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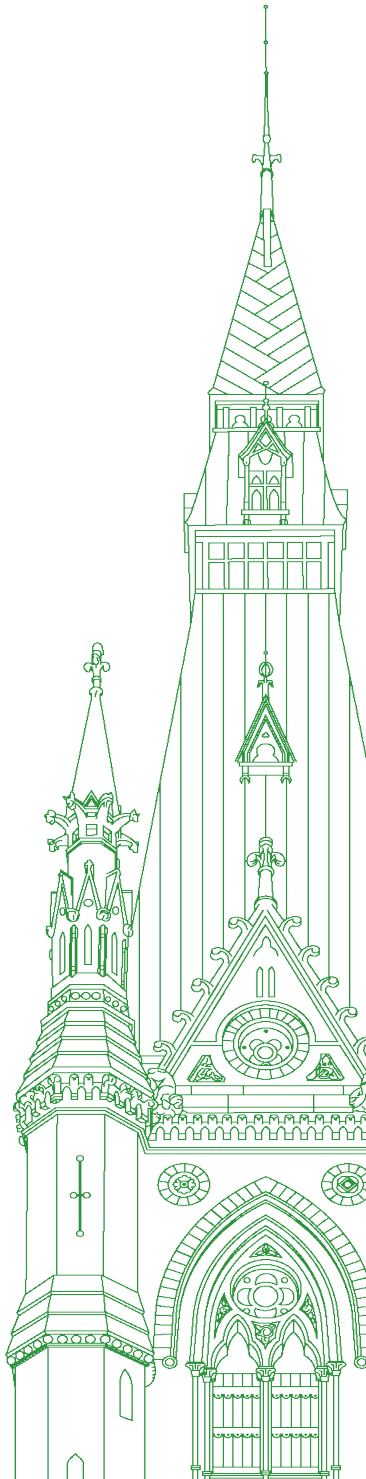

Chair: Mr. Ron McKinnon

Standing Committee on Health

Friday, November 20, 2020

● (1305)

[*English*]

The Chair (Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.)): I call this meeting to order.

Welcome, everyone, to meeting number 7 of the House of Commons Standing Committee on Health. The committee is meeting again today to discuss the supplementary estimates (B) for 2020-21. I want to thank the witnesses for appearing again today.

We have as witnesses the Honourable Patty Hajdu, Minister of Health. We have, from the Department of Health, Deputy Minister Stephen Lucas and Les Linklater, federal lead for COVID-19 testing, contract tracing and data management strategies.

With us from the Public Health Agency of Canada are Dr. Theresa Tam, chief public health officer, and Iain Stewart, president.

From the Canadian Food Inspection Agency, we have Dr. Siddika Mithani, president.

From the Canadian Institutes of Health Research, we have Dr. Michael Strong, president.

Today's meeting is taking place in a hybrid format. I would like to start the meeting by providing you with some information following the motion that was adopted in the House on Wednesday, September 23, 2020.

The committee is now sitting in a hybrid format, meaning that members can participate either in person or by video conference. All members, regardless of their method of participation, will be counted for the purpose of quorum. The committee's power to sit is, however, limited by the priority use of House resources, which is determined by the whips. All questions must be decided by a recorded vote, unless the committee disposes of them with unanimous consent or on division. Finally, the committee may deliberate in camera, providing that it takes into account the potential risks to confidentiality inherent to such deliberation with remote participants.

The proceedings will be made available via the House of Commons website. Just so you are aware, the webcast will always show the person speaking, rather than the entirety of the committee.

To ensure an orderly meeting, I would like to outline a few rules to follow.

For those participating virtually, members and witnesses may speak in the official language of their choice. Interpretation services are available for this meeting. You have the choice at the bottom of your screen of either “Floor”, “English” or “French”.

Before speaking, click on the microphone icon to activate your own mike. When you are done speaking, please put your mike on mute to minimize any interference.

I will give a reminder that all comments by members and witnesses should be addressed through the chair. Should members need to request the floor outside of their designated time for questions, they should activate their mike and state that they have a point of order.

If a member wishes to intervene on a point of order that has been raised by another member, they should use the “raise hand” function. This will signal to the chair your interest in speaking and create a speakers list. In order to do so, you should click on “Participants” at the bottom of the screen. When the list pops up, you will see next to your name that you can click “raise hand”.

When speaking, please speak slowly and clearly.

Unless there are exceptional circumstances, the use of headsets with a boom microphone is mandatory for everyone participating remotely.

Should any technical challenges arise, please advise the chair or the clerk. Please note that we may then need to suspend for a few minutes as we need to ensure that all members are able to participate fully.

For those who are participating in person, proceed as you usually would when the whole committee is meeting in person in a committee room. Keep in mind the directives from the Board of Internal Economy regarding masking and health protocols.

Should you wish to get my attention, signal me with a hand gesture or, at an appropriate time, call out my name.

Should you wish to raise a point of order, wait for an appropriate time and indicate to me clearly that you wish to raise a point of order.

With regard to a speaking list, the committee clerk and I will do the best we can to maintain a consolidated order of speaking for all members, whether they are participating virtually or in person. In order to be fair to all committee members, the list of speakers will only be activated once the meeting has officially started and not upon admission to the room.

Having said that and gone through our housekeeping, I invite the Honourable Patty Hajdu, Minister of Health, to make an opening statement of 10 minutes, please.

Hon. Patty Hajdu (Minister of Health): Thank you very much, Mr. Chair. I thank all the members for inviting me to appear before the HESA committee.

I will reiterate that I have a number of departmental officials joining me today, including Dr. Stephen Lucas, who is the deputy minister of Health Canada; Iain Stewart, who is the president of the Public Health Agency of Canada; Dr. Theresa Tam, who is Canada's chief public health officer; Dr. Mike Strong, who is the president of CIHR; Les Linklater, who is the federal lead for COVID-19 testing, contact tracing and data management strategies; and Dr. Siddika Mithani, president of the CFIA.

As per the request of interpretation, I'll keep my remarks in one language so that translation is easier for them.

I want to start at the beginning and reflect on how the COVID-19 pandemic has shaped and continues to shape our work.

Right now, we are seeing a troubling trend of resurgence in Canada. Cases of COVID-19 in our communities are rising at a concerning rate, one that is higher than it was during the spring peak, but Canada is better prepared. Our procurement of personal protective equipment is more secure, we have a higher testing capacity across the country, and we have a better understanding of the virus, thanks in great part to investments in research and science. We also have a better understanding of how to treat COVID-19. These things are helping to keep Canadians safer across the country during the second wave.

Because this is a new virus, we've made significant investments in Canadian research. This research has improved our understanding of COVID-19 and its impacts on Canadians, and indeed the international community. We've all learned that the path through this pandemic is anything but predictable or straightforward.

As we face a long winter, we continue to ask Canadians to follow public health guidelines so that we can get this virus under control, avoid further loss of life, prevent more economic hardship and buy us the time we need until we have a safe and viable vaccine here on our shores. This will continue to be our top priority in the months to come, both for our government and for my portfolio.

Mr. Chair, you will recall that the recent Speech from the Throne responds directly to the challenges posed by the pandemic. It also confirms my department's role at the centre of the response. I have to thank the hard-working people of Health Canada and the Public Health Agency of Canada, who have worked diligently to help the provinces and territories to increase their testing capacity and their ability to perform contact tracing and suppress outbreaks.

That work includes ensuring access to personal protective equipment, both by building our domestic capacity and by securing our supply chains. The work includes developing and deploying a vaccine strategy to ensure that we're ready when one is available.

The health response to COVID-19 is only part of the story. The pandemic has exposed a number of gaps in Canada's social systems, which we referred to in the Speech from the Throne. Again, my department continues to do important work to address these gaps and to support the provinces and territories in their role and responsibility to administer health care.

The pandemic has highlighted systemic problems in long-term care. As many Canadians and many of my colleagues here today have advocated, we are committed to working with the provinces and territories to set standards for long-term care for seniors who reside in long-term care homes. We are also working to improve access to family doctors and primary care teams, especially in rural and remote communities. We've been working with provinces and territories to improve access to virtual health care, which is a service that has proven essential to Canadians during the pandemic. For example, 530,000 Canadians have accessed the mental wellness portal to chat, text or meet over video with professionals. We'll continue to address the opioid overdose crisis, which has worsened during the pandemic. It is essential that Canadians be able to access mental health and substance use supports that they need during this time.

Finally, we will continue to take action and accelerate action towards a national universal pharmacare program. These priorities reflect a great deal of work that is already under way in the health portfolio. As we move into the fall and winter, we will tackle each of these issues with increased focus and vigour.

● (1310)

As the pandemic has evolved, so has our response. This is reflected in our budgetary needs. Throughout the health portfolio, we are seeking additional authorities for a variety of purposes related to COVID-19: medical research, federal investments through the safe restart agreement, drugs, medical devices, and virtual care, along with many other initiatives to help Canadians through these uncertain times.

Our government has taken swift, coordinated and unprecedented actions to protect the health and well-being of Canadians, to keep businesses afloat, to support Canadians through difficult times and to keep our economy running.

In true Canadian fashion, Canadians have stepped up. They have listened to public health advice. They have made sacrifices and they've shown resilience. However, we are not out of the woods just yet, and we cannot forget that this virus remains a threat to all of us. We need to stay vigilant. With infection rates climbing across the country, we all must do more together.

The world is working feverishly toward a long-term solution to defeat COVID-19. Until we reach that point, we must continue to persevere and to support each other, because together we will get through this.

The Chair: At this point, we will start our six minute-round with Mr. d'Entremont.

Mr. Chris d'Entremont (West Nova, CPC): Thank you very much, Mr. Chair. Minister and staff, thank you so much for being with us today.

I want to get to something that you really didn't have in your remarks. It's the issue that's probably giving people the most hope for a better year coming up, which is the vaccine. We've asked a number of times, and we haven't necessarily received a clear answer on when you expect vaccines to be delivered to Canada.

Hon. Patty Hajdu: You're absolutely right. The arrival of vaccines is the glimmer of hope that Canadians are looking toward in order to provide some alleviation of the challenges that we're all having around the world with COVID-19.

I'm so proud of Canada for the work we've done to procure vaccines through the expert advice of the vaccine task force. In fact, we have procured more vaccines per capita than any other country in the world. Two of the seven candidates, as you know, have shown very promising results so far and have applied to Health Canada for our rolling regulatory review.

We anticipate getting some doses, hopefully in quarter one of 2021, but that work is ongoing. There are a number of steps under way before we can begin to vaccinate Canadians. We are taking those steps, and we're working very closely with the manufacturers and with the provinces and territories to ensure that we have a vaccine strategy plan and that we can deploy those vaccines when they become approved.

● (1315)

Mr. Chris d'Entremont: Quarter one is a long period of time. It could happen in early January or it could happen in March. Do you have a better timeline on what that rollout will look like in the future—about which vaccines will be coming to us, which ones are showing the most promise, and those kinds of information?

Hon. Patty Hajdu: We do have, obviously, two vaccines that are showing the most promise, the Pfizer vaccine and the Moderna vaccine. Canada has purchased millions of doses of both, and both have applied to Health Canada for rolling regulatory approval. This is exciting news. The regulatory approval has been, as you know, accelerated to make sure that we can review data as the manufacturers provide it that so that we don't have to wait until the conclusion of the clinical trials.

All of that is good news. Of course, it would be irresponsible for me to give you a precise date, because much of that depends on the manufacturers' processes and the regulatory review process, but certainly we're optimistic that we should be able to see doses in Q1. We'll be working really hard with the manufacturers to hopefully see that success.

Mr. Chris d'Entremont: All right. Let's say the FDA in the United States actually approves something. How quickly could Canada approve something? We're inundated with information coming from the U.S. Of course, we're going to find out when they get theirs approved. When can we expect to get ours approved? Is our process that much longer?

Hon. Patty Hajdu: I can't comment on the American process. I don't know what the American process is. I will just say that the Canadian process is focused on two things. First of all is the safety of the vaccines, and obviously what every Canadian expects is that the regulators will do their due diligence to ensure that the vaccines are safe and that they're effective as per the manufacturers' claims.

We have doubled the capacity, if not more, of the regulatory department. We have teams of regulators for each vaccine that are ready to review that data, and in fact are reviewing a lot of the data already. As I said, these rolling reviews allow for regulators to review data as it arrives, as opposed to having it all at the conclusion of the clinical trials.

We're well positioned to be working with the manufacturers to review the data as they produce it.

Mr. Chris d'Entremont: All right.

We were hoping for quarter 1; that's where we're getting to at this point. While we're waiting for quarter 1, have you developed national guidelines surrounding who will get the vaccines first, as has been done in other countries?

Hon. Patty Hajdu: Yes, the National Advisory Council on Immunization, which is an independent body that provides advice to the Public Health Agency of Canada, has provided interim guidance based on very general information that we have right now about the vaccines and for whom they would be indicated for use. Certainly provinces and territories also, in some cases, have their own advisers around priority populations, and that work is under way.

Mr. Chris d'Entremont: Can you table that with the committee?

Hon. Patty Hajdu: I believe the guidance from NACI is public. I'll turn to my officials to see.

Dr. Stephen Lucas (Deputy Minister, Department of Health): Yes, indeed, it is public. The interim guidance was released on November 3. We can provide that to the committee through the chair.

Mr. Chris d'Entremont: Okay.

Have you developed a national strategy for how and where the vaccine will be deployed? Some provinces now seem to be getting a little ahead of the federal guidelines, or at least the federal rules. Where are those things going to be going?

Hon. Patty Hajdu: Each vaccine has its own unique properties and its own unique logistics requirements for how it's transported, how it's stored and how it's deployed. Yes, we're working through those strategies now, both on a federal level and also with provinces and territories to ensure that their plans take into account the requirements for the vaccines as we understand them now, and also to ensure that they have the capacity to appropriately distribute and store the vaccines. That work is under way right now.

The Chair: Thank you, Mr. d'Entremont. We go now to Mr. Kelloway.

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

● (1320)

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

Thank you for joining us today, Minister. I want to extend a heartfelt thank you to you and the officials here with us today for your hard work protecting Canadians since the onset of this pandemic.

As you know and as many know, the J.A. Douglas McCurdy Airport in my riding has suffered greatly due to the COVID-19 pandemic. Many airports have.

While the Atlantic bubble has kept those of us in the Atlantic provinces safe, my constituents and many Canadians are looking for innovative solutions to the challenges airports in the Atlantic are facing because of the two-week isolation period caused by the pandemic. It's undeniable that international travel and mobility during the pandemic have contributed to the spread of COVID-19 in Canada, but we also know that these measures are causing strain on Canadians. Could you tell us about the strategies that the government is looking at to potentially reduce isolation periods for travellers entering Canada, or Canadians entering the Atlantic bubble, without compromising the health and safety of Canadians?

Hon. Patty Hajdu: Thank you very much. That's an excellent question.

I know that the 14-day quarantine, while protecting Canadians, also presents some real challenges for people, interprovincial travel being one of them in the case of the Atlantic bubble, but it's also travel across international borders, including the United States.

The 14-day quarantine, although difficult, has been an important tool to reduce the importation of the virus into Canada and into regions that have very low transmission. That is why we continue to enforce those border measures in Canada, especially at the international borders. We believe that changes to these measures need to be grounded in evidence and in research. That's why we've been working closely with Alberta on the feasibility of using a rigorous testing and monitoring program that combines testing and some limited isolation to understand how we can reduce that mandatory quarantine system in a safe way. I'm very pleased that Calgary International Airport and the Coutts land border crossing are the location of this pilot.

The work of Air Canada and WestJet, in partnership with universities, will provide additional evidence. I think that evidence will give Canada a very strong scientific basis to move forward on how we alleviate mandatory quarantine length.

Mr. Mike Kelloway: Thank you, Minister.

I want to pivot a bit on vaccines. There has been lots of talk about them and we've had a question here today about them.

A lot of exciting developments have started to come up, and we're starting to feel a bit more optimistic about having a vaccine soon, perhaps in a couple of months, but we know that the provinces and territories are responsible. They are responsible for delivering health care, but the COVID vaccine is going to take a lot of logistical coordination and co-operation.

Can you tell us a bit more about the work being done to ensure that vaccines will be developed quickly and safely when the time comes? Additionally, I've heard from provinces like Ontario and Alberta that they are expecting certain numbers of vaccines. I work with a lot of vulnerable groups, Minister, in my riding. I'm wondering if this is also true for indigenous populations and other federally supported groups.

Hon. Patty Hajdu: I think you're right. It's such exciting news for the world that there are vaccines that are starting to demonstrate high degrees of effectiveness. Of course, it's early days still, but we have one of the strongest vaccine portfolios in the world and, again, the vaccine task force has been guiding our way.

The members of the task force are volunteers on top of that. They come from all kinds of diverse backgrounds. That might include virology, the business sector or experts in the pharmaceutical sector. I think that blend of expertise has really been helpful for Canada.

As you know, we have been working closely with provincial and territorial partners on the issue of vaccines and how we will deploy them. Some of the vaccines have very challenging logistical considerations. We will be supporting provinces and territories to make sure they have in place what they need to store these vaccines and transport them safely.

While I know provinces are excited to get doses and talk about numbers, we are still in discussions right now with the provinces and territories about how we'll share the doses as they arrive. It's very important that we do this together, because we want it to be fair.

Of course, we've done this before with things like personal protective equipment and rapid tests. I have every confidence that we'll work out an agreement with provinces and territories that ensures that we can protect Canadians and that the federal government can protect the populations for which we have a responsibility.

● (1325)

Mr. Mike Kelloway: Thank you, Minister.

Those are my questions for now, Chair.

The Chair: Thank you, Mr. Kelloway.

We go now to

[*Translation*]

Mr. Ste-Marie.

Mr. Ste-Marie, you have six minutes.

Mr. Gabriel Ste-Marie (Joliette, BQ): Thank you, Mr. Chair.

Let me send greetings to your and to all the committee members, the support team and the interpreters in that room.

Let me also send greetings to you Madam Minister, Dr. Tam and all the other witnesses. My thanks to you for joining us in the meeting today.

My questions go to the Minister.

In an article by Hélène Buzzetti that appeared in *Le Devoir*, she quotes the words of Dr. Tam's deputy, Dr. Howard Njoo. Those words are:

> Provincial authorities are the most up to date on, and the most familiar with, the reality on the ground in Quebec.

I would like to ask the Minister whether she generally agrees with a statement like that.

[*English*]

Hon. Patty Hajdu: I do agree, generally, with that statement. It's important that we understand, especially in the consideration, for example, of the public health measures that prevent provinces....

The provincial medical officers of health are often the closest to the ground. They understand their populations. They know oftentimes how to blend action with messaging in a way that's most appropriate for the people they serve.

[*Translation*]

Mr. Gabriel Ste-Marie: Thank you very much for that answer.

In her presentation, the Minister referred to the Speech from the Throne.

Last September 18, a few days before the Speech from the Throne, the premiers of Quebec, Ontario, Alberta and Manitoba spoke on behalf of all provinces and territories. They asked for the federal government contribution to the provinces for their health care costs to increase from 22% to 35%.

I would like to know whether the Minister agrees with that request, which did not appear in the Speech from the Throne.

[*English*]

Hon. Patty Hajdu: Through the chair, thank you very much for the question.

We provided $19 billion to provinces and territories in May for their response to COVID-19. A large portion of that was for health care responses, whether it was for personal protective equipment or whether it was to augment testing, contact tracing and data capabilities. There was an additional $740 million for long-term care homes to augment the support that we provided through the Canadian Red Cross and the military in the spring to help protect seniors in a more effective way through this second wave. We're going to continue to be there for provinces and territories.

I know the Prime Minister has committed to a meeting at the beginning of December on health transfers, and I look forward to those discussions.

[*Translation*]

Mr. Gabriel Ste-Marie: My thanks to the Minister for her reply.

Can she give us the date of the meeting that will be held at the beginning of December?

[*English*]

Hon. Patty Hajdu: I'm sorry, but I don't have the Prime Minister's calendar.

Thank you.

[*Translation*]

Mr. Gabriel Ste-Marie: Okay. Thank you. I tried.

The government has indeed committed to transferring $19 billion to the provinces. It includes $10 billion for health care costs.

To date, of that $10 billion amount, how much has actually been transferred to the provinces?

[*English*]

Hon. Patty Hajdu: The allocation for Quebec is $3.1 billion of the total $19 billion.

[*Translation*]

Mr. Gabriel Ste-Marie: My question was whether those $3.1 billion allocated to Québec have actually been transferred.

As of today, what part of that amount has been transferred?

[*English*]

Hon. Patty Hajdu: Mr. Chair, I'll turn to an official for the answer.

Dr. Stephen Lucas: The funds were transferred to the provinces and territories in September of this year.

[*Translation*]

Mr. Gabriel Ste-Marie: My thanks to the Deputy Minister for his reply. It is very encouraging.

Provincial governments are asking for an unconditional and recurring increase of health transfers that are not just related to the current pandemic. With the aging population, we have seen the consequences of the underfunding in seniors residences and particularly in the CHSLDs.

I would like to ask the Minister whether she believes that the federal government should provide the provinces with more support on a recurring basis through the health transfers.

● (1330)

[*English*]

Hon. Patty Hajdu: Through the chair, I believe the federal government has demonstrated a strong partnership with provinces and territories in the form of federal health spending, not only in the $19 billion of safe restart agreements but also in the procurement and deployment of the rapid tests and the procurement of the vaccines. The federal government has been there for provinces and territories throughout the pandemic, both financially and practically, and we will continue to do that.

[*Translation*]

Mr. Gabriel Ste-Marie: My thanks to the Minister for her reply.

My question was more about the health transfers. I recall that, when the program began at the end of the 1960s, the federal government covered half of the costs. In the 1980s, it still covered about 40% of the costs. Currently, it covers 22%.

Quebec and the provinces are asking that the percentage be brought back up to 35%, the equivalent of a little more than one third of the costs. My question was about that.

I would like to know whether the Minister believes that the government should increase its share of provincial health care costs.

[*English*]

Hon. Patty Hajdu: Thank you very much.

Through the chair, I think, again, the federal government has demonstrated a willingness to support provinces and territories through additional health spending, through the contributions, as I mentioned, of the $19 billion through safe restart. That doesn't include other kinds of dollars of transfers, for example the $2 billion for safer schools that was made at the beginning of September to support safer and healthier schools.

We'll continue to be there for provinces and territories, Mr. Chair, as we have throughout the pandemic.

[*Translation*]

The Chair: Thank you, Mr. Ste-Marie.

Mr. Gabriel Ste-Marie: Thank you, Mr. Chair.

Thank you, Madam Minister.

[*English*]

The Chair: We go now to Mr. Davies.

Mr. Davies, please go ahead for six minutes.

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

Thank you to the minister and the officials for being with us. I know we may disagree on certain policies and be critical at times, but I want to take a moment to thank you, Minister. I know that being the lead minister at a time of a global pandemic is not easy, so I thank you for your service to all of us.

Minister, first I'll direct you to vaccines. The U.S. Centers for Disease Control has released a vaccine distribution strategy that sets a target date of November 15 for states to be ready for COVID-19 vaccine distribution.

Does Canada have a target readiness date for vaccine distribution and, if so, what is that date?

Hon. Patty Hajdu: Thank you very much. Thanks, through the chair, for the member's kind words and support. I agree. This is a team Canada moment and a time when we all need to pull together despite our political differences.

I'll just say, in terms of the vaccine strategy and the vaccine readiness, we're working now with provinces and territories very diligently to make sure that we have a robust federal and provincial plan in place. Provinces and territories are submitting their plans. We're going through them together to make sure that we haven't overlooked any of the aspects of the logistics, the delivery and the plan. We'll continue that hard work together.

Mr. Don Davies: I'm sorry; I don't hear a date there. I'm going to assume that we don't have a date fixed yet. Is that correct?

Hon. Patty Hajdu: As I said, we are working very diligently with provinces and territories right now. The plan is being developed.

Mr. Don Davies: Thank you.

The U.S. Centers for Disease Control has also established that, once a vaccine has been approved, U.S. authorities have a plan to begin distribution within 24 hours.

Does Canada have a similar plan to distribute this vaccine within 24 hours, if and when a vaccine is approved?

Hon. Patty Hajdu: The focus of the work we're doing together with provinces and territories right now is first to make sure that we have an expedited review capacity to support the rolling regulatory review of the vaccines as they come in so that we can rapidly approve them when we have data that demonstrates the vaccines are safe and effective. Second is to make sure that provinces, territories and indeed the federal government are well positioned to get the vaccine around the country and deploy it in a safe, effective and fair way.

● (1335)

Mr. Don Davies: Thank you.

Minister, I know that you know that this week the Ontario health minister came out publicly and stated, very categorically, that Ontario was going to be...announced that they knew that Canada was going to be receiving some six million doses of vaccine, four million from Pfizer and two million from Moderna. She even broke down how many of those doses would be for Ontario. She said 1.6 million of the four million from Pfizer would go to Ontario and 800,000 doses from the two million from Moderna would go to Ontario.

Minister, those are very concrete numbers. Is she making those numbers up?

Hon. Patty Hajdu: Through the chair, as I've said, the work to determine the distribution of the available doses is ongoing. Provinces and territories know that we have a collaborative process whereby we discuss and agree on a distribution formula that works for everyone. We'll continue that work. I think it is premature for provinces and territories at this point to be stating doses that they may receive because, of course, those conversations continue.

Mr. Don Davies: I know that certain drug manufacturers, like AstraZeneca, have given countries like Brazil, Japan, Australia and India the ability to manufacture the vaccine themselves. This, of course, will speed up vaccine manufacturing and also help secure access to any vaccine for their citizens.

Has Canada negotiated this same right with AstraZeneca to produce the vaccine ourselves in Canada?

Hon. Patty Hajdu: I will turn to my officials to talk about the various aspects of the AstraZeneca vaccine, perhaps Stephen Lucas.

Dr. Stephen Lucas: Thank you, Minister.

I will indicate that we have received the regulatory submission from AstraZeneca, based on obtaining it from a manufacturing site outside of Canada.

I'll turn to Iain Stewart, president of the Public Health Agency, to provide a few more words in terms of the approach.

Mr. Iain Stewart (President, Public Health Agency of Canada): So far, Canadian domestic manufacturing capacity has been focused on Canadian vaccine development, for instance by companies like VBI, as opposed to international companies.

Mr. Don Davies: Could I follow up, Mr. Stewart? Of the promising vaccines from Pfizer, Moderna or AstraZeneca, has Canada negotiated the right to manufacture those vaccines here, if any of those vaccines are approved by Health Canada?

Mr. Iain Stewart: Our relationship with them is to procure their vaccines, and have them manufacture and deliver them to us. They have not asked us to manufacture vaccines for them.

Mr. Don Davies: Okay.

We know that we're going through the flu vaccine season and there have been shortages of flu vaccine around the country. I'm just wondering who is going to be doing the vaccinations, hopefully if and when we are proceeding with that. Presumably we'll have tens of millions of Canadians lining up for a COVID vaccine. Is that going to be done through the nation's pharmacies? Who is coordinating that? Who will be doing the vaccinations?

Hon. Patty Hajdu: Thank you very much. Through the chair, delivery of the vaccines will rest largely with provinces and territories, in terms of vaccinating Canadians. It is their primary responsibility to deliver health care, including vaccination programs. The federal government is procuring the vaccines and, in some cases, distributing vaccines to agreed-upon centres in the provinces and territories. The administration of the vaccine to Canadians will be largely done by provincial partners.

The Chair: Thank you, Mr. Davies.

Mr. Don Davies: Thank you.

The Chair: That ends our six-minute round.

We'll start our second round with Mr. Barlow, I believe, for five minutes.

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Actually, Chair, it's me. We just switched the top two.

The Chair: I see. Go ahead, Ms. Rempel Garner, for five minutes, please.

Hon. Michelle Rempel Garner: Thank you, Chair.

To either the deputy minister or the president, the minister mentioned that some doses of the vaccine would arrive in Q1. How many will there be?

Mr. Iain Stewart: Under our existing agreements, we expect to be receiving six million doses by March 31.

Hon. Michelle Rempel Garner: That's a pretty quick timeline. Just to my colleague Mr. Davies' questions, by what date are you telling the provinces to be ready to administer the vaccine?

● (1340)

Mr. Iain Stewart: There is a lot of uncertainty about when vaccines will actually be ready. We have contracts that request vaccines by March 31, but they have to be approved for use in Canada. That regulatory decision has yet to be taken.

Hon. Michelle Rempel Garner: Just to clarify then, when the minister says that some doses may arrive, there are six million doses that may arrive by the end of March, but we're not sure if the regulatory approval will be done by then. Is that correct?

Mr. Iain Stewart: There are six million doses contracted to arrive by March 31, and yes, in order to use those doses, we need to have them approved by the regulator.

Hon. Michelle Rempel Garner: Do you have a sense of whether or not that would be done by the time of their arrival?

Mr. Iain Stewart: I'll turn to my colleague Stephen Lucas. He's the regulator at Health Canada.

Dr. Stephen Lucas: Mr. Chair, I would indicate that for both Pfizer and Moderna, we received their rolling submissions near the beginning of October and, as Minister Hajdu has indicated, have been reviewing that information. Upon the completion of information provided by the manufacturer, Health Canada will render its regulatory decisions as quickly as possible.

Hon. Michelle Rempel Garner: Do you think that will happen before or after March 31?

Dr. Stephen Lucas: We are working very diligently with the information provided. We will complete our regulatory review as quickly as possible following the final provision of information from the manufacturer, as required by the interim order and rolling review process.

Hon. Michelle Rempel Garner: To either of you, have you given the provinces any sort of target date for readiness within that timeline?

Mr. Iain Stewart: As the minister indicated, we're in a long and deep discussion with the provinces around preparing—

Hon. Michelle Rempel Garner: Thank you. Okay.

Mr. Iain Stewart: —and in order for them to be ready, Mr. Chair, we—

Hon. Michelle Rempel Garner: Okay.

The Chair: Ms. Rempel Garner, please let the witnesses answer.

Hon. Michelle Rempel Garner: I only have three minutes.

Thank you.

Just to build on my colleague Mr. Davies' questions, Alberta Minister of Health Tyler Shandro tweeted out about a day ago that they would be slated to receive 465,000 doses of this vaccine in the first quarter of 2021.

Mr. Lucas, is he wrong?

Dr. Stephen Lucas: Mr. Chair, I believe—

Hon. Michelle Rempel Garner: I'm sorry. The question is for Mr. Stewart.

Mr. Iain Stewart: Okay.

As I was mentioning in response to your previous question, we have a discussion going on with the provinces around how we will do the rollout. In order to have that discussion, we have to have discussions about the number of doses that would be available, and that's the figure of six million. Then, I think, different provinces, in order to prepare and do their preparations, are working out what they take to be a rough estimate of what they expect to receive.

As the minister indicated, the actual discussions about—

Hon. Michelle Rempel Garner: So they're just—

Mr. Iain Stewart: —the allocations, Mr. Chair, have not yet been completed, and those discussions are ongoing at this time.

Hon. Michelle Rempel Garner: So, Mr. Stewart, they tweeted out or announced information that was incorrect, in your opinion.

Mr. Iain Stewart: I think until the allocations settle out it's hard to know whether their estimation is correct or not.

Hon. Michelle Rempel Garner: Okay.

Are provinces going to be receiving allocations on a per capita basis or on other criteria?

Mr. Iain Stewart: The minister mentioned in her remarks that we have had a number of instances where we do provide material out to the provinces. You'll remember testing and personal protective equipment, as examples. In those instances, usually it was a mix of per capita and some other considerations, but we're not there yet. Those discussions are still under way. Certainly—

Hon. Michelle Rempel Garner: When will the other criteria be ready?

Mr. Iain Stewart: Which other criteria? Do you mean the other considerations in addition to per capita?

Hon. Michelle Rempel Garner: Correct.

Mr. Iain Stewart: That's part of the current discussion that is under way.

Hon. Michelle Rempel Garner: When will that be ready for us to evaluate?

Mr. Iain Stewart: I don't know that I can speak to when this would be brought to this committee.

Hon. Michelle Rempel Garner: I'm sorry. I'll ask it in a different way. When will those considerations be completed?

Mr. Iain Stewart: We're having those discussions with the provinces now and they're progressing very well. It's a very constructive discussion, so we're hopeful in the near term.

Hon. Michelle Rempel Garner: What does the near term—

The Chair: Thank you, Ms. Rempel Garner.

Hon. Michelle Rempel Garner: Thank you.

The Chair: We'll go now to Dr. Powlowski.

Dr. Powlowski, you have five minutes, please.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): I too wanted to talk about the vaccines. It seems like we did pretty well. Both of the vaccines that seem to be effective are in our portfolio. I would note that we've ordered 20 million doses of Pfizer and 56 million doses of Moderna. Given that it takes two doses of each to vaccinate somebody, I calculate that we've ordered 38 million doses. Given that our population is 35 million, I'd say that somebody did really well there. The Conservatives may say that even a broken clock is right twice a day, but we Liberals know that it was our natural brilliance. Someone made a pretty good call there.

I have a couple of questions about the vaccine and the authorization process. These vaccines haven't been authorized yet. Every country in the world is in the same boat on this. Certainly, there's the FDA in the United States, there are United Kingdom regulators and there's the EU. We're all looking at the same data and making decisions on authorization and coming to a conclusion as to whether or not to authorize it. Is this decision made in conjunction with other comparable agencies around the world? Will this, as I would think it should, lead to an expedited conclusion and approval process? That's the first question.

I want to get my second question in. This may be part of contract details that our government does not want to reveal, but there are obviously a lot of countries that want to get these vaccines as soon as possible. Are there details in the contract or in the agreement with the companies as to an order by which countries will receive the doses, or is it purely based on a contractual basis, in that you've agreed on so many vaccines by so many days? Or is it according to countries, and certain countries like the United States can get a hold of the first doses? That question is for anyone.

● (1345)

Hon. Patty Hajdu: I'll start, and then I'll turn to the officials to speak a little more about the review process in detail.

First of all, the member is right. We have purchased 56 million doses of Moderna and 20 million doses of Pfizer. That sets us up well in terms of our capacity with these two promising vaccines. We have also procured millions of doses from five others, AstraZeneca being one of them. Again, the vaccine task force has served us so well in guiding us towards very promising vaccines and placing our bets, if you will, on the right horses, so to speak, in the vaccine world.

In terms of the contractual obligations, that's probably a better question for the Minister of Procurement. Certainly I know that the contracts are extensive and complex, and I would prefer to let her answer questions around the details of contracts; she may know which aspects are confidential.

I will just say this. This has been a whole-of-government approach. I know that the Minister of Procurement has worked incredibly hard with all the companies, in some cases with personal calls to the CEOs. I myself have also met to encourage them to have Canada at the top of the list, and that has served us well, those personal relationships and that ongoing conversation with all the pharmaceutical companies to make sure they see Canada and they know that Canada matters and that even though we might be much smaller than our American counterpart, we are an important player in this space. I think that has served us well.

In terms of the regulatory approval, obviously, it's very important to Canadians that we have a Canadian review. I know we consult with other regulators, but I will turn to Stephen Lucas to talk about the nature of those conversations.

Dr. Stephen Lucas: Thank you, Mr. Chair.

As Minister Hajdu indicated, we have a strong regulatory organization here and have significantly increased capacity for the reviews of vaccine candidates. We do co-operate internationally on a multilateral basis through the International Coalition of Medicines Regulatory Authorities, which has focused on vaccines and therapeutics associated with COVID. We have also worked closely with a number of trusted regulatory partners, including the U.S. Food and Drug Administration, the European Medicines Agency, the United Kingdom, Switzerland and Australia.

That work continues to enable us to learn from each other and have additional support and scientific evaluation to help us ensure that we have strong reviews and expedite the process.

The Chair: Thank you, Dr. Powlowski.

Mr. d'Entremont, go ahead.

● (1350)

Hon. Michelle Rempel Garner: It's Mr. Barlow, Chair.

Mr. Chris d'Entremont: I think Mr. Barlow's going.

The Chair: Okay.

Mr. Barlow, please go ahead.

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

Mr. Lucas, has your department done any estimates on how many rapid tests would be needed to test every traveller entering Canada at all land and air crossings?

Dr. Stephen Lucas: Mr. Chair, I will turn that question to Les Linklater, who's our federal lead for testing.

Mr. Les Linklater (Federal Lead, Covid-19 Testing, Contact Tracing and Data Management Strategies, Department of Health): As Minister Hajdu referenced earlier in her remarks, work is ongoing with a number of partners to test the opportunities to use testing at the border. At this point, we have not done comprehensive analysis around what would be required to scale up to travel levels that existed pre-pandemic, but we are working to look at options for the use of testing at the border to facilitate risk-based approaches to reopening.

Mr. John Barlow: So no rapid tests are available or approved at this point to meet those needs.

Mr. Les Linklater: A number of rapid tests have been approved, most recently antigen tests, in terms of deployment at the border. There are some discussions now with a number of airport authorities around the potential to move forward with pilot projects, and of course we do have the use of PCR testing at the airport in Calgary and the land border at Coutts to effectively test the flexibilities around quarantine.

Mr. John Barlow: Mr. Lucas or Mr. Linklater—whoever takes this question—on what day do you anticipate that all major Canadian airports will have access to safe, rapid testing technologies, which will allow passengers to reduce or eliminate the 14-day quarantine period with proof of a negative test?

Mr. Les Linklater: As the minister referenced, we are very much focused on building our evidence base to make good decisions, positive decisions, around the safe reopening of Canada's borders. The pilots that are under way now will help provide additional data points for that, and we are looking to partner with others who may come forward with opportunities to pilot in that space.

At this point, it would be premature to predict a date when large-scale testing would either be required or available at ports of entry.

Mr. John Barlow: It was Mr. Stewart who mentioned that most of our resources in Canada have been focused on trying to find a Canadian-developed vaccine.

Mr. Lucas, or again, Mr. Linklater, have you made any recommendations to the government on using rapid testing technology to reduce the 14-day quarantine? For example, there are several companies, including ClearMe in Alberta, that have been FDA-approved and are being used in other countries, but not here in Canada.

Have you made any recommendations on rapid tests to reduce that 14-day quarantine?

Mr. Les Linklater: It's very important for the safety of the Canadian public that tests that are approved by the regulator are tests that are deployed in any way, shape or form to support screening or testing needs in Canada. At this point, we do have a number of approved tests. Some are now available for the provinces and territories and for the federal government to work with partners to assess the viability of different ways of using them to facilitate border travel.

Mr. John Barlow: Mr. Lucas, how many COVID-19 home test applications are being currently reviewed by Health Canada?

Dr. Stephen Lucas: At this time, Health Canada does not have any home test applications.

Mr. John Barlow: Has your department made overtures to companies to submit COVID-19 tests for self-testing at home for approval by Health Canada?

Dr. Stephen Lucas: Yes, we regularly contact companies, both Canadian entrepreneurs and international companies, for a range of diagnostic tests, and that includes home tests.

Mr. John Barlow: Can you give me a number, Mr. Lucas, on how many companies you have reached out to, and what the response has been?

Dr. Stephen Lucas: I don't have the information with me in terms of a specific number. These discussions are ongoing, and certainly that engagement has led to submissions of other types of tests in Canada, and will continue.

Mr. John Barlow: Mr. Lucas, have you made any recommendations to the government on speeding up the approval process on rapid tests in Canada?

● (1355)

Dr. Stephen Lucas: The government has invested in our regulatory capacity to enable expedited reviews. The review process occurs under an interim order that allows for expedited reviews. We have set service standards to enable predictability for companies. We work extensively with them through the review process to get the information required to render decisions as quickly as possible.

[*Translation*]

The Chair: Over to you now, Mr. Ste-Marie, for two and a half minutes.

Mr. Gabriel Ste-Marie: Thank you, Mr. Chair.

My first question goes to Dr. Tam.

Dr. Tam, I'd like your point of view as chief public health officer. Do you believe that, last winter, before the first wave of the pandemic, the public health system was underfunded to the point of fragility?

I am thinking specifically of the situation in the CHSLDs. If that is the case, did the underfunding that increased the fragility reduce the quality of the public health response to the pandemic?

[*English*]

Dr. Theresa Tam (Chief Public Health Officer, Public Health Agency of Canada): In terms of the health system and also, even more complicated, the long-term care system, which is funded both privately and publicly, this is actually in the purview of local and provincial jurisdictions. However, as the chief public health officer, I've been pointing out some of the systemic issues that were present in Canada prior to the pandemic. That includes health equity challenges for seniors and for other persons, including first nations, Inuit and Métis peoples, and women who are particularly impacted, the low-wage, often racialized populations. The health system itself, and access to the health system, is a challenge for a number of people.

The long-term care facility impacts were really the feature of the first wave. Absolutely everything needs to be done to improve capacity in that sector. From the public health system side, I think we have to do everything we can to improve the capacity of the public health system. Public health is very invisible when there isn't a pandemic. It represents a much smaller proportion of health care spending in the provinces—municipal level, which means it's actually quite a small system that's trying to do many things, including preventing the acute care system from being severely impacted by the pandemic.

I would certainly advocate, going forward, that we not forget the lessons learned from this pandemic. We need to keep the public health system going at all levels. This is not just at the federal level. The local level is where things happen. Long-term care for sure needs to be better supported.

[*Translation*]

The Chair: Thank you, Mr. Ste-Marie.

Mr. Gabriel Ste-Marie: Thank you very much.

[*English*]

The Chair: I apologize; I missed Ms. Sidhu on the list earlier.

Ms. Sidhu, please go ahead for five minutes.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Mr. Chair.

Thank you, Minister and Dr. Tam, for being here today.

I'm grateful to all of the witnesses for appearing. All of you, along with the public service, have been working tirelessly since the beginning of the pandemic to keep us safe. Thank you.

Minister, we have spoken several times about how the pandemic is affecting my constituents in Brampton and Peel region. You were there as well. While I know that the government has provided support to Ontario, including sending in the Canadian Armed Forces and providing other resources, what is the current status of support being provided to Ontario when Peel is in the red zone?

● (1400)

Hon. Patty Hajdu: Through the chair, thank you to the member for hosting me in Peel and Brampton. It feels like a lifetime ago, but it was just a couple of months ago. In fact, it was lovely to meet the chief medical officer of health of that region, Dr. Loh, who is working so hard to protect the residents of Peel.

Of course we're there for Peel region. We've been working very closely with Peel region to support and augment the response to the pandemic and the growth of cases in Peel. It includes supporting the ability to have a safe isolation centre, something that Dr. Loh said would be particularly useful. This will be, I think, an important addition to that region, which features oftentimes large multi-generational families in really crowded housing conditions. We know that one of the primary routes of infection is other family members. This self-isolation centre that the region will facilitate and that the federal government will fund will provide an opportunity for people who have been diagnosed with COVID-19 and/or their close contacts to remove themselves from the family household and thereby reduce the spread.

We are also there for Peel region supplying additional contact tracers. We'll be there for them as well with additional capacities as required. We continue those conversations.

Ms. Sonia Sidhu: Thank you, Minister.

The provinces and territories—in this case, the Province of Ontario—provide long-term care. Given what we have seen in care homes across the country, there's a need to implement national standards for senior care to avoid another tragedy in the second wave.

Can you please tell the committee what work is happening to support our seniors in long-term care?

Hon. Patty Hajdu: Thank you very much.

This is a tragedy that has happened through the first wave. We're seeing infections rise in long-term care homes during this wave. That's why we're all working so hard to protect the seniors and the vulnerable people in our communities. It's also why, during the safe restart agreement, we contributed $740 million to provinces and territories to augment their infection prevention and control measures. We know that many of the homes had additional needs to strengthen those protections and keep COVID-19 out of those facilities.

As you know, there were a number of other economic measures during the first wave, including wage subsidies, for example, to the most hard-hit front-line workers, which included home health care workers, through the provinces.

Through the Speech from the Throne, we made a commitment to create national long-term care standards that I think will be a legacy of this government in the years to come. No matter where a person lives, they deserve the right to age in dignity and safety. I think all provinces and territories agree. Creating national long-term care standards together will be an important way that we can protect seniors in the years to come.

Ms. Sonia Sidhu: Thank you.

We know that testing is a very important part of stopping the spread of COVID-19. Canadians need access to testing regardless of where they live.

Can you expand on what the federal government is doing to help provinces and territories increase their testing capacity, as this is so necessary in outbreak areas such as my area of Brampton?

Hon. Patty Hajdu: Thank you again for the question.

Over 10.6 million Canadians have been tested for COVID-19 to date. As you know, a large portion of the safe restart agreement was to help provinces and territories build their capacity to test Canadians.

Testing is one component of the strategy. Test, contact trace, and isolate is the way that we reduce the cases across the country. People obviously have to take actions themselves to reduce their mobility, but we know that this robust test, trace, isolate strategy is one of the ways that we can actually reduce the growth of cases as well.

In addition to the safe restart agreement, we've also been procuring and sending rapid tests to provinces and territories. In fact, over 4.6 million rapid tests have ben distributed to provinces and territories to date, and two million have gone to Ontario alone since early October. We've had rapid tests in the field in rural and remote communities for a very long time to support those communities to get access to test results very quickly. I'm thinking of indigenous communities in Ontario, for example, that have very vulnerable health care systems.

We've been there for provinces and territories. The good news is that we're starting to see testing numbers go up across the country as provinces and territories build their capacity to have a robust testing strategy.

● (1405)

The Chair: Thank you, Ms. Sidhu.

We now go back to the regular list.

Mr. Davies, please go ahead for two and a half minutes.

Mr. Don Davies: Thank you.

Mr. Stewart, I understood you say that of all the contracts we've signed and the hundreds of millions of doses of vaccine that we may have procured, we will expect to receive only six million doses by March 31. Am I understanding that correctly?

Mr. Iain Stewart: All of the vaccines that are being used for COVID are novel. They're being invented for the first time for this purpose. The manufacturers are having to not only develop the vaccines and do the clinical trials, but also scale up the manufacturing of the vaccines. They start slowly and then they build.

All countries are interested in the very first vaccines. The companies are trying to distribute out to multiple countries at the same time. The amounts start out small and then they build over the course of the coming year.

Mr. Don Davies: Thank you.

That's the explanation for it, but I still want to confirm that if we have vaccines that are approved by Health Canada, the maximum number of vaccines that will be available to Canadians by March 31 will be six million. Is that what you're saying?

Mr. Iain Stewart: Yes.

Hon. Patty Hajdu: Could I add to that?

My understanding is that, of those two vaccine manufacturers.... There's nothing to say there might not be additional vaccines coming. Is that correct?

Iain, I shouldn't be questioning you, but just for clarity—

Mr. Don Davies: Minister, I have two and a half minutes, so if I may, my second question is to you.

We have sobering numbers that came out today. We have huge COVID spikes in Manitoba, Alberta and Saskatchewan. There are alarming spikes in Ontario, B.C. and Quebec. The transmission rate has been consistently over 1% since August. The national positivity rate is over 6%. Hospitalization rates are climbing across the country. We have a near crisis in Manitoba. The current projections put us at over 20,000 cases per day by January, and we have alarming outbreaks in long-term care homes and indigenous communities.

I remember that in the summer the curve was being flattened and Dr. Tam was talking about that. Clearly, we have had an incredible flare-up. What do you attribute that to? Why is Canada, at this point in November, in such a dire situation? What has caused that?

Hon. Patty Hajdu: I'll give some overarching statements, but Dr. Tam would be best to respond.

The simple answer is mobility, as people move around. Of course, the more people move around and the more people resume their everyday lives, the more we have the risk of either contracting or passing on COVID, especially in communities where there is transmission at the community level.

Dr. Tam, perhaps you'd like to say a bit more.

Dr. Theresa Tam: Canada, as a country and everyone working together, did well to flatten the first wave. What happened was that over the summer, of course, public health measures were relaxed. There was an increased mixing of the population. Then, as the fall and winter seasons approached, we began to see an increase in numbers. A lot of it was in young adults, so a different population from the first wave.

A really key challenge was one of looking at human behaviour. Of course, young adults are going to work. It's not because they were being irresponsible necessarily; they are mixing more. However, there were also some social gatherings, which were driving the cases as reported by colleagues in the provinces and territories. Therefore, a lot of it could not be necessarily managed within a workplace or a long-term care facility. There were actual social gatherings, which included some important cultural events such as weddings, funerals and other things. I think that was what resulted in an acceleration in the younger population, which then spilled over into the higher-risk populations.

Some of the jurisdictions you're seeing, such as Manitoba, hardly had a first wave. I think, in some ways, people didn't quite believe this was perhaps going to happen and fatigue set in, so it was really difficult to get that type of momentum going again.

There are multiple different factors, but the long-drawn-out nature of the pandemic in areas that haven't experienced it is definitely challenging on the ground.

● (1410)

The Chair: Thank you, Mr. Davies.

We'll start our third round now, with Mr. Maguire.

Mr. Maguire, please go ahead. You have five minutes.

Mr. Larry Maguire (Brandon—Souris, CPC): I want to go back to the previous question from Mr. Barlow and see if we could get tabled with the committee the service standards that were referenced in the interim order. Those are the ones for Health Canada approval.

Dr. Stephen Lucas: Mr. Chair, those service standards are available on the web and we'd be more than pleased to provide that information to the committee through you.

Mr. Larry Maguire: Thank you.

I also want to ask Deputy Minister Lucas about this: Yesterday, in Parliament, Liberal MP O'Connell thanked the Prime Minister for committing to national standards for long-term care.

We don't know anything about that, because there has been, to date, no information, other than a line in the throne speech. What we do know, though, is that 80% of the COVID deaths have been related to long-term care homes. Succinctly, has your department advised the government to develop national standards for managing the long-term care homes during this pandemic?

Dr. Stephen Lucas: Mr. Chair, what I would indicate is that the government has committed to working with provinces and territories to develop long-term care standards. There are existing standards, and I think the intent is to work with the provinces and territories to look to where these can be strengthened—

Mr. Larry Maguire: Excuse me, Mr. Chair.

Could the deputy table those then with the committee, please?

Hon. Patty Hajdu: I could answer that question, Mr. Chair, if that's okay.

The Chair: Go ahead.

Hon. Patty Hajdu: I'll just say that the development of long-term care standards would be done in partnership with provinces and territories. This is not something that the Government of Canada would impose on provinces and territories, but rather something it would work to co-develop.

Mr. Larry Maguire: Well then, Mr. Chair, has the minister advised her officials to begin drafting national guidelines for managing long-term care facilities during this pandemic?

Hon. Patty Hajdu: Mr. Chair, reviews have been ongoing with regard to how to strengthen protections in long-term care homes for seniors living in those residences, and that work began far in advance of our even talking about a national set of long-term care standards, as we worked to understand how to better protect long-term care homes in provinces and territories, including by providing the money for stronger infectious disease protocols.

Mr. Larry Maguire: To the deputy minister then, has your department provided any information to provincial governments on what the federal government's national standards would entail?

Dr. Stephen Lucas: Mr. Chair, as Minister Hajdu indicated, the government has clearly signalled that this work will be done in collaboration with the provinces. As Minister Hajdu noted, there was extensive work done to develop infection prevention and control guidelines for long-term care facilities. That was done through experts and with the special advisory committee that Dr. Tam chairs. That was provided to the provinces and territories and posted publicly in the spring.

Mr. Larry Maguire: This is for the deputy as well. COVID shone a light on how ill-prepared the long-term care facilities have been for dealing with the pandemic. We have four persons in a room, multiple seniors needing to share washrooms and that sort of thing. We need to modernize the long-term care facilities while protecting them from the outbreaks.

Have you given any advice to the government to suggest that changing federal infrastructure and COVID programs to allow long-term care facilities to apply for these funds could have positive public health outcomes? If you have, I wonder if you could just table that for the committee.

● (1415)

Dr. Stephen Lucas: I will respond and then, Mr. Chair, I propose turning to Minister Hajdu as well.

I would indicate that in the safe restart agreement, as part of that contribution provided to the provinces, one of the areas targeted long-term care and support for vulnerable populations. The government invested $740 million, and that included an ability to address a number of the challenges faced in long-term care, from infection prevention and control to the physical set-up of those facilities. That was an investment focused on enabling stronger protection for the residents.

With that, Mr. Chair, I'd like to turn to Minister Hajdu.

Hon. Patty Hajdu: Thank you, Mr. Chair.

To finish the answer, because I think it's important, we have also revised some of the infrastructure spending, as you know, to create the COVID resiliency stream, which allows for provinces, territories and municipalities to actually apply to use money to strengthen long-term care homes or to do renovations in those homes.

The Chair: Thank you, Mr. Maguire.

We go now to Mr. Van Bynen.

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

Mr. Tony Van Bynen (Newmarket—Aurora, Lib.): Thank you, Mr. Chair.

Thank you for joining us again today, Minister. It's been a very busy time for you and the health officials who are here today, particularly Dr. Tam. I really appreciate your virtually stopping by York Region recently and for joining us a second time here in committee. I'm thrilled to have this opportunity to ask you the questions that I consider to be important to my constituents.

Minister, we are all aware of the heavy toll that the COVID-19 pandemic has had on Canadians, and especially on their mental health. I'm seriously concerned about this, which is why I introduced a motion for us to study the impacts of COVID-19 on the mental health of Canadians. These are uncertain times, and there's no doubt that many Canadians are facing new and increased concerns with their mental health.

Could you please explain to the committee what your department is doing to help Canadians access mental health services?

Hon. Patty Hajdu: Thank you to the member for the focus on mental health and people who use substances.

We know that this pandemic is creating a high degree of anxiety, loneliness, stress and grief for Canadians as they work through the many aspects of living through a pandemic. In fact, early on, drawing from experiences of countries that were ahead of us, we knew that we needed to rapidly act to put together supports for Canadians, no matter where they lived, no matter what supports they already had in place, because so many Canadians don't have access to mental health services or substance-use services where they live.

That's why we launched the Wellness Together portal this spring. It's completely free. It's completely confidential. It's available in both official languages. In fact, there's translation for folks who don't speak either official language. As of November 17, more than 613,000 Canadians across the country have used this portal, with over 1.7 million distinct web sessions.

The main thing about the portal is it actually connects people to professionals, as well as providing some self-assessments and self-help tools. People can actually get help from professionals through texting, telephone and virtual visits. I know there's more to do, but certainly this can help support people, especially folks who don't have access or trusted providers in other parts of their life.

Mr. Tony Van Bynen: Thank you, Minister. There's no doubt that COVID-19 has changed our lives. It's increasingly apparent that some groups are feeling the mental health impacts of COVID-19 much harder than others.

There's also an increased awareness of the need to address inequities among Canadians. It's my understanding that you've announced a fund specifically to address mental health among Black Canadians and other racialized groups. Could you please elaborate on that?

Hon. Patty Hajdu: The member is absolutely right. The impact of the pandemic, although we're all in it together, has different factors for different groups. One thing we have seen is the anti-Black racism that many people from the community have spoken about. It's not just during the context of the pandemic, clearly, but as part of their everyday experience.

Groups that are racialized, stigmatized, as a result of their backgrounds and their experiences.... It is a public health threat. That is why we're investing $10 million through the mental health of Black Canadians fund. This funding will support 16 community-based projects across the country doing very important work to support Black Canadians in these challenging times.

We've also extended applications specifically for projects to support Black LGBTQ2+ Canadians, which is another gap, by the way, that's very specific and very unique. Again, this is really about supporting organizations and community projects that are run by Black Canadians for Black Canadians and of course have the opportunity to help support people who are struggling in this particular time.

● (1420)

Mr. Tony Van Bynen: Thank you.

Minister, earlier on during these studies we learned a lot about how the pandemic has shone a light on the challenges in our health care system. Particularly, we heard a lot about the information gaps and the data infrastructure challenges across Canada's health systems and how that limits our ability to monitor and respond to COVID-19.

I know that Health Canada has received $303.4 million in funding for the safe restart agreement. Could you provide us with details on how this funding would help modernize and improve our public health and health information systems and close the gaps to help us fight this pandemic?

Hon. Patty Hajdu: Thanks for the question.

There's no doubt that data has been a challenge during this pandemic. Obviously different provinces and territories have vastly different data systems, different ways of collecting data and different kinds of characteristics that they collect. There are huge gaps, for example, in racialized data and knowing exactly how the pandemic is affecting racialized groups, depending on the province or territory and sometimes even the local jurisdictions.

That has made it challenging at the federal level to truly have a concrete picture. In fact, part of the safe restart agreement—over $5 billion—was for testing, contact tracing and data systems that can give all levels of government a more granular understanding of how the pandemic is affecting the various groups that we have responsibility to deliver services to.

The Public Health Agency of Canada is working very closely with the provinces and territories now to get data on patient ethnicity and build out that data set, because we know from other jurisdictions, and even from the limited data that we have, that oftentimes various racialized groups are experiencing COVID-19 in worse ways than other folks.

The Chair: Thank you, Mr. Van Bynen.

Mr. Tony Van Bynen: Thank you.

The Chair: We go now to Ms. Rempel Garner for five minutes, please.

Hon. Michelle Rempel Garner: Thank you, Chair.

With regard to the statement that the minister just made, data has been a problem, especially at the federal level. My question is for Mr. Lucas or Mr. Stewart.

Have your departments given the government any advice to use various legislative mechanisms? I know that there are some available under, for example, the Statistics Act, to compel the provinces to provide data to the federal government in a more meaningful way as it comes to collecting information on how COVID is being transmitted and the efficacy of various interventions with regard to preventing the spread.

Dr. Stephen Lucas: Mr. Chair, I'd like to turn to Les Linklater to speak to the work with the provinces on data.

Mr. Les Linklater: We have been taking a very collaborative approach with provinces and territories around the collection and aggregation of data across the country, particularly as it relates to COVID-19, through the special advisory committee that was referenced earlier, which includes public health officials from across the country—

Hon. Michelle Rempel Garner: Thank you, Mr. Linklater. That wasn't the question I asked. I have a very short period of time, so I'll take that as no, there's been no advice to the government on using any sort of legislative mechanism to get that information in a federal repository. Is that correct?

Mr. Les Linklater: Our focus has been on working collaboratively with provinces and territories.

Hon. Michelle Rempel Garner: This morning the Prime Minister suggested that businesses were better off because of lockdowns, and as a legislator, I've been trying to figure out, especially given the amount in these estimates, if the measures that have been put in place are actually working, especially given the projections on new caseloads.

I'm wondering if you could point me to any publicly available federal data that has been used—I guess this would be for Mr. Linklater—to suggest that repetitive COVID lockdown has a better impact on Canadian society than the negative societal impact of, let's say, job losses, mental health as was just discussed, or being separated from family.

I'm just trying to look at.... That's a big statement that was made this morning. Is there a publicly available repository of federal data, federally collected data, that I could use as a legislator to evaluate that statement?

Hon. Patty Hajdu: Mr. Chair, if I might start, in fact—

● (1425)

Hon. Michelle Rempel Garner: No, you might not start, Minister. I asked the question to Mr. —

Hon. Patty Hajdu: I'm asking the chair for permission to start.

Hon. Michelle Rempel Garner: But you're a witness, Minister, so it's my time. Thank you.

The Chair: Ms. Rempel Garner, I'd like the minister to respond.

Hon. Michelle Rempel Garner: I have a point of order, Chair. On a point of order, Chair, a point of order.

I understand—

The Chair: I'm responding—

Hon. Michelle Rempel Garner: On a point of order, Chair.

The Chair: I hear your point of order. I will take up your point of order in due course.

It is appropriate for us to treat the witnesses with respect and courtesy, and I believe if the minister wishes to answer questions that are put to her officials, I think she's entitled to do so—

Mr. Larry Maguire: You're not seeing that with Mr. Linklater.

The Chair: Go ahead with your point of order.

Hon. Michelle Rempel Garner: On a point of order, Chair, this is my time to question witnesses, and quite frankly, when you suggest that it is not respectful for me to ask for information on how data is being used and collected on interventions that are costing millions of jobs and thousands of lives, I frankly, as a woman, find it kind of sexist, because that's always what you say to me: “Oh, it's being disrespectful.”

These are tough questions, and I get to ask them to whomever I want. It is my job as a parliamentarian, and I'm tired of this. I understand the minister might not like the question, but I am the person who gets the floor. Am I clear?

The Chair: Ms. Rempel Garner, it is—

Mr. Tony Van Bynen: Mr. Chair, I have a point of order. My point of order, Mr. Chair—

The Chair: Hold it. Hold up.

Ms. Rempel Garner, I did not say you were disrespectful for asking the question. I just said that it's appropriate for the witnesses to have time to answer the questions that are asked.

Hon. Michelle Rempel Garner: The minister was the one who interrupted—

The Chair: Don't interrupt me, please.

Hon. Michelle Rempel Garner: The minister interrupted me—

The Chair: Do not interrupt me, please.

The minister is responsible for her officials. If she wishes to answer on their behalf, I'm perfectly ready, willing and able to accept that.

Hon. Michelle Rempel Garner: On my point of order, Chair—

The Chair: Mr. Van Bynen, you have a point of order.

Hon. Michelle Rempel Garner: I have a point of order, Chair. I am not done with my point of order, Chair. You have not ruled on my point of order—

Ms. Sonia Sidhu: On a point of order, Mr. Chair—

The Chair: Mr. Van Bynen has a point of order on Ms. Rempel Garner's point of order.

Mr. Van Bynen, go ahead.

Mr. Tony Van Bynen: Mr. Chair, my understanding is that it's the chair who recognizes who has the floor, and in this case you did direct that question to the minister. It was totally appropriate.

The Chair: Thank you, Mr. Van Bynen.

Ms. Sidhu, you have a point of order. Is it on the same point of order?

Ms. Sonia Sidhu: Mr. Chair, as a woman I ask that we be respectful to each other and ministers here, and then let's let everyone ask their questions and go on back to work. Thank you.

The Chair: Ms. Rempel Garner, go ahead.

Hon. Michelle Rempel Garner: To Mr. Van Bynen's point, I direct the questions. I understand that the minister might want to answer, but she is here in her capacity as minister, and I am directing my questions as a parliamentarian.

It is my job right now to be scrutinizing the estimates, which are about $1 billion, on behalf of my constituents. I did the preparatory work and I get to ask who I want. This is not the minister's show to control. I am asking the person who is in charge of data questions about data, and I would like the answer from him.

If the minister would like to go and do a show at Rideau Cottage tomorrow with the Prime Minister, she is welcome to do that. In the meantime, I would like to have my question answered by Mr. Linklater.

Hon. Patty Hajdu: Mr. Chair, in the interest of time, why don't we just have Mr. Linklater answer the question?

The Chair: Go ahead, Mr. Linklater.

Mr. Les Linklater: If I understand correctly, the question is with regard to the use of data for the development of broader relief programs. Relief programming is beyond the ambit of the Department of Health. Many departments, including the Department of Finance and others, would be intimately involved in developing those types of programs, based on various datasets.

Hon. Michelle Rempel Garner: Ostensibly, we're managing to prevent the spread of COVID, but we've seen the number of COVID cases rise, so what data would parliamentarians be using right now at the federal levels on interventions that are being suggested, including economic lockdowns? They have a greater impact on the health of Canadians. They are actually having a negative impact on things like mental health and job losses. Have you provided any recommendations to the government to put together a better data repository that could be used to evaluate those particular questions? They're top of mind for many Canadians.

Mr. Les Linklater: As I mentioned earlier, the common dataset that's been agreed to by public health officials has been one of the key developments in trying to bring a more holistic public health data lens to COVID.

I would suggest Dr. Tam may wish to add to this point, given her exposure to this as a clinician.

● (1430)

Dr. Theresa Tam: The measures, in terms of restrictive public health measures, are done by the provinces or local health units using their data, so they have flexibility on that. We do not suggest one way or another which kind of measures should be enacted.

Provinces have been providing us with their case data, and this new national dataset has a bit more information, including race-based data, but StatsCan—

Hon. Michelle Rempel Garner: Sorry; I have just 30 seconds left, and I wanted to clarify this. For example, I know we don't have occupational health data from certain provinces and whatnot. Has there been no effort to date to recommend to the government a more extensive federal data-gathering system from the provinces on, let's say, the efficacy of lockdown?

Dr. Theresa Tam: There's investment that people have already mentioned, but it's to develop a national health data strategy. That is the recommendation—

Hon. Michelle Rempel Garner: When will that be done?

The Chair: Thank you, Ms. Rempel Garner; your time is up.

We'll go to Mr. Kelloway for five minutes.

Mr. Mike Kelloway: Thank you, Mr. Chair, and thank you, Minister and staff, once again.

One of the groups I'm especially concerned about with regard to mental health is seniors. I want to thank Mr. Van Bynen for his work and leadership on that file. Whether it's seniors living in care facilities or in their homes, like my mom, the toll of the lockdown and isolation is exceptionally heavy for seniors.

In my community, I've heard from my constituents that seniors need more ways to socialize, not fewer, during these times. Can you tell the committee and those following along at home what our government has been doing to provide supports for the mental health of seniors across this country?

Hon. Patty Hajdu: Thank you, Mr. Chair, and thank you to the member for advocating on behalf of the mental health of seniors.

You're absolutely right. I think many Canadians worry most about the mental health of the seniors who, for their own protection, are isolated. I think we can all think of someone in our lives who is alone and needs us more than ever—ironically, as we are being told to stay apart.

That is why we launched the Wellness Together Canada portal to provide confidential support. I've spoken extensively about that. It's certainly available for seniors, but I think the additional investment in the new horizons for seniors program is also worthy of talking about. This additional $20 million is to support these community-based projects. Most of us know about these programs in our ridings. They're small programs, but they're mighty programs. Oftentimes, they are building programs that are face to face in communities, and this additional investment is allowing for many of these different kinds of organizations—oftentimes, not-for-profit organizations—to find new ways to keep seniors connected in their communities.

Some of the innovation that you can imagine is connecting seniors with young people digitally, for example, and making sure that seniors have the ability to have the tools they need in place to communicate via FaceTime, for example. These are in some cases new tools for seniors—not always—but certainly I want to thank and commend those not-for-profit organizations for thinking outside the box all across the country and doing that incredibly hard work to keep people buoyed and comforted during this time.

Mr. Mike Kelloway: Thank you, Minister. I would echo that last comment on not-for-profits across this country. There is amazing leadership on the ground at the grassroots. It's what's needed, and we know we'll get more of that as we go through this terrible pandemic.

I have one last question.

The government launched a national exposure notification app. My home province of Nova Scotia has joined the platform, as well as the rest of the Atlantic bubble. I personally downloaded the app and have been encouraging my constituents to download the app as well.

A lot of people, though, Minister, have questions around some of the language used to explain how the app works. Could you explain for Canadians the difference between exposure notification and contact tracing? I guess the last question would be, why did you choose this model, or why did the department and you choose this model?

Hon. Patty Hajdu: The COVID Alert app is a really important tool for Canadians and, in fact, for public health officials, to help alleviate the burden on public health to do that contact tracing.

The difference between a notification and contact tracing is that one happens through the app. It's very confidential, by the way. You get a notification on your phone that says you've had a close contact with someone who has tested positive. It doesn't identify their name or even where that contact might have happened, but it gives you an indication that you should reach out to public health, perhaps to get tested and to get advice about what to do next.

The contact tracing is a much more intensive process that public health officials undertake when there is a positive case. With the person, they're going through who they have been around and where they have gone. Oftentimes, it's hard for a person to remember. Sometimes there are issues of privacy, and it can be very labour intensive.

This COVID Alert app actually provides that rapid, private way for people to know if they've been in close contact with someone who is positive. It uses Bluetooth technology. It doesn't record users' locations or other personal information. Obviously, it was really important to Canadians that first and foremost, we protect their privacy. It's actually more private than the Instagram and Facebook apps that are often on people's phones. It's really important that people download the app. I'd just like to put a plug out right now to any Canadian who might be listening to us that they download the COVID Alert app.

As the Prime Minister said this morning, in fact, even if you're in a province where the COVID Alert app is not functional, it's wise to download it, because if you do come into contact with someone from another province who is using the app and they put in the code that they've tested positive, you'll still get a notification even if you're in a province that doesn't currently utilize the app.

We have almost all the provinces on board. It's a really important tool to help alleviate that burden on our hard-working public health staff on the front lines.

● (1435)

The Chair: Thank you, Mr. Kelloway.

Mr. Mike Kelloway: Thank you very much.

[*Translation*]

The Chair: Mr. Ste-Marie, you have the floor for two and a half minutes.

Mr. Gabriel Ste-Marie: Thank you, Mr. Chair. My congratulations on your French.

I will start by raising a point of order.

A few moments ago, a number of committee members raised points of order at the same time. I would remind members of the committee that this makes the task of interpretation very difficult. Because our sessions are hybrid, I would like to ask members of the committee to try not to intervene at the same time—even though sometimes they seem to want to do that—out of respect for our interpreters, who are doing a remarkable job that I would like to recognize.

That concludes my point of order, Mr. Chair.

My question goes to the Minister.

In the light of the answers that Dr. Tam and the Minister have given us, I can see that the public health system was already fragile before the pandemic, because it was underfunded. When we look at what the Parliamentary Budget Officer said about the matter, it is clear that the underfunding is in large part explained by the federal government's abdication of responsibility.

The Parliamentary Budget Officer says this:

> By indexing federal funding for health care at the rate of growth of GDP, the federal government has mostly insulated itself from the fiscal impact of an aging population. But provincial governments, with direct constitutional responsibility for the delivery of health care, are unable to do so.

However, just now, the Minister told us that there would actually be a premiers' meeting at the beginning of December, where that issue may come up. The Minister of Finance is also announcing an economic update for sometime soon.

Can the Minister tell us whether the requests made by the provinces in the Speech from the Throne, could in part find an answer here, meaning better funding for health care provided in a stable manner, not just for the duration of the pandemic?

I recognize the work that the Minister is doing during the pandemic. However, in the longer term, can we expect positive news at the beginning of December, even though we do not have the exact date?

[*English*]

Hon. Patty Hajdu: Thank you very much.

Through the chair, let me say that I admire the member's persistence, but I don't have the....

Listen, those conversations will happen. The Prime Minister has made a commitment to meet with the provinces and territories to talk about long-term health care funding. I think that demonstrates an openness to understanding that we all need robust health care systems in all provinces and territories.

I agree with his statement that oftentimes it's hard for provinces, territories and, indeed, local governments to see the value of prevention in investing in local public health, and I think Dr. Tam has said that, but the commitment of the Prime Minister is to meet with the provinces and territories in December to talk about health care transfers.

● (1440)

[*Translation*]

Mr. Gabriel Ste-Marie: Thank you very much.

Since I have some time left, I will ask another question.

In her presentation, the Minister showed an interest in establishing a universal pharmacare program.

If the government proceeds with that, will Quebec be able to use its right to opt out, with full compensation?

[*English*]

Hon. Patty Hajdu: Thank you again for the question.

Hopefully, you can tell by the nature of our work throughout the pandemic that we believe everything we do has to be done in partnership and with respect for provinces and territories. That's how we have managed the pandemic together. It's certainly how we have managed to order our affairs in terms of, for example, testing, contact tracing and data gathering. We just had a round of conversations about mandatory data gathering.

As you know, this government believes that provinces and territories have the responsibility to deliver health care systems in their jurisdiction and that we have the responsibility to support them in that work. The work I'm doing on the national pharmacare program will be in full partnership with provinces and territories.

[*Translation*]

The Chair: Thank you, Mr. Ste-Marie.

Mr. Gabriel Ste-Marie: Thank you very much.

[*English*]

The Chair: We will go now to Mr. Davies.

Mr. Davies, go ahead. You have two and a half minutes.

Mr. Don Davies: Minister, you just referred to national pharmacare. Are you committed to delivering national pharmacare through our public system?

Hon. Patty Hajdu: Thank you for the question.

In fact, it's this government that's done the most to lower drug costs in a generation .

We've been very clear. We believe that no Canadian should have to choose between putting food on the table and purchasing the pharmaceutical drugs that they need to stay healthy or to address their illness.

Let's be clear. We have been taking strong steps towards a national universal pharmacare program, and we'll continue that work. Budget 2019 committed money towards the development of a Canada drug agency. Work is ongoing right now to stand that agency up.

Mr. Don Davies: Thank you.

Mr. Stewart, I want to be clear on this. The six million doses of vaccine that we're going to have delivered by March, hopefully, are from Pfizer and Moderna, correct?

Mr. Iain Stewart: Yes.

Mr. Don Davies: The Prime Minister says that he negotiated 20 million doses of vaccine from Pfizer. Am I correct that at least 16 million of those doses are going to come after March 31?

Mr. Iain Stewart: Yes.

Mr. Don Davies: Can you tell us how many doses of vaccine Canada has procured in the second quarter of 2021?

Mr. Iain Stewart: I don't have that information off the top of my head.

We have seven procurement agreements now, and those add up. The Prime Minister and others have made those numbers available. It's a substantial number of vaccine doses. I don't have anything in front of me broken out by quarter.

Mr. Don Davies: Many people have expressed concern. It's one thing to say we've negotiated contracts for 400 million doses, but that's meaningless if we don't get those doses for eight or 12 or 18 months.

Can you tell us how many doses of vaccine Canadians can expect to receive in 2021?

Mr. Iain Stewart: My understanding is based on the agreements we've negotiated and on the assumption that they are approved by the regulator—which is a big if—and if they deliver them on time, which, as my earlier statement indicated, is a big if as well. If that's the case, there will be sufficient vaccine doses delivered to achieve a population immunity threshold over the course of the next year.

That's my understanding, but I don't have the specific numbers.

Mr. Don Davies: But the first three months will cover less than 8%. If people require two doses of vaccine, six million doses is enough to inoculate three million Canadians by March 31, which is about 8% of our population. Is that correct?

Mr. Iain Stewart: Yes, that sounds correct.

Mr. Don Davies: If I could squeeze in one more question—

The Chair: Mr. Davies, you're over your time.

Mr. Don Davies: Okay. Thank you.

The Chair: We have 16 minutes left, by my account. We don't have time for another round.

I would suggest a lightning round of two minutes per party, if the committee would agree to it.

Would that be acceptable to the committee?

Mr. Don Davies: Could that be four minutes per party?

The Chair: We don't have that much time.

Mr. Don Davies: I thought you said 16 minutes.

The Chair: We also have a vote to undertake on the estimates.

Mr. Don Davies: Okay. Thank you.

The Chair: Assuming that's correct—and I see no dissent—we will turn it over to the Conservatives for two minutes, if you please.

I don't know who wishes to speak on behalf of the Conservatives.

● (1445)

Hon. Michelle Rempel Garner: It's Mr. Barlow.

The Chair: Mr. Barlow, please go ahead.

Mr. John Barlow: Thank you very much, Mr. Chair.

I want to go back quickly to Mr. Lucas with a question I asked earlier.

When will an at-home test be in the approval process?

Dr. Stephen Lucas: Mr. Chair, I cannot speak to that question specifically, because it depends on the manufacturer submitting an application to Health Canada.

As I indicated, we actively engage manufacturers in Canada and globally in encouraging them to submit applications to Health Canada. When they do, we review the application expeditiously in the context of our service standards and the interim order.

Mr. John Barlow: Dr. Tam, with reference to some of the delays with testing, my wife got tested the other day. She was surprised when she saw so many people seeing the lineup and then leaving.

This is about contact tracing and the delays in that system. When do you think Health Canada will have an approval for an at-home test so that we don't have to deal with lineups and the stigma around COVID testing?

Dr. Theresa Tam: I can't speak for the regulator. Deputy Lucas has already addressed that point. We have provided a lot of tests to provinces and territories, so we would like to see how we can support them from increasing access.

Mr. John Barlow: To Dr. Tam or Mr. Lucas, seeing in the estimates that the government has spent more than $10 million on promoting the contact tracing app, does it not defeat the purpose if you have to wait a couple of days to get a test and then a few days after that for the results? Is the app doing the job it's intended if there are delays in testing and then delays in results?

Dr. Theresa Tam: Chair, I'll take that question.

The Chair: Please go ahead.

Dr. Theresa Tam: Absolutely, you have to have a rapid turnaround for contact tracing to be done rapidly, and that is done by the local jurisdiction.

We provide the tests; we've been supporting that. We've been supporting surge capacity and we've been supporting surge through Red Cross and others to help speed up that critical path of testing, but you're correct that the faster you get the tests turned around, the better. That's done in the provincial jurisdiction. We have now pushed a lot of rapid tests that should have more like a 15- or 30-minute turnaround, depending on the test itself.

The Chair: Thank you, Mr. Barlow. We'll go now to Ms. Sidhu.

Ms. Sidhu, you have two minutes.

Ms. Sonia Sidhu: Thank you, Chair.

Minister, Brampton is home for many essential workers. There are 11,000 truckers who call Brampton home, who have to travel the country and cross the border; and there are 8,000 food processing workers who keep the grocery stores full. As well, although it has definitely slowed down, Pearson airport is one of the most important employers in the area. These workers simply do not have the option of doing their jobs from home.

Can you please talk to us about what our government is doing to provide the additional support needed by these workers in essential services?

Hon. Patty Hajdu: As we know, focusing on essential workers has been a critical aspect of our work as the government. Whether it's to support people who lost their jobs temporarily through the first wave or who might be subject to restrictions as a result of public health measures, the CERB and the wage subsidy are the kinds of things we've been doing to support workers all along.

In terms of essential workers, I think the work we've done to control the flow of non-essential travel across the American border, while making sure that essential workers were able to continue to cross that border, has been incredibly helpful to truckers. In particular, you mentioned truckers. I know there was a high degree of worry at the beginning when we were negotiating those border closures with the Americans. We could not do anything that would stop the essential flow of workers, transportation and trade that is so essential to the functioning of our country, and of course is essential to the jobs and livelihoods of truckers.

I want to thank my colleagues who have done that difficult work with our American partners and reduced the amount of travel across the border while maintaining our ability to have free-flowing transportation for essential workers such as truckers and for the goods that they deliver.

● (1450)

Ms. Sonia Sidhu: Thank you.

The Chair: Thank you, Ms. Sidhu.

We'll go now to Monsieur Ste-Marie.

[*Translation*]

You have the floor for two minutes.

Mr. Gabriel Ste-Marie: Thank you, Mr. Chair.

My question goes to Dr. Tam or to someone in her team. It's about the mathematical modelling that she unveiled today. This is most concerning. According to the model, we could have 20,000 cases of the disease per day by the end of the year.

I would like to know whether the model is largely based on the situation in most of the countries of western Europe. That situation seems to be a little ahead of what we are experiencing here.

In terms of the parameters for social contacts, what are the key points where we can limit the contagion?

Are they in schools, in workplaces, or in social gatherings outside those settings?

Where can a difference be made?

[*English*]

Dr. Theresa Tam: Thank you. I am not a mathematical modeller. For the model methodology, there's a link on our website. It's from Simon Fraser University. The model is put through many different scenarios to give projections.

What I can provide, though, is more on the epidemiology front and what is being reported by local public health. There are a number of really key take-homes.

One is that even at the national level we can see that at least 30%, and in some cases more, of the cases are unlinked, which means they are community transmissions that haven't linked back to a particular site. That's very concerning, because that trace-back mechanism is really important.

For the rest, the long-term care facility outbreaks are currently escalating, so we have to do more on that front.

There are school outbreaks, quite a number of them, but many of them are in small numbers and based on community transmission, not necessarily in-school transmission, so they need to be handled differently as well.

There are a number of quite large outbreaks related to certain work settings. We've heard about the meat-packing area, where there are a lot of measures that have to be put in place in order to sustain that essential service; as well as some in the food and retail area.

The reporting is, in a way, biased towards long-term care and schools or workplaces where there's a defined population and you can find them. Where it's difficult is outside of that, where people are not linking back, so it's up to the local jurisdiction, which currently has to put in these restrictive measures because they have lost the ability to link.

However, a lot of it is also due to social situations and private gatherings, as I've mentioned, whether they be weddings and other celebrations, or funerals, unfortunately.

[*Translation*]

Mr. Gabriel Ste-Marie: Thank you very much.

The Chair: Thank you, Mr. Ste-Marie.

[*English*]

We go now to Mr. Davies for two minutes.

Mr. Don Davies: Thank you.

Minister, I know you've been preoccupied with the COVID pandemic, but of course we have a raging opioid overdose crisis in this country at the same time. Here in Vancouver in British Columbia, we're on track to have the worst record in history of the number of people dying from overdoses.

This week Vancouver Mayor Kennedy Stewart unveiled his plan to implement a fully health-focused approach to substance use by decriminalizing simple possession of all drugs through a federal health exemption. I note that this plan is backed by B.C. Premier John Horgan, provincial health officer Dr. Bonnie Henry, Vancouver Coastal Health chief medical health officer Dr. Patricia Daly and even the Vancouver Police Department itself.

Minister, will you grant this health exemption requested by Mayor Stewart in light of the comprehensive support for this approach here in the city of Vancouver?

Hon. Patty Hajdu: Thank you very much, Mr. Chair.

The member is quite right. The opioid crisis has been growing over the years. We were starting to see some relief over the last several years as a result of the work that our government has been doing to restore harm reduction, invest in emergency responses and provide opportunities for safer supply for prescription use of opioids to reduce reliance on toxic drug sources.

I also have been in close contact with my colleagues in B.C. at the provincial level, and indeed with Mayor Stewart. I will just say that I'm watching with interest the work that he's doing with city council. I'll look forward to reviewing the motion when and if it passes city council. I have said that I will work with provinces and territories to ensure that they have the tools they need to combat this opioid pandemic.

● (1455)

Mr. Don Davies: Thank you.

The national COVID-19 volunteer recruitment campaign was launched by your government, Minister, in early April. You called on Canadians to step up and help with the pandemic in three key areas, which are case tracking and contact tracing, surge capacity, and data collection. We had 53,000 people sign up to assist by the time the posting closed on April 24, but the volunteer database does not appear to have been used in any province or territory.

Given that Canada continues to struggle to increase our pandemic response capacity, why haven't these volunteers been put to work?

Hon. Patty Hajdu: I know that some of the volunteers have indeed been utilized, depending on the jurisdiction. In fact, we've shared some of the volunteers with the Canadian Red Cross. They have been actively working to help with the pandemic response.

I'll turn to Stephen Lucas, who knows more about the details of the volunteer program.

Dr. Stephen Lucas: I will respond by indicating that, further to Minister Hajdu's comment, the volunteer inventory, with the consent of the volunteers, was provided to the Canadian Red Cross to support their recruitment in Quebec and Ontario, for example, in terms of long-term care support. We have been in active contact through the spring, and continuing with provinces and territories across the country in terms of providing them access to use and contact volunteers to support their needs.

The Chair: Thank you, Mr. Davies.

That ends our several rounds of questions. We have a number of votes on estimates to go ahead with at this point, for which we do not require the presence of the minister or the officials.

On behalf of the committee, I'd like to thank the minister and the officials for giving us so much of their time today and for sharing their expertise. I thank you for all your work on an ongoing basis.

To the committee, we have a number of votes. I don't expect they should take a long time, so I shall call the first one right now.

Shall votes 1b and 5b under the Canadian Food Inspection Agency carry?

CANADIAN FOOD INSPECTION AGENCY

Vote 1b—Operating expenditures, grants and contributions.....$3,822,060

Vote 5b—Capital expenditures.....$891,046

(Votes 1b and 5b agreed to on division)

The Chair: Shall votes 1b and 5b under Canadian Institutes of Health Research carry?

CANADIAN INSTITUTES OF HEALTH RESEARCH

Vote 1b—Operating expenses.....$403,571

Vote 5b—Grants.....$22,399,149

(Votes 1b and 5b agreed to on division)

The Chair: Thank you.

Shall votes 1b, 5b and 10b under Department of Health carry?

DEPARTMENT OF HEALTH

Vote 1b—Operating expenditures.....$449,554,508

Vote 5b—Capital expenditures.....$450,000

Vote 10b—Grants and contributions $287,625,000

(Votes 1b, 5b and 10b agreed to on division)

The Chair: Thank you.

Shall votes 1b, 5b and 10b under Public Health Agency of Canada carry?

PUBLIC HEALTH AGENCY OF CANADA

Vote 1b—Operating expenditures.....$9,062,941,805

Vote 5b— Capital expenditures.....$76,133,544

Vote 10b—Grants and contributions.....$112,252,997

(Votes 1b, 5b and 10b agreed to on division)

The Chair: Thank you everybody. Finally, shall I report the votes on the supplementary estimates (B) to the House?

Some hon. members: Agreed.

The Chair: Is there any dissent?

Seeing none, I declare the matter carried on unanimous consent.

Thank you, everybody. We will see you all on Monday.

The meeting is adjourned.