butler-Jones, I asked you at a previous committee meeting whether there was funding to assist in delivering inoculations. You said resources wouldn't be a problem. Certainly three weeks ago that was not the experience of the people in charge in British Columbia who were concerned about the \$20 million to \$30 million to actually deliver mass vaccination to 70% of the public.

Has anything changed in the three weeks since I heard the concern that there is no funding for mass vaccinations in the health authority and they aren't sure how they are going to do it?

•(1705)

**Dr. David Butler-Jones:** There are two things. One is the question you asked me with regard to additional antivirals for the Olympics. There's no shortage of antivirals. We have abundance in the national stockpile. The province chose to buy some additional, rather than accessing the national stockpile.

In terms of all the provinces and territories providing immunizations, in all cases we have committed with the provinces and territories, depending on how things evolve, to have that conversation after the fact as to what's needed. In the meantime, everybody is using whoever they have, and we don't have anybody else in the drawer to pull out.

**The Chair:** Thank you, Dr. Butler-Jones.

Thank you, Ms. Murray.

We'll now go to Monsieur Dufour.

[Translation]

**Mr. Nicolas Dufour (Repentigny, BQ):** Thank you, Madam Chair.

Welcome to all.

Doctor Butler-Jones, I would like to know how many doses of vaccine the government has administered and how many there are as of today in its stockpile.

[English]

**Dr. David Butler-Jones:** At the moment it varies by jurisdiction. I'll give you a few examples. The NWT and the Yukon have each immunized approximately half their population. Nunavut has started and they expect all their clinics to be completed in all the remote communities by the end of next week. They are planning on a two-week campaign. In British Columbia they don't have specific numbers, but they anticipate, as do most jurisdictions, that by the end of this week they will be able to deliver the vaccine they currently have on their hands.

So it's either the end of this week or early next week, and then there will be more vaccine coming.

**The Chair:** Thank you, Dr. Butler-Jones.

I'm going to go back to having four and a half to five minutes for questions and answers, because I've just been informed that the bells are going to ring at 5:15, and I want everyone to get a chance.

Go ahead, Monsieur Dufour. I'll give you that extra time, but I needed to forewarn you.

[Translation]

**Mr. Nicolas Dufour:** Madam Chair, I have to remind you that the Liberals got seven minutes to ask their questions and that the time allowance has not been fair.

[English]

**The Chair:** Ask your question, Monsieur Dufour.

Thank you.

[Translation]

**Mr. Nicolas Dufour:** Doctor Butler-Jones, it seems that the main problem, in terms of the present shortage of vaccine, is that the government decided to change the type of vaccine to be administered. They found out that there were not enough non-adjuvanted doses for pregnant women. What do you make of this shortage?

We see that the government is trying to make GSK its scapegoat. But we know fully well, since it has been discussed for hours during emergency debates, that the problem is a lack of foresight on the part of the government and that in order to produce more quickly the non-adjuvanted vaccine, GSK had to readjust all its processing facilities.

What is your opinion?

**Dr. David Butler-Jones:** It was a request from the provinces and territories. They wanted a vaccine for pregnant women. It was a recommendation from the WHO.

**Mr. Nicolas Dufour:** This recommendation had been made long before. It was known for a very long time that there would be a need for—

**Dr. David Butler-Jones:** Yes, it was in July, after the start of the production of the adjuvanted vaccine. There has been a change. The company agreed to manufacture for Canada a non-adjuvanted vaccine for pregnant women. That was at the request of provinces and territories. It was not our choice. It was a decision made by experts, the chief medical officers of the provinces and territories.

**Mr. Nicolas Dufour:** Mr. Butler-Jones, should the government not have foreseen that these vaccines would become necessary? I understand that provinces made the request, which is totally legitimate. But for once the federal government had a chance to show that it was not only able to respect provincial jurisdiction but also to show leadership in this area. It is beyond me why the government did not take the time to consider the need for a non-adjuvanted vaccine.

•(1710)

**Dr. David Butler-Jones:** Manufacturers are in the same situation, throughout the world. Our expectations regarding the vaccine have been greatly reduced. In the United States, I believe they are talking about less than 30 million doses while they expected they would need more than 100 million doses. This problem exists in all countries, throughout the world. It is not only a challenge for Canada. In fact, at the present time, Canada is the best prepared country in the world.

**Mr. Nicolas Dufour:** Thank you very much, Madam Chair. I believe I have a few seconds left.

[English]

**The Chair:** Anything for you, Mr. Dufour?

[Translation]

**Mr. Nicolas Dufour:** Thank you very much; I recognize your great heart.

We are told that immunization should be finished by December 25. Do you think this is realistic, Mr. Butler-Jones?

**Dr. David Butler-Jones:** According to our forecasts based on the number of people wanting to get the vaccine, it will all be finished by December 25.

**Mr. Nicolas Dufour:** Thank you very much.

Thank you, Madam Chair.

[English]

**The Chair:** Thank you, Mr. Dufour.

We'll now go to Ms. Hughes.

**Mrs. Carol Hughes (Algoma—Manitoulin—Kapusksing, NDP):** Thank you, Madam Chair.

I wish I had been here for your speeches; unfortunately, I was in the House on another H1N1 debate.

Welcome to the committee again.

With regard to the single-source contract, we need to look at what went wrong. There were tons of people out there who were waiting for the shots. Was there really an effective communication strategy put in place in order to deal with this, first of all, and second, does the single-source contract need to be rethought now, to prevent any future crisis like this one?

**Dr. David Butler-Jones:** Certainly, what was not anticipated, even a few weeks ago, was the level of interest. Nobody really anticipated it. There's lots of experience with vaccination clinics but we did not expect the kinds of willingness to line up, etc., that was experienced. The provinces and territories have been planning for this for a long time. They were surprised by the level of interest, particularly when only a few weeks ago people were saying we'd be lucky to get a third of the population willing to be immunized at all. That's the first reality.

In terms of the single-source contract, that is a contract that was put in place to ensure access and total amount of vaccine—it was domestic production—for all Canadians. That actually has served us well. Countries with multiple contracts are not as well off as we are with the single-source contract.

That having been said, as we review all of what we go through, and when we look back at this and plan for the next pandemic, one of the things we'll clearly be looking at is having a second smaller supplier. Again, there's a security issue because it's not produced in Canada, but at least having that as a possible option will be one of things we'll be looking at.

**Mrs. Carol Hughes:** When you look at the review of what happened when SARS was there, and how well publicized that was, finally people were going to address the issue. They were taking those steps. Certainly a big population base was actually acting on taking steps to protect themselves. So I still have a hard time believing we've been doing all this communication...telling people that, you know, people are dying here, so please go out and get vaccinated. We say, yes, we're ready, and then all of a sudden we're not ready.

I'm just trying to get some sense of when you actually knew there wasn't going to be enough medication. Did the fact that they switched from adjuvant to non-adjuvant...? Did they give you a heads-up that this would actually slow down that other process?

**Dr. David Butler-Jones:** In terms of the projections for the amount of vaccine that we would receive, we were anticipating, up until last week, that this week we would receive pretty close to what we got in previous weeks. It's only basically last week that there was a hint, and we only actually knew the extent of it on Thursday.

**Mrs. Carol Hughes:** Do you think that how it gets distributed should actually be revisited, given the fact that people who are at high risk were not able to get the vaccine and are still not able to get the vaccine yet? Do you think that the whole area on how everything gets dispersed, who should get the vaccine first and who shouldn't, should be revisited? We only have to look at the aboriginal communities, for one of them, and there are still aboriginal communities out there that still don't have the amount of vaccines they were promised.

• (1715)

**Dr. David Butler-Jones:** The provinces and territories, local health authorities, based on the experience of the first week, all have adjusted their plans accordingly; that's the nature of it. In terms of what they saw, what they expected, they saw something different than they expected, so they've adjusted their plans. This week is going smoother and next will go smoother still.

**Mrs. Carol Hughes:** At the end of the day, aboriginal communities were told they would actually get the vaccine first and they would get enough for their whole community, then we see communities that still don't have that amount.

**Dr. David Butler-Jones:** We don't have enough vaccine for the total population yet. We are rolling it out as it's available. That is important, to protect as many people as possible. Somewhere between 10% and 20% of the population, depending on where you live, is now immunized. That is something that will continue to roll out. You can't do every community. For example, Nunavut is planning with all isolated communities; they've not all been visited yet, but over the next two weeks they will be. So very shortly, all of the remote communities will be visited and will have their opportunity for vaccine, but it can't be all done at once.

**Mrs. Carol Hughes:** But don't you think—

**The Chair:** Thank you, Dr. Butler-Jones.

We'll now go to Dr. Carrie...

**Dr. David Butler-Jones:** If we had known a year ago what the virus was going to be, we could have had vaccine produced months ago. It wouldn't be an issue, as with seasonal flu. The reality is that we're living in very real time, as the change of this, to experience this virus....

It's like fighting a war, and you never know what the enemy is going to do next.

**The Chair:** Thank you.

Dr. Carrie.

**Mr. Colin Carrie (Oshawa, CPC):** Thank you very much, Madam Chair.

Dr. Butler-Jones, I don't have a lot of time here, but I wanted to take the opportunity, I know on behalf of the government members, to thank you and your agency for all the good work you have been doing. I don't think you were here last week, but I was actually in Washington and they gave us an accolade for how well we're doing.

I did want to give you the opportunity to address some of the misinformation that is coming from the other place. We heard about people really emphasizing what went wrong. I think this is an opportunity to say what went right.

On the contract in 2001, perhaps you'd like to emphasize how important it was to firm up the Canadian domestic supply. I think the facts speak for themselves. By that decision and moving forward to it, we are number one in the world as far as per capita vaccine availability.

Could you address this idea of a shortage? I personally read in the *Ottawa Citizen* this week that they had 80,000 vaccines given. By the end of the week, by Friday, they should have 100,000. In Durham region, where I come from, they had 93,000 doses Monday. They've only given 20,000. A colleague of mine from the Toronto area said they've only given 20,000 doses for some reason.

Do you have any evidence or feedback from the provinces that they've come anywhere close to all the doses being administered?

**Dr. David Butler-Jones:** There were two questions or comments there. One, in terms of the 2001 contract, Canada is the only country in the world that had such a contract at that time and at the onset of what we're doing now. It has proven itself. Could there be things that we do in the future to improve things further? Yes, obviously we will be looking at that, but I think it's a credit to successive governments that we have had the level of preparation in place in Canada that puts us in the position we are in.

In terms of the distribution of vaccine, again, the northern territories received all of their allotment because of their remoteness and the need to go community by community. In terms of the provinces themselves, again it varies depending on the province. They focused on where in their view they could get the job done most effectively, and most of them are saying that by the end of this week or early next week, the vaccine they have received to this point will be given, and there will be additional larger amounts of vaccine next week, and even more ongoing.

**Mr. Colin Carrie:** So as of this date, there's no evidence that they've given all that we have distributed to the provinces?

**Dr. David Butler-Jones:** No, not all the immunizations have been given, but they anticipate over the next week or so that that should be completed, and then they'll be looking forward to the next doses.

**Mr. Colin Carrie:** So we're looking to be on track with the rollout, the capacity that can be delivered at the front lines? Everything is going pretty well?

**Dr. David Butler-Jones:** Yes. They've had to adjust, again, because some were a little more focused. Some provinces were very focused on the high-risk groups and with starting there. Others were a little less focused and as a result have changed that, and all are now focusing on the highest-risk groups to ensure they have access first. In fact, the 6 million doses that are out there, plus what comes this week and next week, would be enough to actually cover all of the high-risk groups.

• (1720)

**Mr. Colin Carrie:** Thank you very much.

There has been some criticism on the order date in August, when the government made the order. There were some statements that we should have done it sooner. With the contract that was signed, did it really matter about the date when the order was put in ?

**Dr. David Butler-Jones:** No. In effect, the order was made in 2001 for up to 60 million doses for Canadians, all the first bottled vaccine. Whatever doses we required would come off that and be available to Canada before they could export bottled vaccine elsewhere in the world, and so it didn't matter. We needed to make sure that we were confident with the number. Basically it's the provinces and territories that are delivering it, so they had to be confident.

But whether we had ordered it in May, in April, a year ago, two years from now—actually, two years from now wouldn't work, because it's already being produced—the point is that getting the number did not make any difference to our access to the vaccine or when we would receive it.

**Mr. Colin Carrie:** I do want to thank you for going through those important facts. It seems that no matter how often you repeat them, there is misinformation out there. Maybe it makes better headlines or maybe better politics. But I want to thank you for the good work you're doing.

**The Chair:** Thank you, Dr. Carrie. I'm going to have to put this to a closure now.

I want to thank you very much for coming today, Dr. Butler-Jones, Elaine Chatigny, and Ms. Shelagh Jane Woods. We really appreciate it.

I have three things that I have to bring before committee before the bells ring, which will be in about three minutes.

Would everyone else be so kind as to leave the room?

Again, thank you for your presentations today.

*[Proceedings continue in camera]*







**MAIL  POSTE**

Canada Post Corporation / Société canadienne des postes

Postage paid

Port payé

**Lettermail**

**Poste-lettre**

**1782711  
Ottawa**

*If undelivered, return COVER ONLY to:*

Publishing and Depository Services  
Public Works and Government Services Canada  
Ottawa, Ontario K1A 0S5

*En cas de non-livraison,*

*retourner cette COUVERTURE SEULEMENT à :*  
Les Éditions et Services de dépôt  
Travaux publics et Services gouvernementaux Canada  
Ottawa (Ontario) K1A 0S5

Published under the authority of the Speaker of  
the House of Commons

### **SPEAKER'S PERMISSION**

Reproduction of the proceedings of the House of Commons and its Committees, in whole or in part and in any medium, is hereby permitted provided that the reproduction is accurate and is not presented as official. This permission does not extend to reproduction, distribution or use for commercial purpose of financial gain. Reproduction or use outside this permission or without authorization may be treated as copyright infringement in accordance with the *Copyright Act*. Authorization may be obtained on written application to the Office of the Speaker of the House of Commons.

Reproduction in accordance with this permission does not constitute publication under the authority of the House of Commons. The absolute privilege that applies to the proceedings of the House of Commons does not extend to these permitted reproductions. Where a reproduction includes briefs to a Committee of the House of Commons, authorization for reproduction may be required from the authors in accordance with the *Copyright Act*.

Nothing in this permission abrogates or derogates from the privileges, powers, immunities and rights of the House of Commons and its Committees. For greater certainty, this permission does not affect the prohibition against impeaching or questioning the proceedings of the House of Commons in courts or otherwise. The House of Commons retains the right and privilege to find users in contempt of Parliament if a reproduction or use is not in accordance with this permission.

Additional copies may be obtained from: Publishing and  
Depository Services  
Public Works and Government Services Canada  
Ottawa, Ontario K1A 0S5  
Telephone: 613-941-5995 or 1-800-635-7943  
Fax: 613-954-5779 or 1-800-565-7757  
publications@tpsgc-pwgsc.gc.ca  
http://publications.gc.ca

Also available on the Parliament of Canada Web Site at the  
following address: <http://www.parl.gc.ca>

Publié en conformité de l'autorité  
du Président de la Chambre des communes

### **PERMISSION DU PRÉSIDENT**

Il est permis de reproduire les délibérations de la Chambre et de ses comités, en tout ou en partie, sur n'importe quel support, pourvu que la reproduction soit exacte et qu'elle ne soit pas présentée comme version officielle. Il n'est toutefois pas permis de reproduire, de distribuer ou d'utiliser les délibérations à des fins commerciales visant la réalisation d'un profit financier. Toute reproduction ou utilisation non permise ou non formellement autorisée peut être considérée comme une violation du droit d'auteur aux termes de la *Loi sur le droit d'auteur*. Une autorisation formelle peut être obtenue sur présentation d'une demande écrite au Bureau du Président de la Chambre.

La reproduction conforme à la présente permission ne constitue pas une publication sous l'autorité de la Chambre. Le privilège absolu qui s'applique aux délibérations de la Chambre ne s'étend pas aux reproductions permises. Lorsqu'une reproduction comprend des mémoires présentés à un comité de la Chambre, il peut être nécessaire d'obtenir de leurs auteurs l'autorisation de les reproduire, conformément à la *Loi sur le droit d'auteur*.

La présente permission ne porte pas atteinte aux privilèges, pouvoirs, immunités et droits de la Chambre et de ses comités. Il est entendu que cette permission ne touche pas l'interdiction de contester ou de mettre en cause les délibérations de la Chambre devant les tribunaux ou autrement. La Chambre conserve le droit et le privilège de déclarer l'utilisateur coupable d'outrage au Parlement lorsque la reproduction ou l'utilisation n'est pas conforme à la présente permission.

On peut obtenir des copies supplémentaires en écrivant à : Les  
Éditions et Services de dépôt  
Travaux publics et Services gouvernementaux Canada  
Ottawa (Ontario) K1A 0S5  
Téléphone : 613-941-5995 ou 1-800-635-7943  
Télécopieur : 613-954-5779 ou 1-800-565-7757  
publications@tpsgc-pwgsc.gc.ca  
http://publications.gc.ca

Aussi disponible sur le site Web du Parlement du Canada à  
l'adresse suivante : <http://www.parl.gc.ca>