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Chair

Mr. Pat Finnigan

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● (0845)

[*English*]

The Chair (Mr. Pat Finnigan (Miramichi—Grand Lake, Lib.)): Welcome, everyone. This morning, pursuant to Standing Order 108(2), the committee will proceed to a briefing on the case of bovine tuberculosis in British Columbia.

With us this morning from the Canadian Food Inspection Agency we have Dr. Jaspinder Komal, vice-president, science branch, chief veterinary officer and World Organisation for Animal Health delegate for Canada, and Dr. Debbie Barr, director of the animal health, welfare and biosecurity division. From the Department of Agriculture and Agri-Food, we have Donald Boucher, director of the animal industry division, market and industry services branch.

Welcome, all of you.

We will start with you, Dr. Komal. I believe you're going to have the opening statement. The floor is yours for 10 minutes.

Dr. Jaspinder Komal (Vice-President, Science Branch, Chief Veterinary Officer and World Organisation for Animal Health Delegate for Canada, Canadian Food Inspection Agency): Thank you very much. Good morning to all of you, and good morning, Mr. Chair.

As you said, my name is Jaspinder Komal. I am the chief veterinary officer for Canada and vice-president of science at the Canadian Food Inspection Agency. I am also Canada's delegate to the World Organisation for Animal Health, the OIE.

[*Translation*]

I'm happy to have the opportunity to discuss the current situation regarding bovine tuberculosis in British Columbia.

[*English*]

I appreciate this opportunity to speak to the current situation concerning bovine tuberculosis—or bovine TB or bTB—in British Columbia. With me are my colleagues Dr. Debbie Barr and Mr. Donald Boucher from AAFC.

First, Mr. Chair, let me explain a bit about this particular disease. Bovine TB is an infectious disease of livestock caused by a bacterium called Mycobacterium bovis. This disease can occasionally affect other species of mammals and, although very rarely these days, can infect humans. Bovine TB is internationally recognized as a serious disease and is listed with the World Organisation for Animal Health, the OIE.

We have been addressing bTB for a long time. It has been the subject of a mandatory national eradication program in Canada since 1923. I can say that Canada has made great strides toward eradication. After nearly a century of effort, financial investment and close collaboration on the part of various federal, provincial and industry stakeholders, the disease is virtually eliminated except for the occurrence of rare cases in domestic animals.

This is a significant achievement not only for animal health in Canada but also for public health. These days, cases of humans contracting bovine TB are very rare in Canada. Exposure can occur only through the passage of fluids from an animal through an open skin sore, extended close contact with an animal with active respiratory TB or drinking unpasteurized milk from an infected cow.

When the CFIA investigates cases of bovine TB on farms, we remind the producers of potential risks to human health and put them in contact with provincial public health providers. The risk to the general population in Canada is considered to be very low because we mandate pasteurization of milk and we have an effective surveillance program that includes inspection of animals in slaughter facilities.

This brings me to the current finding.

Mr. Chair, the CFIA began its investigation on October 26, 2018, when an examination of a mature beef cow presented for slaughter at a federally registered facility revealed signs associated with bovine TB. The animal did not enter the food chain, thereby demonstrating the effectiveness of the surveillance system in mitigating risks to the food supply.

The CFIA laboratory testing confirmed a case of bovine TB on November 9, 2018. The animal was traced to a farm in the southern interior of British Columbia.

The CFIA takes bovine TB very seriously. As part of the response to this incident, the CFIA activated an emergency operations centre, EOC, located in Burnaby. This is a joint EOC with our partners from the Province of B.C., allowing for increased co-operation among the federal and provincial decision-makers.

The CFIA followed its animal health disease control protocols and contacted the producer to share the information. We have engaged with provincial counterparts and industry organizations to advise them of this finding and of possible next steps. Information is also available on the CFIA website.

There are three broad faces to a bovine TB investigation.

● (0850)

First, the CFIA works to determine where the disease currently is and takes steps to contain it. This involves testing of adult cattle on the farm where the infected cattle originated and of herds immediately surrounding this farm.

Second, we look to other herds where the disease may have gone. This activity is known as a trace-out. We look at all movements of cattle from the infected farm over the past five years and determine the location and status of the animals. When located, these cattle are also tested.

Lastly, we work to determine where the disease might have come from. This activity is called a trace-in. We look at all animals that entered the index farm over the past five years, and go back to their source herds and test them too.

Our Canadian livestock traceability program assists us in performing trace-outs and trace-ins. Because the current investigation is in the early stages, the exact number of herds involved and the time to complete the investigation are not yet known. As of now, there's only one confirmed case of bovine TB.

Good traceability helps to find all affected animals quickly and shorten the investigation and response time. In this particular case, livestock identification and proper traceability has allowed the CFIA to efficiently identify the affected herd. In a bovine TB investigation, movement restrictions are placed on any implicated animals so that additional herds are not exposed. As part of this investigation, all animals on the infected premises will be tested for the disease.

The CFIA recognizes the challenges, both emotional and economic, facing the producers who have had cattle and calves quarantined due to the CFIA's investigation. To help producers with the emotional aspects, and recognizing that uncertainty generates a lot of stress, CFIA employees make sure that relevant and complete information is provided as soon as possible. We also provide information on support options available to the producers.

From an economic side, producers are eligible for compensation for any animals ordered destroyed by the CFIA as part of this investigation. In addition, under the Canadian agriculture partnership, there is a suite of business risk management, BRM, programs available and administered by Agriculture and Agri-Food Canada. That includes the AgriInvest and AgriStability programs to help farmers manage risk due to severe market volatility and disastrous situations that are largely beyond their capacity to manage. Cash advances are also available through the advance payments program. AAFC is working with the Province of B.C., industry and producers to assess the financial impact on farm operations and to respond appropriately to meet the needs of producers.

While Canada is considered to be officially free of bovine TB, isolated cases may occur. This has been the only case of bovine TB found in Canada since six cases from a single herd were found in Alberta in 2016. This finding does not affect Canada's current animal health status. All provinces are considered to be bovine TB-free, as per the criteria established in the health of animals regulations.

The goal of the national bovine TB eradication program is the early detection and complete eradication of the disease from livestock in Canada. Achieving eradication will require ongoing collaboration and vigilance to prevent the re-emergence of bovine TB in domestic livestock populations. This will maintain Canada's reputation as a supplier of safe and high-quality livestock and livestock products.

Canada's strong bovine TB response program was essential in maintaining uninterrupted international market access for Canadian cattle and meat products in 2016. As chief veterinary officer for Canada, I have proactively engaged with CVOs in countries where Canada exports beef and beef products and received neutral to positive reaction. We are hopeful that there will not be negative impact on market access.

● (0855)

The CFIA will continue to work closely with the producers, industry associations and provincial and federal agricultural and health authorities throughout the investigation. The CFIA will continue to update all stakeholders, including at this table, through our website or by being present in person when new information about the bovine TB situation becomes available.

Mr. Chair, thank you again for this opportunity to provide insight into the CFIA's actions in the bovine TB investigation.

[*Translation*]

The Chair: Thank you, Dr. Komal.

[*English*]

Now we'll go to our question round.

[*Translation*]

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

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Thank you very much Mr. Chair.

Thank you for being here today, Mr. Komal, Mr. Boucher, and Ms. Barr.

First, could you give us a precise picture of the current situation in British Columbia? How many animals have been quarantined? How many other animals might be quarantined once you have concluded your investigation? In other words, how many animals are you investigating at this time?

Dr. Jaspinder Komal: Thank you for your question.

As I was saying in my comments, we've only just begun. So we do not yet know the exact number of infected animals in each herd. We are currently investigating the index herd, which is in the primary farm, as well as the five or six farms that are in contact with it.

We study the scope of direct contacts with that primary farm. We will begin with the 500 animals on that farm, including the calves, and we will determine the prevalence of disease in that herd. Then we will study the number of direct contacts with the primary farm in order to quantify the risks posed by the contacts with the index herd. At that point we will be in a position to provide you with the total number of infected animals.

Mr. Luc Berthold: How long do you think all of this will take? You may remember that in 2016, there was criticism because a lot of time went by before the exact number of affected animals was known, which turned out to be only 6 out of the 11,500 that had been destroyed.

We have just created a lot of uncertainty for the cattle ranchers in that area. How long might it take this time, and why do we not already know how many farms might be involved? It's hard to understand. After all, these people can already tell you where their herds have been. Why, in light of that, can't we just target those potential cases of contamination?

● (0900)

Dr. Jaspinder Komal: First, bovine tuberculosis is a disease that evolves very slowly, and it takes a lot of time for an animal to be infected. We have to go back five years to see whether the animals that joined the herd or left it during that period of time were infected. If the bacteria infects an animal today, it can take up to two, three or four years before the animal begins to show clinical signs of the disease.

Secondly, once we know an animal is infected, we inventory all of the animals of more than one year of age on the primary farm. Before that, we autopsy the contaminated animal to establish the pathology and confirm the case. We then do laboratory cultures of the bacteria, which take about 14 to 16 weeks. The process is long. There are three or four tests to detect bovine tuberculosis, but none of them on their own are sufficient to diagnose every animal; they have to be combined.

Mr. Luc Berthold: I understand that the process can be long. However, I was talking about where you conduct your investigation, and the potential number of herds involved. There is no doubt that if a Canadian Food Inspection Agency inspector turns up, it's because you have detected some risk. Is the risk limited to one farm, or five, or ten? Will the contamination prove to be more extensive in six months than we now believe? There is a definitive and rather radical solution: I expect that all of the animals on the primary farm will be destroyed?

Dr. Jaspinder Komal: Yes.

Mr. Luc Berthold: There are a lot of people who are worried and who are wondering if the inspector will turn up at their door, and whether they will be put through that process or not. When will they have an answer? In one month? Six months? What time frame can you give them?

Dr. Jaspinder Komal: Thanks again for your question, Mr. Berthold.

We created a team to go and talk to the farmers. This takes time. We have to explain everything the process involves, how we are going to proceed, how we are going to do the inventory and which animals will be inventoried, both in the primary farm and neighbouring farms. The verification also takes time. Which herds from which farms had contact with the primary farm? How many animals left the herd or joined it over the past five years?

The Chair: Unfortunately, we are out of time, Dr. Komal.

Thank you, Mr. Berthold.

Mr. Longfield now has the floor.

[*English*]

Mr. Longfield, you have six minutes.

Mr. Lloyd Longfield (Guelph, Lib.): Thank you, Mr. Chair, and thank you all for coming on short notice. The news is just breaking on the case. Thanks to Mr. Berthold for asking some of the questions I had as well, in terms of numbers.

I'm looking at my notes from 2016. Farmer Warren Henry told us that he didn't think that the CFIA had enough manpower to look after the case that was developing then. It sounds like it was a much larger case with a lot more cattle infected and a lot more cattle to be inspected.

In budget 2017, we announced $149.3 million over five years, starting in 2017-18, to renew core food safety inspection programming. Have you been able to add to your staff, or has there been an impact on the investments that will help this case you're currently studying?

Dr. Jaspinder Komal: Yes.

The case in 2016 was a very typical case where, as you know, we had the complexity of different animals from different farms that actually commingled. We learned a lot from that, and I can tell you that already in 2016, it took us almost two months before we actually said, “We have a positive case.”

This time, it took us a week and a half. We learned a lot of lessons in terms of making sure that our teams that make the initial contact with the farmer, and the teams that go in to do testing of the animal, the lab capacity and how we actually move our capacity.... We have learned a lot of lessons. This time we are ready to do that, and we are ahead of the game.

● (0905)

Mr. Lloyd Longfield: We had veterinarians who were available and wanted to pitch in, but at the time, we didn't have a process for including external veterinarians in the inspections. Do you have enough veterinarians to handle the 500 cattle that you're talking about in a timely fashion?

Dr. Jaspinder Komal: Yes, we do. We want to make sure that, as much as we are ready, the producer, the owner is also ready. As I said in my opening remarks, we cannot just go and say that we're going to test and then start culling all these cattle. We have to have discussions with the owner about the options and the best option to choose. That takes a little bit of time, but we are ready. We have the workforce on the ground to deal with it.

Mr. Lloyd Longfield: Last time, the lack of communication was causing stress. Farmers were saying that they hadn't been engaged by CFIA and that CFIA wasn't communicating with them as they should have been. What steps have you taken to improve on the existing practices for communications?

Dr. Jaspinder Komal: We found out, as I said, the complexity of the problem last time. We were communicating at a different level, learning from the avian influenza issue, but we found out that we were dealing with a cattle issue, so we had to adjust last time. Learning from that, this time we were very proactive in dealing with the local and regional associations, and working with the Province of B.C. and all other stakeholders to make sure that everybody is in the know, that the communication is there in terms of what the problem is, what we are going to do, how it works and how much time, approximately, it will take to do it.

Mr. Lloyd Longfield: Again, last time, feed costs were one of the critical factors that the cattle ranchers were dealing with. Feed is quarantined during these periods. Is feed being quarantined? You mentioned the BRM programs. Is that something that's covered under BRM?

Dr. Jaspinder Komal: Yes, depending on the season and, again, the time that it takes to do the investigation. If it's a marketing season for producers, we have to work around their time, and if it's calving season in spring, we have to work around their time. Those are the factors that affect the time that it takes to do the investigation. These animals then cannot be marketed, so there are feed issues that producers didn't think about. That's why we have programs from our colleagues in the department and from AAFC under BRM programs that actually cover.... CFIA will cover the cost of all the cattle that it has quarantined and will be culling, and the rest—feed and other things—would be covered under the BRM programs.

Mr. Lloyd Longfield: My final question has to do with data. With regard to the ear tags that are on the animals right now, are all of those ear tags on some kind of a database so that we know whether these animals are going to market or whether they have been stopped from going to market? How do the tags fit into this?

Dr. Jaspinder Komal: As I said in my opening remarks, traceability is very important when doing an investigation. In this case, because the tag was there on the animal, we were able to zero in on the farm of origin. They are very important for our investigation. These tags are also very important for looking at traceability for the food. We have databases—the Canadian Cattle Identification Agency, CCIA—that have the inventory of all of these animals, so they are followed.

Mr. Lloyd Longfield: Thank you very much.

The Chair: Mr. MacGregor, you have six minutes.

● (0910)

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Thank you very much, Mr. Chair.

Thank you very much for coming today to give us this important briefing.

In your opening remarks, you were talking about the trace-out and trace-in measures that you have. I know that it's very early in trying to figure out where it might have come from, and then where the animal may have been mingling with others on its way to Alberta, but do you have a working theory, especially with regard to the trace-out, on how many animals this particular infected cow might have come in contact with while going from B.C. to Alberta?

Dr. Jaspinder Komal: We have been working on the timeline of the animal's life. All I can say at this point in time is that the animal may have stopped at a few different stops, mostly at the auction marts and the loading stations. There may be some farms involved, but we don't know exactly where this particular animal may have been, so we are in the process of doing that. Our immediate work is to look at the farm in direct contact because we want to look at the scope of the infection first. Then we want to look at where it has gone from this farm; that's the trace-out. Then we'll look at where it came from; that's the trace-in.

Mr. Alistair MacGregor: You mentioned that the disease can live within an animal for several years and that it can take some time for the symptoms to show themselves. Is there a period of time in the disease's life cycle within an animal when it's more contagious than other times? An animal can appear healthy, but is it when it's maybe coughing, sneezing and showing signs of mucus that it's in the most contagious phase?

Dr. Jaspinder Komal: Yes, that is the most contagious phase. If the animal has inhaled or ingested the bacteria, the bacteria will go into the animal. The way that it works is that the bacteria tries to insulate itself from the immune system of the animal, so it starts making an envelope of layers around itself, and it starts making a big ball. That's what we found in this animal. When it bursts, sometimes the animal can start spitting through sputum or the respiratory tract, and that's the infectious stage. The problem is that it can be anywhere between a year to five years; we don't know when this abscess is going to burst.

Mr. Alistair MacGregor: What is the main treatment? Can it be treated effectively through antibiotics, or is it pretty much a quarantine and a cull?

Dr. Jaspinder Komal: As I said, there's also a public health issue. We've worked in Canada since 1923 to eradicate bovine TB from Canada because when we have to treat an animal or a human being with antibiotics it's a long treatment. Sometimes it could be six months to a year, with heavy doses of antibiotic. That's why we prefer to eradicate TB rather than treat it.

Mr. Alistair MacGregor: Have there been occurrences in the past where you've had strains that have shown resistance to antibiotics? Is that another factor that you consider?

Dr. Jaspinder Komal: It's hard to verify in this bacteria because it is so hard to grow in the lab. Looking at the resistance by doing what we call an antibiogram is very difficult. We can look, but I don't have the data right now on whether Mycobacterium bovis is actually resistant to antibiotics. Given that you have to give very strong antibiotics for a long period of time, and given that the bacteria is inside the layers of a big ball, it's very hard for those antibiotics to penetrate. The antibiotic may actually have negative impacts on other systems and organs in the animal or human being.

Mr. Alistair MacGregor: I'm familiar with a lot of the herds in the southern part of British Columbia. The farmers have vast range lands and often they're out in the middle of the forest. I used to see them as a former tree planter. The disease has been virtually eradicated. However, in looking for theories of how this may have come about, this particular case, is it a disease that can be harboured within wildlife, such as the deer population? Is that a possible theory of transmission?

Dr. Jaspinder Komal: It is quite possible. However, our colleagues—not CFIA but the provincial governments—actually have surveillance programs. In this case, the B.C. government has decided to do a surveillance of these farms and see if there are any cases of bovine TB.

At this time, and even last time, we have tried to do the trace-ins. Given that cases of bovine TB are so rare now, it's like trying to find a needle in a haystack, but we still want to go and look at all the theories of where this may have come from.

● (0915)

Mr. Alistair MacGregor: You said you have a neutral to positive reaction from our international partners. What are your statutory requirements? How often are you required to report to them on your progress on this?

Dr. Jaspinder Komal: TB is a reportable disease, and it's also a listed disease with the OIE. We're only required to report through the OIE to the world on a six-month basis. However, we also let our immediate trading partners know how we're carrying out the investigation. In order to be proactive like the U.S., the EU, Japan and Mexico, we tell these countries how we're dealing with this, both as a courtesy and to satisfy them that it's all under control

The Chair: Dr. Komal, Mr. MacGregor, thank you both.

[*Translation*]

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

Mr. Jean-Claude Poissant (La Prairie, Lib.): Thank you very much, Mr. Chair.

So these infections are not transmitted through the food chain. It's always good to know that we have a reliable system.

I would like us to talk about dairy producers and how you detect infections. Are there routine examinations to analyze the milk? What are the detection tools?

Dr. Jaspinder Komal: Thank you for the question.

We have two programs. First, we have a passive monitoring program. When their productive life is over, dairy cows are sent to the abattoir.

We also have a post-mortem detection program. Since the frequency of infection cases is really very low, we don't want to do active monitoring. Moreover, since all of the milk in Canada is pasteurized, infections, should there be any, are eliminated. So the risks to human beings are non-existent.

Mr. Jean-Claude Poissant: Fine.

Cattle are not the only animals that can be infected. Does traceability for all species function well, and is it effective?

Dr. Jaspinder Komal: Traceability is different from one sector to another. Certain sectors are at a given stage, which may not be the same in other sectors. In Canada, the traceability process is not the same everywhere. We are in fact setting up a process to modernize traceability regulations. We will get there one day, but for the time being, traceability is more effective in some sectors than in others.

Mr. Jean-Claude Poissant: When the announcement is made that a case has been detected, how do importing countries react?

Dr. Jaspinder Komal: Canada is one of the rare countries that has managed to almost completely eliminate bovine tuberculosis in all of the herds, nationally. People know that it is normal that there be a few cases every two or three years. When we tell those countries that we are conducting a complete investigation, they say that they are very confident in our system. We are very proactive in our communication with them. I took the time to speak with my chief veterinary colleagues in the importing countries.

Mr. Jean-Claude Poissant: So the follow-up is good.

If I understood correctly, this is the second time there has been a case in the same place. Is there a particular reason for that?

Dr. Jaspinder Komal: No, that's not it. The 2016 case was in Alberta, and today we have a first case in British Columbia. There were cases in 2011, but they were in another location also.

Mr. Jean-Claude Poissant: I see; I'm sorry.

From the moment when you detect a case at the abattoir, how much time elapses before you track down the herd that is at issue? I know the work takes time, but how long does it take to locate the herd of the infected animal?

● (0920)

Dr. Jaspinder Komal: As I said, it was quick this time because we drew lessons from the last case, and we had changed our policy. On October 26, samples were delivered to the lab, and we had the results on November 9. I think they arrived Thursday or Friday, and on Monday we knew which herd was involved. In fact, we knew that Friday afternoon. It was a lot quicker this time.

Mr. Jean-Claude Poissant: I'm done, thank you.

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

[*English*]

Mr. Joe Peschisolido (Steveston—Richmond East, Lib.): Mr. Chair, thank you.

Mr. Komal, thank you for your testimony.

Obviously, this is a serious issue. We've talked a little bit about how it occurred. Can we talk a little bit about how we can prevent it from happening again? As you know, we've had a program in place since the early 1920s, I believe. Should we be updating that program?

Dr. Jaspinder Komal: We had a program from 1923, where we were doing active surveillance, right up to 1980 or 1985. Active surveillance means that if you find a case, you go out on most of the farms—based on our statistics—and take samples. If you find cases, then you quarantine and kill animals and continue eradication. We found out that if we kept doing the active surveillance, it wasn't going down more than that. We went into a passive surveillance, which means that we don't go to the farms. When the animals go to the slaughterhouse, we have a program at post-mortem to look at each animal to detect if there's any signs of TB, which seems to be working.

According to research, finding one or two cases every two to three years is very normal. Like I said, each province is considered to be TB free, even if we find a case every two or three years.

Mr. Joe Peschisolido: You mentioned, briefly, the emotional and economic cost, and the impact on farmers. Can you elaborate a little bit more on the programs in place to compensate farmers for their loss?

Dr. Jaspinder Komal: Yes.

First of all, in learning from the lessons of last time, we are very careful in how we approach the producer. We put them in contact with the provincial health authorities right away so that if they need any help they can have it.

Second, we have a compensation program for animals that we put under quarantine and cull. At CFIA, under the authority of the law, we pay for that. Anything else comes under BRM programs. I can ask my colleague to explain.

Mr. Donald Boucher (Director, Animal Industry Division, Market and Industry Services Branch, Department of Agriculture and Agri-Food): There is a suite of programs that producers and ranchers can access in order to help them cope with the losses related to tuberculosis.

The first one is AgriStability, a margin-based whole-farm program that helps cover revenue losses that go up by more than 30% compared to their historical levels. Producers can also get an interim payment under that program. There's also AgriInvest, a savings account that is a joint contribution from producers and governments. Producers are able to draw from their accounts to address some of the financial issues they are facing. The last one would be the advance payments program, which gives access to financial loans, the first $100,000 being interest free. That's the suite of the regular programs.

In addition, there is AgriRecovery, which is not a program but a framework to look at all of the extraordinary costs that may be linked to an event such as an outbreak of tuberculosis. That would be driven by an assessment done jointly by the federal government and provinces to look at what those costs would be and to see if an initiative should be put in place to address those costs. The request of the province would trigger such an assessment.

Lastly, there are also tax deferrals that producers would have access to in order to report the taxation on income with regard to compensation provided by the CFIA for animals that are ordered destroyed.

● (0925)

Mr. Joe Peschisolido: I'm debating whether to ask about cash advances or to ask about what the Government of B.C. is doing. Why don't I ask about the role of the provincial level in this?

Dr. Jaspinder Komal: CFIA does the compensation for the animals that are destroyed. For the other programs that Donald has talked about, they are all done in conjunction with the Province of B. C. These are cost-shared programs.

On the tax deferral on whatever compensation we pay, I think our department will work with Revenue Canada to make sure that producers are not negatively affected.

Mr. Joe Peschisolido: Thank you so much.

That's all I had, Mr. Chair.

The Chair: Mr. Dreeshen, please, for six minutes.

Mr. Earl Dreeshen (Red Deer—Mountain View, CPC): Thanks for being here today.

I have a series of question about things that people have presented as concerns. There are potentially some alternatives to herd depopulation. Of the cattle that were destroyed at Jenner, many were just weaned calves. They were put into the landfill because they knew how long they would have to be feeding them. As you mentioned, it takes a certain amount of time for them to be infected. Then if they were to be processed at a certain time, you'd know there would be no concern about those particular animals. Taking a look at what has happened in B.C., it would be an isolated case, extensively managed and extensively closed. If a test and cull approach could be used there as well, would people be interested in that? When you look at the procedures that other countries use, are they using exactly the same approach, to kill everything regardless of age? Could you comment on that, first of all?

Also, in your introduction you spoke about how isolated it is, how few cases we have here in Canada. Then you talked about the very rare instances where humans could get this, and the main way you mentioned was non-pasteurized milk and you explained that we go through a particular process. Of course, because you are a responsible scientist, you will never say there is zero chance of something happening. That's the physical science part, but then there is the political science part. Because you cannot or will not say zero, everybody else gets cranked up about it, saying when that does happen....

The problem we have is the relationship between where you are with the science and where the public is, where people start cranking up the rhetoric. Could you comment on herd depopulation and how best to speak to the public? We all know about the fiasco with BSE. It must have been frustrating for you to watch the cow from the U.K. flopping around and our news media talking about it—the way it was completely blown out of proportion. Could you comment on that, please?

Dr. Jaspinder Komal: I'll tackle the first one, and look to my colleague if I make any mistakes.

We have worked very hard on this since the 1920s. Among other countries that have similar systems to ours in managing animal health—the U.S., the U.K., New Zealand, Australia—I think Australia and Canada are the two countries that don't have TB in domestic herds.

If we find a case of TB, we look at the economics. It's much better for us to eliminate it and clean it and then start again. The disease is so slow that you never know—it might flare up if you keep the animals there for any length of time.

The U.S. moved away from the program we have, and a number of states are infected. Now they cannot eliminate TB from their domestic herd. That's why we want to continue to do what we are doing. At the most we spend about $40 million every five years to do this. That was the cost the last time we did it in Alberta. It might be less this time, because it's a smaller problem. The U.S. will spend that much money almost every year. From the point of view of economics, it's better.

To your second question, about why we care if it is so low: back when TB was quite prevalent in bovine populations, about 6% or 8% of human cases were from bovine TB. Now we see virtually nothing. If we let it go and TB starts appearing in our cattle population, we might start seeing human cases again. Given that we have to give antibiotics for a year, and given the human health impacts and the impacts on the health and social systems, I think it's better to continue.

● (0930)

Mr. Earl Dreeshen: Could we go back to the young animal side of it? That was another part of it.

It takes time for it to manifest itself in the animal. If you knew that this animal was in a certain area, would there be a slaughter date that you could use, to still be able to move that animal to a particular market?

Dr. Jaspinder Komal: Yes, that's exactly what we do. On the primary farm, the cows under one year of age will be quarantined, but we can send them to slaughter. If there are no post-mortem findings in those, they can be used for consumption. On the contact farms, we will do the testing—not on the calves, but only on animals that are more than one year. If they're negative, then they're released and they can be used for—

The Chair: Thank you, Mr. Dreeshen.

Thank you, Dr. Komal.

[*Translation*]

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

Mr. Pierre Breton (Shefford, Lib.): Thank you, Mr. Chair.

I thank the witnesses for being here.

The investigation lasted about 18 months, from April 2016 to September 2018. During that period, what were the repercussions of that investigation on the sale of Canadian cattle on the international markets? How did the international market react during that period? Do you have any information for us on that?

Dr. Jaspinder Komal: Thank you for that question.

The previous investigation lasted 18 months because we had to slow down in the spring because of calving season. During that season, we cannot test the gestating cows because there is no reaction. Also, we did not want to disrupt the producers' work.

The last time, like this time, we were proactive and we spoke to the head veterinarians of the importing countries. There was no negative impact attributable to that case of bovine tuberculosis, because the countries know that we are able to manage the problem in a very effective way. There have been no negative reactions to date with regard to this case, and we don't expect any.

Mr. Pierre Breton: Indeed, the affected herds or the ones that are being tested cannot be sold. Is that the case?

Tell me if I am mistaken. This means that we continued to sell animals that were not diseased or were not being investigated. People even sold more to offset the losses caused by the sick animals. I'm trying to get an exact sense of the situation.

Dr. Jaspinder Komal: I will explain in detail how it is done. If I go into too much detail, let me know.

If there is a positive case on a primary farm, after being tested, the animals are destroyed, because the place has to be disinfected. If the animals that have been in contact with the other farms are not infected, we will lift the quarantine immediately. They can be sent to the abattoir if they are mature, or they will be left to continue to grow.

The same thing applies to the animals that are traced, either upstream or downstream. If the results are negative, the animals are released. If the results are positive, we investigate a second locus of infection. Otherwise, they are released immediately.

● (0935)

Mr. Pierre Breton: Are there other animals that may be affected by the disease or is this limited to bovines?

Dr. Jaspinder Komal: Other animals can also be infected. There are pets on farms. There can be cats, dogs, and also sheep and goats. We analyze the risks for those animals, and even for the humans. We explain to them how all of it works. Depending on the scope of the contamination, we can decide to only observe the pets. The last time we went to a farm with infected animals, we did not need to destroy the pets. In this case, if we see that the contamination is not too widespread, we can let them live, depending on the results of the analysis.

Mr. Pierre Breton: Thank you very much.

[*English*]

The Chair: Mr. Shipley, you have five minutes.

Mr. Bev Shipley (Lambton—Kent—Middlesex, CPC): Thank you very much.

How do you detect it? Can you detect TB through a blood test, or is it when you actually physically view the animal? Is that how it is detected?

Dr. Jaspinder Komal: This is the one of the most complicated micro-organisms we have. It grows very slowly and it hides itself in a ball of fibres. The immune system doesn't react very well, so we don't have a test that can detect it very well.

Mr. Bev Shipley: When can I pick it up from an animal?

Dr. Jaspinder Komal: You can pick it up, as we were talking about before, when the abscess bursts and the animal starts breathing it out through respiration or coughing. It's when you are in long-term contact with that animal.

Mr. Bev Shipley: So that's after the animal has had it for a while. That's why you were talking about the complications of it.

I'm interested, though, in the unpasteurized milk that comes from the animal. It's a product, but it's a by-product of the animal. Can it be determined through the testing of milk?

Dr. Jaspinder Komal: Depending on the concentration of the micro-organism in the milk, we can detect it. We have tests now, besides culture, such as ELISA and PCR, but none of these tests are 100%. That's why we have to do a combination of tests.

Mr. Bev Shipley: Okay. I've just always been interested in that. We're always so concerned about this wholesome product. I grew up, and my whole family grew up, drinking unpasteurized milk. Apparently we did not too bad.

Mr. Alistair MacGregor: You're still here.

Voices: Oh, oh!

Mr. Bev Shipley: Quite honestly, my daughter went on a mission trip to a third world country, and she had a conversation with the doctor. They always ask what your father does. When she said her father was a dairy farmer, the doctor asked if she drank unpasteurized milk. I though this might not end up just the way I wanted it to, but anyway, she truthfully said, “Absolutely we do.” The doctor then told her she would have more antibodies in her body and more protection on the mission trip than any of the other children would. I got thinking; I'm always concerned about how we cannot drink it now, because there may be this chance, and yet....

I know what you're saying, but we just legalized a drug when we know there are addictions. People will end up in the health care system and all that. I'm still a big believer in unpasteurized milk, even though I guess there is a small chance of something happening.

Tell me about the tags and the traceability. You said there's still work to do, and I guess there will be. I think in the beef industry there's pretty good traceability. I believe in the dairy industry there is a traceability program. Can you expand on where the lack is in terms of traceability, or where we need to improve on it?

● (0940)

Dr. Jaspinder Komal: I think I will have to get back to you on this question.

Mr. Bev Shipley: That's fine. If it's going to take too long, that's fine.

Dr. Jaspinder Komal: Yes. We still have a little bit of work to do in terms of tracing all the animals in time, because we don't have a very effective traceability program for investigations.

Mr. Bev Shipley: One of the concerns last year that my colleague Mr. Longfield brought up was in terms of the detection and compensation. There was this huge issue where farmers were concerned about actually being able to stay in business because of the timeline and the huge cost of having to feed these animals that should have been going to market.

What is the timeline? You said it's improved. In agriculture, though, it's about cash flow. It's about when you have to market your animals and the cash flow coming in. Has that timeline been improved a lot? I mean, this is not something that's caused by the farmer. This is something that happens to the farmer. In terms of compensation, I'm always concerned that they get treated fairly in terms of being able to stay in business even though they have this major disease on their hands.

Dr. Jaspinder Komal: I think the timeline has improved from the last time, because we found out after the fact that we had all these animals under quarantine. We were getting into the fall and animals were not going to market. Then we were looking at how to actually do the program.

This time we have the program our department did between Alberta, AAFC and Saskatchewan. Based on that, we are already talking about how we can, if there are animals that are there...that producers will know that they will be compensated for the time they will be on—

The Chair: Thank you, Dr. Komal.

Thank you, Mr. Shipley.

Mr. MacGregor, you have three minutes.

Mr. Alistair MacGregor: I'm fine.

Mr. Luc Berthold: Will you give me your time?

Mr. Alistair MacGregor: Yes, go ahead.

[*Translation*]

Mr. Luc Berthold: Thank you very much, Mr. MacGregor.

[*English*]

I owe you this one.

[*Translation*]

I only have one question.

We know that this herd will be destroyed. In Alberta, it took a long time before the decision was made, and finally 11,500 animals were killed. To avoid a recurrence of that situation, why not act right away and make the decision without delay? You know that at the end of the process that is what will happen anyway.

If you act now, this would allow these people to start over as quickly as possible and produce healthy animals that will not cause problems.

That is why I asked you that question earlier. What are you waiting for? Why do we have to wait so long?

Dr. Jaspinder Komal: It's because we don't know the scope of the infection. If we begin to quarantine all the animals and destroy them right away, that would be useless.

Mr. Luc Berthold: But you did say earlier that that is what will happen on the farm involved.

Why not do it right away?

Dr. Jaspinder Komal: Yes, we are going to do it right away. But first we have to talk to the producer and make sure that he is comfortable with the idea. We have to tell him how it will be done.

We already began the tests this week and we will finish them before Christmas. If we don't find any other infected animal, the sick animals will be destroyed. There will then be a period of disinfection, and then repopulation. Afterwards, we will continue with the other animals that were in contact with the sick cattle.

This herd will be euthanized quickly.

Mr. Luc Berthold: We know that the disinfection period is quite long. It's that period that is difficult for the producer.

I wonder why, when you already know that the final decision will be to destroy the herd, you have to do other tests?

Dr. Jaspinder Komal: That will be done quickly on that farm. We don't want to go and kill the animals before the producer has had a chance to get used to the idea.

The Chair: If the committee agrees, I'd like to ask a brief question.

After you have eradicated the herd, can the disease stay in that location? Is it easy to clean the environment afterwards to prevent propagation?

● (0945)

Dr. Jaspinder Komal: Thank you for the question, Mr. Finnigan.

That is what we do. After the animals are gone, we follow the disinfection protocol established by the Canadian Food Inspection Agency.

Once that step is over, the farm will be empty for a certain period of time. After that period, the environment has to be subject to a certain temperature to guarantee that the bacteria has been destroyed. In fact, that bacteria does not live very long.

The Chair: That is what I thought.

Dr. Jaspinder Komal: Then we can begin the repopulation.

The Chair: Thank you, Dr. Komal, Ms. Barr and Mr. Boucher, for having come to inform us about the situation. Thank you for your excellent work.

The meeting is suspended.

[*Proceedings continue in camera.*]