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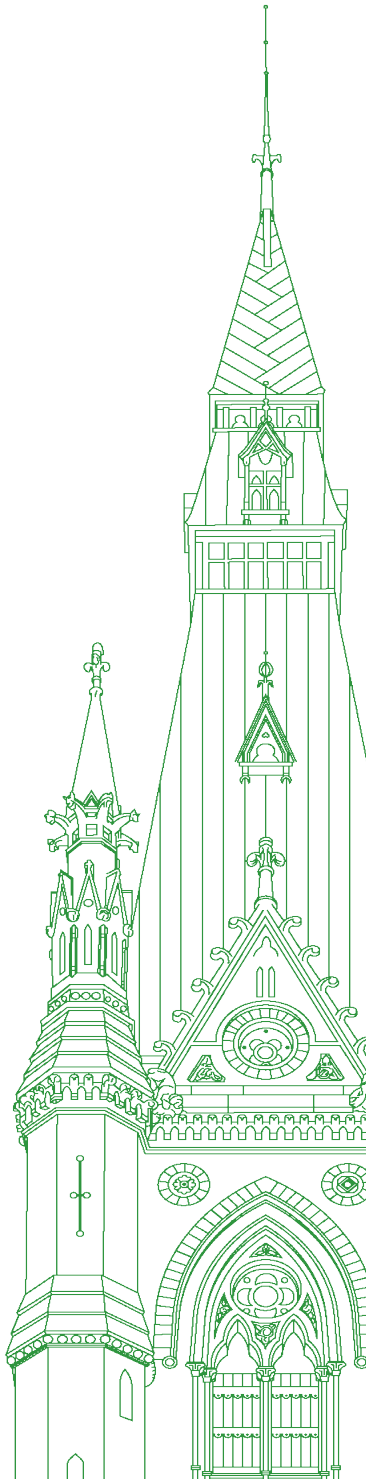

Chair: Mr. Ron McKinnon

Standing Committee on Health

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● (1305)

[*English*]

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

Welcome, everyone, to meeting number 33 of the House of Commons Standing Committee on Health.

The committee is meeting today to study main estimates 2021-22: votes 1 and 5 under Canadian Food Inspection Agency; votes 1 and 5 under Canadian Institutes of Health Research; votes 1, 5 and 10 under Department of Health; vote 1 under Patented Medicine Prices Review Board; and votes 1, 5 and 10 under Public Health Agency of Canada.

I'd like to welcome our witnesses today.

Of course, we have the the Honourable Patty Hajdu, Minister of Health. 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. From the Department of Health, we have Dr. Stephen Lucas, deputy minister. From the Public Health Agency of Canada, we will have Dr. Theresa Tam, chief public health officer; Major-General Dany Fortin, vice-president, vaccine rollout task force, logistics and operations; and of course Mr. Iain Stewart, president.

I know you're all frequent flyers with us, so indeed, welcome back to all of you.

I now invite Minister Hajdu to present her statement.

You have 10 minutes, please.

Hon. Patty Hajdu (Minister of Health): Thank you very much, Mr. Chair, for the invitation to return to committee.

As you mentioned, I'm joined today by officials from Health Canada, the Public Health Agency of Canada, CFIA and CIHR. We are here to update you on the main estimates for the health portfolio.

We know, as we continue to respond to COVID-19, that some areas in Canada have seen an increase in cases, some areas in Canada have had to apply additional public health measures and some areas in Canada have seen increased hospitalizations. We remain focused on one goal, and that's to help Canadians through COVID-19—to help provinces and territories reduce transmission in communities, to decrease the number of people getting sick, and of course to decrease the number of people ending up in hospitals and, sadly, passing away as a result of COVID-19.

We know that this is a lot of work on behalf of all levels of government, and indeed not just government but community organizations, unions, employers and everyone working together in a team Canada approach. The most important things for us to remain focused on now are to reduce community transmission, increase access to vaccination and make sure that we stay focused on increasing vaccine uptake. We need to make sure the vaccines are available to people in a variety of different ways so that they can access them when it's their turn.

I have to say that we've been so impressed by Canadians' desire to be vaccinated and their willingness to step up when it is indeed their turn. As we can see, as more vaccines have been arriving in Canada week over week, we are now a leading G20 country, the second in the G20 in terms of administering the first dose. That's good news, Mr. Chair, because we know that vaccinations save lives and reduce the spread in communities, along with the other things that we know all too well.

In terms of actual hard numbers, that means nearly 13 million doses of COVID-19 vaccines have been administered. I have good news, and it's reflected in case rates and death rates. Eighty per cent of those aged 70 to 79 and 86% of those aged 80 and over have received vaccination. I can tell you that there is a sense of relief, especially among people in those age groups who have felt so worried and so scared, and of course among the people who love them, that they are protected as provinces and territories work together to reduce transmission in communities.

Of course, as all of you in HESA know, Canada is focused on a population health approach to vaccination. What does that mean? It means using vaccination as a powerful tool to reduce cases in communities and to stop people from getting sick and dying.

We have two overarching goals: to stop the spread and to save lives. Because of this strategy, there are more Canadians protected now than a month ago. We are looking forward to a very busy month of May. This month alone, millions of doses will arrive in the country and go directly into arms through the strong partnership with provinces, territories, local public health officials and other really important partners like pharmacists and family physicians.

While vaccination programs are scaling up, we have to continue to be cautious and vigilant about following local public health guidance. That does mean the things that we know help prevent the spread of the virus. As we have learned, that means physical distancing; the wearing of masks, especially in crowded and indoor settings; being mindful of how and where people gather; really thinking of each other during this time; and continuing to pull together as Canadians to make sure that the entire community remains safe. If there's something I've learned, Mr. Chair—or been reminded of, I think is more appropriate—it's the importance of collective action to fight a virus like this. It's that we cannot do this alone, that communities can't do this alone, that people can't do this alone, but that together we can actually get a lot further.

Today we will share the health portfolio's spending plans for the months ahead.

As you know, budget 2021 proposes significant investments in a number of health priorities, from increasing research and biomanufacturing to improving long-term care and continuing our investments—significant investments, I would say—in mental health and substance use supports.

● (1310)

These investments will help us finish the fight against COVID-19 and will help Canadians to see, in a healthier and more equitable way, a healthier future in their communities.

Maintaining Canadians' health and safety continues to be my priority—indeed, all of our agencies' priority—in the months to come. The main estimates I'm presenting today reflect this, and they outline the work we are doing to achieve these goals.

Over the next year, Health Canada will work with the provinces and territories to help improve health systems for all Canadians. This work includes measures to strengthen the health care sector through investments in long-term care and supportive care settings. We will also address mental health and problematic substance use through continued investments in home and community care and in mental health and addiction services, including specific investments to help Canadians during COVID-19.

I want to give a particular thank you to the many organizations that work with people who are struggling with a variety of mental health issues and a variety of problematic substance use issues. These community organizations and providers have been there for Canadians during this dreadful time, and their work is tremendously valuable to all of us.

Our world-class regulators will continue their work to get Canadians the medicines, vaccines and medical devices they need. That work includes creating a critical drug reserve to assist with COVID-19 treatments.

For the past year, the Public Health Agency of Canada has been focused on the pandemic response. Whether it's on vaccines, on research or on specific COVID-19 supports, the agency has been working day and night—all of the folks in the agency have been working day and night—to protect Canadians. This work will continue well beyond the pandemic.

The safety of our food supply is also always a priority in a pandemic, and of course beyond. The Canadian Food Inspection Agency protects Canadians from food safety risks, supports our food supply chain and safeguards the health and safety of people working in the food manufacturing and distribution industries. I want to thank all of the workers at CFIA for their ongoing work, oftentimes in very challenging situations, as we know. In meat packing plants, where there have been significant challenges to prevent the spread of COVID, I know that inspection agents and many other professionals have been working to make those workplaces safer and to keep food safe for Canadians.

After a year of living with COVID-19, the importance of investing in health and medical research, if it wasn't evident before, is now, Mr. Chair. The Canadian Institutes of Health Research is supporting Canadian research and researchers, and our investments will make sure that they have a strong and central role in ensuring that science returns to a place of prominence in government policy-making.

I am so relieved, Mr. Chair, that our government made those investments in 2015, after a decade of attack on scientists and researchers. We made those investments in 2015, and they turned out to be critical. We're going to continue to strengthen Canadian research through the CIHR, through the researcher community that they support, to make sure that we have access to the best evidence and the best science on a range of health issues.

Mr. Chair, my priority is Canadians' health and safety. As we face this wave of the virus, as we see the finish line, we know there's more work to do. The plans I'm talking about show what we have to do, how we have to invest and how we have to continue to pull together. I know that Canadians will get through this, but we have to work together to get through it so that we can save lives, stop the spread and protect Canadians' health throughout COVID-19 and beyond.

Thank you very much, Mr. Chair. I look forward to your questions.

The Chair: Thank you, Minister.

We'll start our questions now with Ms. Rempel Garner.

Please go ahead for six minutes.

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

This question is to Major-General Fortin.

Has the weekly delivery schedule been finalized with AstraZeneca?

Major-General Dany Fortin (Vice-President, Vaccine Roll-Out Task Force, Logistics and Operations, Public Health Agency of Canada): Mr. Chair, we don't at this time have exact quantities and delivery schedules for AstraZeneca for the month of May.

Hon. Michelle Rempel Garner: Do you have a weekly delivery schedule for AstraZeneca for any subsequent months?

● (1315)

MGen Dany Fortin: Mr. Chair, no, we don't.

Hon. Michelle Rempel Garner: Thank you.

This is to Dr. Lucas.

In December the vaccine injury support program was announced. On what day will Canadians be able to apply to access this program?

Dr. Stephen Lucas (Deputy Minister, Department of Health): Mr. Chair, given that the Public Health Agency is responsible for that program, I'll turn to the president, Iain Stewart, to respond.

Mr. Iain Stewart (President, Public Health Agency of Canada): Thank you for the question.

The program was designed such that it's retroactive—

Hon. Michelle Rempel Garner: Chair, on a point of order, I think the interpretation has switched.

The Chair: Yes, I was just about to deal with that. I've stopped your clock, Ms. Rempel Garner.

Excuse me, sir; we do have a bit of a problem with the interpretation. We're hearing French on the English channel.

The Clerk of the Committee (Mr. Jean-François Pagé): It should be good now.

The Chair: We'll give it a shot.

Ms. Rempel Garner, I will resume your clock and the witness may continue.

Hon. Michelle Rempel Garner: Thank you.

Mr. Stewart was telling us about when the vaccine injury support program would be open.

Mr. Iain Stewart: The program is retroactive to December. Before we began administering vaccines, it began to be eligible. When people want to bring forward cases, they'll be covered for the entire period of the immunization program.

Right now, the service provider is still finalizing their process and getting themselves set up and ready, but they're moving along quite quickly. Everybody has coverage.

Hon. Michelle Rempel Garner: I notice that the applications for a third party administrator haven't closed on the website. Are you saying they have and that an administrator has been selected?

Mr. Iain Stewart: Yes, that's interesting. We'll double-check on why the website says it's still open. Thanks for noting that.

Hon. Michelle Rempel Garner: Thank you.

If you could provide MPs with that, it would help us with our casework as well. Thank you.

To Dr. Lucas, studies are emerging expressing concerns relating to waning immunity with extended dosing intervals, particularly in relation to the Pfizer vaccine.

Have you given the government any advice regarding Canadians' requiring three doses of vaccines due to extended dosing intervals?

Dr. Stephen Lucas: This is an area of active research. Health Canada, through the regulatory organization, is working with the manufacturers in the development of boosters. We provided guidance on the clinical development and are in touch with them in terms of potential regulatory submissions in the future.

Hon. Michelle Rempel Garner: Is it fair to say that Canadians may need three doses of the Pfizer vaccine if they experience an extended dosing interval?

Dr. Stephen Lucas: Mr. Chair, as I said, the science is being undertaken on this, including assessment in Canada. We are working with the manufacturers—

Hon. Michelle Rempel Garner: Thank you.

Dr. Lucas, have you given the government any advice regarding the need for educating the public on risks associated with waning immunity associated with an extended dosing interval, particularly with the Pfizer vaccine?

Dr. Stephen Lucas: Mr. Chair, I think I'll turn to Dr. Tam to refer to this.

Dr. Theresa Tam (Chief Public Health Officer, Public Health Agency of Canada): Thank you for the question.

The extended dose is based on science and the advice of the National Advisory Committee on Immunization. We're tracking the immunity related to individuals who received—

Hon. Michelle Rempel Garner: Thank you.

I was asking if any advice has been given to the government on the need to educate the public about the risks of waning immunity related to an extended dosing interval with the Pfizer vaccine.

Dr. Theresa Tam: Advice will be given to the general public and the decision-makers in conjunction with the National Advisory Committee on Immunization—

Hon. Michelle Rempel Garner: When?

Dr. Theresa Tam: At this point, there is no evidence, based on our data, on waning immunity. By the way, we always advise on the second dose. That is not a question.

Hon. Michelle Rempel Garner: Thank you.

Dr. Stewart, are travellers arriving at international ports of entry being asked if they've been in India, Pakistan or Brazil within the past 14 days?

Mr. Iain Stewart: That would be delivered by the Canadian Border Services Agency, but—

Hon. Michelle Rempel Garner: Have you given any advice to the CBSA to ask travellers arriving at the international ports of entry if they've been in India, Pakistan or Brazil within the last 14 days?

● (1320)

Mr. Iain Stewart: Yes, I was going to go on to say two things.

First of all, I'm not a doctor. Second, I was going to say that I believe they are asking that question, yes.

Hon. Michelle Rempel Garner: Thank you.

Mr. Stewart, have you provided any advice to the government regarding requiring rapid tests at airports for all domestic airline travel?

Mr. Iain Stewart: For domestic airline travel, we have not gone into that space.

Hon. Michelle Rempel Garner: Thank you.

Have you prepared any advice for the government regarding potentially stopping or reducing interprovincial flights?

Mr. Iain Stewart: We have looked at different scenarios for reducing movement and—

Hon. Michelle Rempel Garner: Would that include providing advice regarding potentially stopping or reducing interprovincial flights?

Mr. Iain Stewart: In the range of things that we've considered, we certainly have thought about that topic.

Hon. Michelle Rempel Garner: Thank you.

Have you flagged any concerns with the government about potential exposure to COVID-19 as travellers congregate in quarantine hotel lobbies or on transportation to the quarantine hotels?

Mr. Iain Stewart: The relative risk merit of the quarantine hotels in relation to overall quarantine patterns is something we look at and think about a lot. We believe that the operations, in fact, are being done safely. One of the things that was required in order to be selected as a hotel was that they would show how they were going to do this safely.

Hon. Michelle Rempel Garner: Have you provided any advice about reducing the number of people considered essential travellers to limit the people who are exempted from quarantine when re-entering the country?

Mr. Iain Stewart: There's a constant and ongoing discussion about the categories of travellers, essential and otherwise, and that's actually a federal-provincial discussion.

Hon. Michelle Rempel Garner: When do you expect any changes to that being made, if any?

Mr. Iain Stewart: It's constantly under discussion, so it would be hard for me to say when a decision of that nature could be taken.

Hon. Michelle Rempel Garner: Have you provided any advice about how the government could put in place measures to ensure that every person entering Canada would be required to be tested upon arrival, including at land and sea borders?

Mr. Iain Stewart: Perhaps you're aware that everybody is required right now to have three tests: one before they arrive, one on arrival—

Hon. Michelle Rempel Garner: Is that including essential workers?

Mr. Iain Stewart: I'm sorry; I misheard the question. My apologies.

We have done pilot programs, but we do not have a requirement of that nature.

The Chair: Thank you, Ms. Rempel Garner.

Hon. Michelle Rempel Garner: Thank you.

The Chair: We go now to Dr. Powlowski.

Dr. Powlowski, please go ahead for six minutes.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): As much as I, like everyone else, has been fixated on COVID for the last year or so, I actually want to ask the minister something that is related to COVID but not totally related to COVID, and that is the issue of money for substance abuse, drug addiction and the opioid crisis.

For those who don't know, Patty and I are the two members of Parliament for Thunder Bay, and I think we both share a background and a familiarity with the issue of substance abuse and the opioid crisis.

I, as a long-time doctor in the emergency room, saw a lot of cases of overdose over the years. They're a dime a dozen in the Thunder Bay Regional Health Sciences Centre, and Patty, I know, has worked with substance abuse programs and in setting those up in Thunder Bay.

We have a common interest in this. I think, moreover, that both of us found—at least I did, and I'm sure you have the same experience in going door to door—that some of the most passionate pleas were from people who asked us to do more in terms of addressing substance abuse and addictions, and to try to decrease the number of overdoses. I certainly met at least a few people who'd lost their children to overdoses, so this is a really important issue.

My understanding is that in the budget we've allocated more money to substance use and addiction programs, SUAP. Could you tell us a little more as to how much money it is, and where that money is going to be going?

Hon. Patty Hajdu: First of all, thank you for talking about the crisis of opiate overdose and of substance use overall. I know that you spent many years in emergency rooms in Thunder Bay, so I think that we would probably have worked with some of the same individuals who struggled with substance use over many years.

I am extremely proud of this government in restoring harm reduction to the Canada drug strategy, and restoring what I would say is compassion to an approach of working with people who use substances. Of course, the work that we did through the SUAP—and I'll let Deputy Minister Lucas speak about the specific amount of money—and the work that we've done with providing supports to communities is, I think, the most critical in terms of supporting people who use substances. The money goes directly to community-based organizations that are working on the ground. In some cases, they are integrated with the community and know exactly how to protect community members so that they don't die and we can save lives. Then we can alleviate suffering.

I know, Dr. Powlowski, that you saw a lot of that in the years that you were in emergency rooms. These are folks, in many cases, at that scale of problematic substance use, who are really suffering. They're traumatized individuals. They're often long-standing problematic substance users.

I'm very excited that budget 2021 continues our investment in innovative mental health projects and substance use programs that are community based. As you know, we have a commitment to transferring billions of dollars to provinces and territories and working on mental health standards. All of that is important, but I think that getting money to community groups that are looking at new ways of finding folks and supporting folks is really important.

It's also really important to draw a distinction between the previous government's approach to substance use and ours. The previous government thought that it could criminalize its way out of this problem, that it could throw people who were struggling and suffering in jail and that this would solve the problem. That government in fact intentionally removed harm reduction from the Canada drug strategy and penalized groups that were actually working in communities.

As a matter of fact, I received funding from the Health Canada folks—not me personally, but the Thunder Bay District Health Unit—to do the Thunder Bay drug strategy. It was a real challenge to get that money, because at that time the Harper Conservatives did not even want the health unit to talk about alcohol or prescription opiates.

Can you imagine that, Dr. Powlowski? What do you think are the two main problem substances in our community? It's those two things. Health Canada officials worked really hard with the public health unit to make sure that the application could be funded and that we could have a community-specific drug strategy, and it is saving lives.

Maybe, Dr. Stewart, you could speak a little bit about the SUAP funding and our commitment to ongoing mental health and substance use treatment that is community grown and community delivered.

● (1325)

Dr. Stephen Lucas: Thank you, Minister Hajdu.

In budget 2021, the government proposed to provide an additional $116 million over two years, starting this fiscal year, in the substance use and addiction program to support a range of innovative approaches at the community level to fund harm reduction, treatment and prevention. This builds on an investment in the fall 2020 economic statement of $66 million in that program.

In addition, as Minister Hajdu noted, the government has invested $4 billion over 10 years in mental health and substance use supports provided to the provinces through bilateral agreements, and in addition has invested in other tools in the budget, including Wellness Together, to support Canadians across the country with substance use challenges.

Mr. Marcus Powlowski: Do I have any time left, Mr. Chair?

The Chair: Sorry; you have seven seconds, so let's say no. Thank you, Dr. Powlowski.

[*Translation*]

Mr. Thériault, the floor is yours for six minutes.

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

Welcome to our witnesses.

Madam Minister, I'm sure you have no doubt about the topic I am going to discuss with you. I am going to ask a little question about what you said in your speech.

You said that you are keen on investing in research. However, the Canadian Institutes of Health Research have seen a reduction of 22.6%, whereas we know very well that messenger RNA vaccines are the result of decades of basic research on RNA.

How do you justify that reduction, when we should be doing completely the opposite to make sure that we retain our best minds and continue to be leaders in research?

[*English*]

Hon. Patty Hajdu: Thank you, MP Thériault.

Mr. Chair, I'll just say that they are incorrect assumptions. Budget 2021 investments include $500 million for the Canada Foundation for Innovation; $250 million to create a new tri-council biomedical research fund; $92 million for adMare to support company creation, scale-up, and training activities in the life sciences sector; $59.2 million for the Vaccine and Infectious Disease Organization to help develop its vaccine candidates—

● (1330)

[*Translation*]

Mr. Luc Thériault: Excuse me, I have to interrupt you.

[*English*]

Hon. Patty Hajdu: and on and on, Mr. Chair. I could turn to the minister—

[*Translation*]

Mr. Luc Thériault: In 2020-2021, the figure was $1,619,967,785. The funding is now $1,253,906,530. That is a reduction of 22.6%. If you want to champion basic research, you should at least make provision for the same budget and not repeat the errors of the past.

We could go on arguing for ever but I don't want to waste time. The figures have been published and come from the analysts of the House and the Library of Parliament. The figures are good.

Officials from the Federation of Medical Specialists of Quebec and the Canadian Medical Association, cardiovascular surgeons, hematologists, oncologists, gastroenterologists and radiologists have all come to tell us that dark clouds are gathering on the horizon.

You have provided money to deal with the pandemic. You often talk about an amount of $19 billion for COVID-19 patients. However, non-COVID-19 patients are going to end up in a precarious situation.

All those doctors came to tell us that, in the next 10 years, we will see the results of the offloading and the lack of diagnostic tests, and that the mortality rate will increase by 10% per year. From a medical point of view, they are talking about the two most frequent causes of death in Canada, cancer and cardiovascular disease.

From an economic point of view, costs are going to explode. If recurring investments are not made starting immediately, which is the very reason for the health transfers, we are going to be paying a lot more tomorrow and the day after tomorrow, not to mention the human drama that will ensue.

What are you waiting for to do your share? The provinces are investing $200 billion and the federal government is investing $42 billion. What we are asking from you is an additional amount of $28 billion.

You spent $340 billion last year. This year, you anticipate spending $154 billion. Are you not tempted to transfer those $28 billion as a matter of urgency, so that we can immediately start dealing with the patients who do not have COVID-19?

[*English*]

Hon. Patty Hajdu: If I have a moment, I'll first of all pick up on the last part of the conversation and indicate that not only is it direct research that's being funded, but that through the biomanufacturing sector there are also investments of $1 billion over seven years for the strategic innovation fund so that we can fund research in domestic life sciences and biomanufacturing firms, $250 million over three years to increase clinical research capacity—

[*Translation*]

Mr. Luc Thériault: Why did you reduce the budget by 22%?

[*English*]

Hon. Patty Hajdu: —and $50 million on a cash basis over five years to create a life sciences stream.

Mr. Chair, I'll say that our commitment remains strong to support research through a number of different arms of the government and in a number of different ways with different partners.

On provincial transfers, as the member opposite knows, the Prime Minister has been very clear that he is committed to having conversations about increases to transfers, but first we stay focused on getting the country through COVID-19.

We have not hesitated to be there with money—

[*Translation*]

Mr. Luc Thériault: This is not the time for conversations.

[*English*]

Hon. Patty Hajdu: —when money is needed, and we'll continue to have—

[*Translation*]

Mr. Luc Thériault: Madam Minister, this is not the time for conversations. This is what people have come to tell us. There are impacts on people's lives and on the quality of their lives.

A colonoscopy costs $1,000. Early detection of cancer is critical. In Québec alone, 155,000 patients are on waiting lists. If nothing is done, 200,000 patients will be waiting by the end of the year.

If recurring investments are not made now, lives will be lost and the costs of the system will explode. It's not logical from a medical point of view, an economic point of view, or a budgetary point of view.

[*English*]

Hon. Patty Hajdu: Mr. Chair, I know Dr. Strong is here. I wonder if I could turn to him for a moment to respond to the research investment so that he can speak about budget 2021.

[*Translation*]

Mr. Luc Thériault: Excuse me.

Mr. Chair, we have no interpretation.

● (1335)

[*English*]

The Chair: Pardon me, Minister, while we check the interpretation.

Is there interpretation now, Mr. Thériault? Do you hear interpretation at this point?

[*Translation*]

Mr. Luc Thériault: Yes, it's working now.

[*English*]

The Chair: I believe we have interpretation.

[*Translation*]

Mr. Luc Thériault: How much time do I have left after all those interruptions, Mr. Chair?

[*English*]

The Chair: Your time is actually up. You're about a half minute over, but we'll let the minister or the various witnesses respond to your questions fully.

Go ahead.

Dr. Michael Strong (President, Canadian Institutes of Health Research): Thank you, Mr. Chair. I'm pleased to respond to that question.

[*Translation*]

Mr. Luc Thériault: I asked the Minister. What is this attitude of transferring questions to officials on basic matters that require a political answer? Mr. Strong is not going to be the one deciding to increase or not increase health transfers. I asked a question about health transfers, and I want the Minister to answer it.

[*English*]

The Chair: Excuse me, Mr. Thériault, but your time is up.

[*Translation*]

Mr. Luc Thériault: The officials are there in support. If we want to turn to them, we will, and we have done so before. I want an answer from the Minister.

[*English*]

The Chair: Mr. Thériault, your time is up.

The witnesses may respond. It's up to the minister to decide who responds on her behalf.

Go ahead, Minister.

Hon. Patty Hajdu: Dr. Strong, thanks; go ahead.

Dr. Michael Strong: Thank you very much, Mr. Chair.

In fact, the numbers that the member was referring to actually include what are called statutory dollars as well, within the $2.6 million component. Those are the dollars that were invested by this government directly into the COVID-19 response, the whole-of-government research component of it. They are dollars that were rapidly brought into play and led to more than 20 different research programs to address the pandemic response.

They are, however, one-time dollars. The core budget of the CIHR has in fact grown between those two years and will continue to support the types of really valuable research that is non-COVID-directed and that you have asked about. The numbers to look at are in fact the comparators of 2019-20 with those for the current fiscal year, and not last year's, because of the extraordinary investments that were made.

Thank you very much.

[*Translation*]

The Chair: Thank you, Mr. Thériault.

[*English*]

We'll go now to Mr. Davies.

Mr. Davies, go ahead for six minutes.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you, Mr. Chair. Thank you to all the witnesses for being here.

Minister, Canada's chief public health officer is an international expert in infectious disease and global health security. She has repeatedly stated that “no one is protected until everyone is protected”, and yet your government is refusing to support a request to temporarily suspend WTO rules that are preventing nations from producing vaccines to protect their citizens.

Is your own chief medical officer wrong or is your government's position at the WTO wrong?

Hon. Patty Hajdu: Thank you for recognizing Dr. Tam's expertise and for acknowledging that she has a wide body of expertise.

She is absolutely correct that no one is protected until we all are protected. We know that COVID-19 is raging in a number of countries as we speak, including ours, and that we all need to focus on reducing domestic transmission.

Regarding the question about the WTO, that is a question for my colleague, Minister Ng.

Mr. Don Davies: Switching to a different subject, the Canadian Dental Association says that at least 32% of Canadians—one in three—don't have dental insurance. Millions of Canadians suffer from oral disease because they can't afford to visit a dentist. This disproportionately affects indigenous people, children, single-parent families, women and low-income Canadians. It leads to pain, serious illness, mental health issues, social exclusion and loss of employment opportunities.

Minister, considering that oral health is as important to overall health as the health of any other part of our body, why is your government doing nothing to address this serious gap in public health care?

Hon. Patty Hajdu: Mr. Chair, I agree with the member opposite that we need to treat the body as a whole unit. As I've said to him previously, privately and publicly, if this committee would like to study how a national dental program would look in Canada, we would be happy to hear your deeper thoughts about how it would work across the country. Obviously the intersection with provinces and territories is very important, as is all health care delivery. I therefore look forward to the advice of this committee on that matter.

● (1340)

Mr. Don Davies: Thanks.

Minister, do you believe that criminalizing drug use works to discourage it or to promote recovery?

Hon. Patty Hajdu: Mr. Chair, our government has been very clear that substance use is a health issue, not one of criminality. We know that there is a role for law enforcement to play and to be at all tables. In fact, the member opposite may not realize that when I was the author of the Thunder Bay drug strategy, law enforcement played a very important role in creating that strategy and was an important partner at the table.

We know that problematic substance use is best met with compassion and with treatment, and indeed with culturally appropriate treatment.

Mr. Don Davies: Minister, the opioid overdose crisis is Canada's other pandemic. Over 20,000 Canadians have died since your government took office. Last year was the worst year on record. Public health officers, addictions experts, people with lived experience, families and even the Canadian chiefs of police are calling for decriminalization and regulation of a safe supply to stop the poisoned criminal street supply and save lives. You and your prime minister refuse to follow this informed advice and overwhelming evidence. Why?

Hon. Patty Hajdu: I think it's a bit of a misleading question. In fact, this government has legalized one previously illegal substance. That would be cannabis. We have worked with—

Mr. Don Davies: People aren't dying from cannabis, Minister. We're talking about opioids.

Hon. Patty Hajdu: What—

Mr. Don Davies: You're criminalizing opioids. You refuse to decriminalize opioids. That's the question.

Hon. Patty Hajdu: And—

Mr. Don Davies: Why do you refuse to decriminalize opioid use?

Hon. Patty Hajdu: I'm sorry, Mr. Chair. You can tell me if you'd like me to answer the question or not. The member seems to want to speak.

Mr. Don Davies: Well, you haven't answered a single question so far, so I feel the need to interrupt, Minister.

The Chair: Mr. Davies, please let the minister answer. We need to be polite and courteous towards our witnesses.

Mr. Don Davies: I will say, Mr. Chair, it's discourteous for the minister not to answer questions that are put to her. She hasn't answered a single question I've put to her.

Anyway, carry on, Minister.

Hon. Patty Hajdu: I disagree, Mr. Chair, and I will answer this one.

As the member opposite knows, the City of Vancouver has applied for a section 56 exemption to decriminalize substance use in Vancouver. We've received the first packet of their information and their proposal. I've spoken with Mayor Stewart many times about his plans and his vision. We've also been advised by the Province of British Columbia that they too are looking at decriminalization as a partial solution.

As the member opposite may not realize, there is no silver bullet to reducing suffering associated with substance use. That's why we have made it far easier for provinces and territories to, for example, set up safe consumption sites and prescribe safer supply options to patients. Some provinces have taken us up on that, Mr. Chair, and some have resisted the efforts.

Mr. Don Davies: Minister, the question is not about harm reduction. It is about decriminalization. Your government continues to criminalize drug possession through the Controlled Drugs and Substances Act., and my final question is on that exemption. It's been four months since the City of Vancouver requested a section 56 exemption, and it's followed by the request from the B.C. government. Every day that we fail to act, people die in this country. It's 10 people a day dying. Why are you taking so long to grant this request?

Hon. Patty Hajdu: I don't know if the member opposite has spoken recently with Mayor Stewart, but in fact his office and mine have been working together very collaboratively and working through some really thorny issues about their proposal. As the mayor knows, we are standing ready to receive additional information. We'll continue to assess their plan with the City of Vancouver.

As I've said, we're always open to solutions that communities determine for themselves will be helpful in reducing the suffering and overdose deaths of opiate users and other substance users.

The Chair: Thank you, Mr. Davies.

That brings round one to a close. We'll start round two with Mr. d'Entremont.

Mr. d'Entremont, please go ahead for five minutes.

Mr. Chris d'Entremont (West Nova, CPC): Thank you very much, Mr. Chair.

Welcome to the minister and officials.

I want to go on and talk about Switch Health, the company that's responsible for managing COVID-19 testing for travellers. There were a couple of articles about people who are waiting 17, 18 or 19 days to get out of their quarantine because Switch Health is struggling to meet deadlines. For example, Dynacare has taken over processing in Quebec for language and other reasons. Users have complained about significant delays in receiving their test results. Medical test kits are being lost in process.

To date, how many samples have been lost by Switch Health, or do they even know?

● (1345)

Hon. Patty Hajdu: I will start, Mr. Chair, and then I will turn to Iain Stewart.

I will just say that we have worked extensively with Switch Health, and yes, indeed we have replaced them in the province of Quebec. We insist on quality services that we have paid for, so we won't hesitate to replace Switch Health as well if we cannot get the quality we need for day 10 testing.

I will turn to Mr. Stewart to speak about that work.

Mr. Iain Stewart: Regarding the number of tests lost by Switch Health that the member asked about, I don't have that number in front of me. I'm not sure they have lost any sample tests, but we will investigate in order to respond. I don't believe it's any, but we will double-check.

Mr. Chris d'Entremont: Okay. Well, according to that article about Tony Lavia, the guy from B.C., apparently they lost it three times. I don't know whether they are losing it or whether their courier service is losing it.

How many samples have taken more than 48 hours, let's say, to be processed by Switch Health?

Mr. Iain Stewart: Is it me you're directing your question to, sir?

Mr. Chris d'Entremont: Yes.

Mr. Iain Stewart: Okay. Thank you.

We have had performance issues on turnaround times of the nature you're identifying. There have been delays. We have been working with the company to improve their turnaround time.

Mr. Chris d'Entremont: How many samples have not been processed by Switch Health?

Mr. Iain Stewart: Within the 48-hour window you're asking about, I'm afraid I don't have that statistic off the top of my head, but I will affirm that yes, there have been delays.

Mr. Chris d'Entremont: How many have been maybe mixed up by Switch Health, resulting in some people getting the wrong results?

Mr. Iain Stewart: I'm not aware of that occurring. These are medical samples that are identified to specific patients. I'm not aware of switches occurring of that nature, but we can investigate and respond to you.

Mr. Chris d'Entremont: Okay.

Is the government tracking complaints to Switch Health? Is there a complaint mechanism for folks who don't seem to be serviced by the service?

Mr. Iain Stewart: We have complaints mechanisms for each of the stages of our testing and quarantine. Yes, we do track the complaints.

Mr. Chris d'Entremont: How many at-home tests are being administered at this point by Switch Health, and what is their volume supposed to be?

Mr. Iain Stewart: The at-home tests are predominantly day 10 tests. We have done about 96,697 at-home day 10 tests. That would be, I think, the best answer for you in that regard.

We do track the complaints, as you have been mentioning. The number I have in my head is that about 182 complaints have been filed with us.

Mr. Chris d'Entremont: Okay.

I know I'm getting close to the end of my time, so perhaps I will switch over to the minister.

When it comes to the PMPRB changes, I know that those are supposed to be coming in another month or so. We're still hearing from patient groups that are asking for some changes, or at least a phased-in approach. Have you considered changes to how PMPRB will be operating in the new regulations?

Hon. Patty Hajdu: Thank you very much for that question.

As the member knows, Canada pays an extraordinarily high cost for prescription medication. The changes that we propose are really about making sure that medication is affordable for all Canadians. We have delayed the implementation of the PMPRB to reflect the incredible strain the industry has faced in trying to switch to a variety of different therapeutics and research related to COVID-19. We are going to continue on the path of making medication more affordable for all Canadians.

Mr. Chris d'Entremont: How about the folks who are saying that they're not going to be able to get therapeutics into this country for up to nine years, in some cases? There's a different challenge there between what we're saying on prices and what groups are saying on those products being available.

Hon. Patty Hajdu: I will just say that I'm always willing to meet with patient groups to talk about their concerns about drug pricing in the country and how we can better ensure that high-cost drugs are available. Many of those patients are patient groups that are supporting family members with rare diseases.

Of course, we do have a rare disease strategy that is under development as well that may be able to take into account some of their concerns. They have had an opportunity to weigh in on the development of the rare disease strategy, as have many other experts. That strategy is very specifically focused on some of those patient groups' concerns around the cost of these extremely expensive drugs for very few people. That needs a separate strategy.

● (1350)

The Chair: Thank you, Mr. d'Entremont. We will go now to Ms. O'Connell.

Ms. O'Connell, please go ahead for five minutes.

Ms. Jennifer O'Connell (Pickering—Uxbridge, Lib.): Thank you, Mr. Chair.

Committee members, unfortunately Ms. Rempel Garner has gone down the same path as Mr. Poilievre in terms of misrepresenting committee testimony. I'm going to do a little round of correcting the record here, if I may.

On Twitter, Ms. Rempel Garner just posted comments made at this committee just now, that “three doses of vaccine might be needed for those subjected to dosing interval delays”. I didn't hear that in the witness testimony just now.

Perhaps, Dr. Tam, we could clarify the truth here and correct the record in terms of potential third dosing. I don't know where this came from, this interval delay. Could you perhaps provide us some context here?

Dr. Theresa Tam: Thank you.

As per the recommendation of the National Advisory Committee on Immunization and the consensus of the provincial chief medical officers of health as well, the best strategy for Canadians at this time is to get the first dose fast, because an effective first dose provides broad coverage for as many people as possible.

That interval is being watched very carefully. We have not seen any waning of effectiveness at this point.

However, any scientific information—for example, from Pfizer—needs to be examined. We are prepared to examine that with the National Advisory Committee on Immunization. We do not know about this third booster. It is something that must be further scientifically examined and watched carefully over time.

It's an important question. We will obviously provide the information to Canadians and health providers as fast as we can get the actual scientific analysis.

Ms. Jennifer O'Connell: Thank you.

Isn't this idea of a booster being considered in countries around the world, regardless of the dosing timeline and more in response to the vaccines themselves, the variants, and just better understanding the virus?

Dr. Theresa Tam: Yes, that is correct.

All manufacturers are paying attention to this, as well as public health systems. As we all know, the virus undergoes evolution. It is actually really important to get ahead of the curve, particularly as some of the variants that have been identified around the world have the potential for a reduction in vaccine protection. I think it is absolutely the necessary and prudent step.

As we've seen, the system is in place to authorize through the regulator expert opinion and then provide advice on whether a booster dose is needed, but we need to prepare for the potential for that to happen.

Ms. Jennifer O'Connell: Thank you, Dr. Tam, for clarifying that for the record.

Mr. Chair, through you, this is in regard to the other point of the tweet that just went out, misrepresenting, I believe, what I heard with my own ears in this committee. The tweet was that "Officials have given the government advice regarding potentially grounding or reducing interprovincial flights."

Again, Mr. Chair, that's not the testimony I heard from Mr. Stewart or the minister. Perhaps you could clarify that, as well as the fact that it has been widely reported that premiers are perfectly able to initiate interprovincial travel restrictions. as has been done in Atlantic Canada.

Could you perhaps correct the record and clarify your statements?

Mr. Iain Stewart: Thank you for the question.

What I was trying to say is that we do scenario planning in a wide range of areas. From my group, the Public Health Agency of Canada, we have not given specific advice to ground flights at this time. We have not given specific advice to do that.

As the member notes, in Atlantic Canada provinces have had the jurisdiction and wherewithal to organize measures around limiting interprovincial travel. Of course, other provinces have the similar ability.

Thank you for the question.

Hon. Patty Hajdu: I'll just add to that, Mr. Chair.

As the Prime Minister has noted, a number of provinces and territories have restricted entry or imposed provincial quarantines for travellers. That is of course every premier's choice if he wishes to do so.

I almost said "if he or she wishes to do so", but I realize there are no female premiers at the moment.

● (1355)

The Chair: Thank you, Ms. O'Connell.

We go now to Ms. Rempel Garner. Please go ahead for five minutes.

Hon. Michelle Rempel Garner: Thank you, Chair.

To Dr. Lucas, has the government or your department received the report from the COVID-19 testing and screening advisory panel?

Dr. Stephen Lucas: Mr. Chair, the testing and screening panel has prepared and released three reports, one in February pertaining to the overall approach on rapid testing. They've had one on long-term care as well, and one on testing and screening in schools.

Hon. Michelle Rempel Garner: I believe there was one additional report that hasn't been released to the public yet. Is that correct?

Dr. Stephen Lucas: Mr. Chair, the committee continues its work, and as the work is completed, reports will be released.

Hon. Michelle Rempel Garner: Thank you.

Does the department have any reports in its possession right now from that panel that have not been released to the public?

Dr. Stephen Lucas: Mr. Chair, the panel has not completed any reports for release at this point, and when they do, they will be provided to the public.

Hon. Michelle Rempel Garner: Thank you.

Dr. Tam, do you agree with the statement that one dose of Pfizer COVID-19 vaccine still leaves patients vulnerable to variants?

Dr. Theresa Tam: It's very important for all Canadians to know that two doses are needed to complete the course. One dose or two doses are not 100% effective, so it's always important to complete the recommended schedules.

One dose is a very effective dose, particularly at preventing ICU admissions and deaths.

Hon. Michelle Rempel Garner: Thank you.

Given emerging data on the reduction and immunity associated with the Pfizer vaccine, perhaps I'll direct the question to Mr. Stewart.

Is your department potentially going to give any advice on changing the dosing interval for the Pfizer vaccine in terms of the dosing delay of a maximum of four months?

Mr. Iain Stewart: It's Dr. Tam in the Public Health Agency of Canada who leads that work, honourable member.

Hon. Michelle Rempel Garner: Dr. Tam, are you considering any change to the four-month dosing delay for the Pfizer vaccine at this time?

Dr. Theresa Tam: The National Advisory Committee on Immunization indicates up to four months, and provinces have the ability to adjust.

I think, with the increasing supply of vaccines coming in, we will begin to see them adjusting the intervals as they plan their implementation.

Hon. Michelle Rempel Garner: For those Canadians who will have had a four-month dosing delay on the Pfizer vaccine, are you looking into the potential need for an additional dose of that vaccine for those persons beyond dose one and dose two?

Dr. Theresa Tam: The interval does not diminish the quality or the immunity of the vaccine. As to whether a booster is needed, that's a slightly different question.

Hon. Michelle Rempel Garner: When you're talking about boosters, you're talking about the same vaccine, just given a third time, right?

Dr. Theresa Tam: It depends on the evolving science. There are clinical trials ongoing to look at mixed schedules as well. That is not guaranteed, and we will follow the science and the clinical trials.

Hon. Michelle Rempel Garner: In this context, when you're talking about boosters, I am asking, will the same dose of the vaccine—the same formula, or whatever—potentially be needed more than twice in a patient who has had a four-month dosing interval of the Pfizer vaccine in Canada?

Dr. Theresa Tam: I think one fact that is not well understood by Canadians is that the interval stretch does not diminish the response of that second dose, and for most—

Hon. Michelle Rempel Garner: Are you certain of that?

Dr. Theresa Tam: —vaccines, by the way, that interval enhances the immune response, so—

Hon. Michelle Rempel Garner: Does that include Pfizer?

If I have a four-month dosing delay, will I have an enhanced immune response by having my second dose four months later?

● (1400)

Dr. Theresa Tam: It generally does not diminish the response of that second dose, so you don't have to repeat a dose just because of delay.

Whether you need another dose as a result over time.... I think Pfizer studied people who have had the recommended schedule in terms of over time.

Hon. Michelle Rempel Garner: Just for clarity, there is a Globe and Mail article out right now that says that immunity may wane with an extended dosing interval between doses one and two. Are you not concerned that there would be a requirement for additional doses, or reduced immunity?

Dr. Theresa Tam: We are always watching for reduced immunity in that interval. That is being watched closely, but it is does not diminish the impact of the second dose. What will change recommendations of whether it's one or two doses is whether there is a need, after two doses, to get another booster. That is actually a different question.

Hon. Michelle Rempel Garner: Is the booster is the same formula?

Dr. Theresa Tam: We don't know yet.

Hon. Michelle Rempel Garner: Thanks for the clarity.

The Chair: Thank you, Ms. Rempel Garner.

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, and thank you to our witnesses for taking the time to meet with us again.

All of you have been very busy leading us through the pandemic. I wanted to let you know that your time is valued and appreciated.

Leading us through this pandemic has required using science-based evidence from the start. Dealing with this new virus meant that as we learned more about it, our approach and our response changed and adapted accordingly. That is science and that is what using science-based evidence requires.

Canada is home to world-class scientists and public health experts, some of whom are with us today. Their research has played, and continues to play, a vital role in building and evolving our understanding of COVID-19. There's no doubt that we need to continue to support and invest in our scientific community.

Minister, could you tell us about the work that the federal government is doing to support COVID-19 research and our scientific community here in Canada?

Hon. Patty Hajdu: Thank you very much.

I'll just say that one of the world-leading experts on infectious disease that we are so fortunate to have is Dr. Theresa Tam. Thank you, Dr. Tam, for your hard work over the last many months and indeed for your expertise.

You're absolutely right, MP Van Bynen. I'll just say that this government firmly believes that science and research investment—not just in the context of a pandemic, by the way, but certainly accelerated by it—is incredibly important to the health and safety of Canadians. In particular, health research helps unlock many mysteries, reduces suffering and helps Canadians have healthier lives now and into the future.

That's why we've made historic investments of over $10 billion since 2015. We had a long ways to catch up after the previous government and the ongoing attacks on science, both from a financial perspective and from a destruction of evidence perspective, if you can believe it, Mr. Chair.

We're been working with provinces and territories. We've been leveraging the expertise of virologists, immunologists and other experts all around the country who have stepped up—many times in voluntary ways—to help the Government of Canada and the provincial governments have the best possible response to COVID-19. We led a rapid and unprecedented response to COVID-19 through the CIHR. I'll never forget that early announcement in February of 2020 in Montreal with some of my colleagues. That was within weeks of COVID-19 appearing on the world stage. Obviously, it took just several weeks to get in order.

Of course, budget 2021, if passed, would provide a further $2.2 billion to grow our domestic life sciences sector.

It is really about an ongoing and sustained investment, Mr. Chair, in research, science, the science community and in generating that next crop of researchers and scientists. The many investments we've made through my colleague Minister Qualtrough's department, ESDC, focus on ensuring that Canadians have access to post-secondary and integrated learning opportunities that will foster the next crop of researchers.

Thank you very much.

Mr. Tony Van Bynen: Thank you, Minister.

Over the last few meetings, we've heard from witnesses representing different organizations that work with the most vulnerable in our society. Among them are those for whom safely isolating at home isn't an option. We've all heard heartbreaking stories of multi-generational households where one member contracts COVID-19 in the workplace and transmits the virus to their family members. For these individuals, isolating safely at home is not an option.

Minister, I have two questions. Why is it important for Canadians to have a safe place to isolate? How is the federal government helping Canadians in these situations?

● (1405)

Hon. Patty Hajdu: That's such an important observation. What we do at the community level matters, so understanding communities and the limitations families have in safely isolating was a very important to our government early on. We knew that communities would do the hard work if they had the financial resources in place to provide spaces for folks who couldn't isolate well.

I'll use a personal example from my own community of Thunder Bay, Ontario. Dr. Powlowski will recognize this. When we had a significant surge a while ago, it was indeed among a group of people who are very marginally housed. When people think of folks who are experiencing homelessness, they often think of absolute homelessness—that there are shelters and nothing else. However, we know that people intersect with family and have roommates. There are all kinds of situations, because people are essentially trying to avoid shelters. They are really a last resort in someone's life.

Very quickly it became clear that our community's spread was being driven by folks who were very vulnerably housed and that what would help the community was isolation housing, so that if someone was living in a situation with multiple family members or roommates and couldn't physically isolate, they would have the space to do so and would be supported to stay in place. Of course, just sticking someone in a room isn't good enough. They need to have access to food and in some cases medical support and counselling, as well as the variety of other things they need in their day-to-day lives. People also need to be monitored if they've come into contact or are sick with COVID-19, because their condition can worsen.

When I say that COVID-19 is a lot of work, that is just a snapshot of the kind work that communities are putting in to help protect vulnerable people and stop the spread. Isolation housing has been an important part of that.

We allocated $100 million to municipalities and health regions so they could in fact have space to do the hard work but not worry about the money that it would cost to rent, clean and staff locations. It's another example of the federal government stepping up for local communities to help them stay focused on community transmission.

Mr. Tony Van Bynen: Thank you.

The Chair: Thank you, Mr. Van Bynen.

[*Translation*]

Mr. Thériault, you have the floor for two and a half minutes.

Mr. Luc Thériault: Dr. Strong, let us agree on the figures.

The proposed budget for the Canadian Institutes of Health Research has been reduced by 22.6% compared to last year. It is true that that reflects an increase of 4.3% compared to 2019. However, why not maintain the budget at the 2020-2021 level, a little more than $1.6 billion, knowing that we have to support research, because it is critical for the years to come?

[*English*]

Dr. Michael Strong: I can give a further clarification on that question.

There are really two issues at hand here. The budget for research, in and of itself, for the CIHR to support all—

[*Translation*]

Mr. Luc Thériault: I understood that, Dr. Strong, I am going to let you answer but I do not have a lot of time.

I am well aware that you have reduced certain expenses. I am not asking you which ones or to explain to me how things work. I am actually asking you why, given the situation that we are experiencing, you did not keep the budget at the same level by injecting that difference into basic research, which is so important for the years to come. That's my question.

[*English*]

Dr. Michael Strong: First, there have been no cuts to the budget of CIHR. The dollars that you are specifically asking about were one-time investments for an immediate response to the pandemic, such as the measures that the minister referred to within weeks of the declaration. These were one-time investments, not a cut to the budget in and of itself.

● (1410)

[*Translation*]

Mr. Luc Thériault: You are actually giving me a civil service answer, and I have no problem with that.

What I know is that the government decided to spend $1.6 billion last year, but this year it's only going to spend $1.2 billion, in round numbers. You are telling me that additional expenditures were targeted to respond to the pandemic. However, we are still in the middle of the pandemic and basic research has always been the poor cousin in terms of investments. We have lost a lot of good minds over the years, and we must not repeat the errors of the past.

I was not trying to find out how the budget is broken down, but why there is no recommendation or inclination in favour of basic research. Why not have maintained that budget at its previous level, especially since we are still in the middle of the pandemic?

I suspect you will give me a civil service answer and I have no need for it.

[*English*]

Dr. Michael Strong: Mr. Chair, might I be allowed to answer that question?

[*Translation*]

The Chair: Thank you, Mr. Thériault.

[*English*]

Yes, the witnesses may respond.

Dr. Michael Strong: Thank you very much, Mr. Chair.

The budget mains that the members are looking at do not include the substantive investments that have just been made by the government in ongoing research, including clinical trials and research networks to support biomanufacturing. These numbers will look considerably different as those investments are included, and they are multi-year.

The Chair: Thank you, Dr. Strong, and thank you, Mr. Thériault.

We go now to Mr. Davies. Mr. Davies, you have two and a half minutes, please.

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

To anybody who might know, how many passengers arriving in Canada have tested positive for COVID-19 after leaving their mandatory three-day hotel quarantine? Does anybody have that figure?

Mr. Iain Stewart: Yes, we do, actually. To answer the member's question, we do a test before you arrive, as you know. There's a first test when you go into the hotel that your quarantine—

Mr. Don Davies: Mr. Stewart, I have very limited time. I just want to know how many passengers have tested positive.

Mr. Iain Stewart: I am trying to work myself to explain that between the first test and the second test we are able to answer your question, and that is the number of people who test positive at the day eight test. The figure looks to be about 1.5%, so it's about 1,400 people out of about 96,000 so far, for the data we're tracking.

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

Of those, how many were infected with a variant of concern?

Mr. Iain Stewart: That's an excellent question, sir. Thank you.

We actually sequence all positive tests in exactly the way you're referring to. So far, we've identified 1,700 variants of concern, or variants of interest, which are ones that are still under study.

I just need to go on to add that they were identified in people who were in quarantine. They were not released into the community. Those were people who tested positive; it was sequenced, and we knew while they were in quarantine. We caught them, in effect.

Mr. Don Davies: Okay, that's good to know. Thank you.

Minister, according to a recently released report from the Canadian Institute for Health Information, COVID-19 cases among residents of long-term care and retirement homes increased by nearly two-thirds during wave two, which ended February 15, compared with the first wave. Resident deaths were also higher during wave two.

Minister, given that your government pledged to set new national standards for long-term care last September, and given that—let's face it—we have decades of research and we know crystal clear what standards should be in place, why is your government refusing to implement national standards and instead is simply kicking the can down the road by doing more consultation?

Hon. Patty Hajdu: Well, I think it's incorrect to say that we're refusing to implement long-term care standards. In fact, it's in the budget. It's in budget 2021, and I have repeatedly spoken about it. Of course, the member would know that because health care is the responsibility and the right of provinces and territories to deliver, it has to be done in partnership with provinces and territories, and that work continues.

We've been there, by the way, Mr. Chair, as you know as well, throughout wave one and wave two, and we'll be there in any future waves for provinces and territories to strengthen protections in long-term care, including, by the way, funding infection prevention experts to help reduce the introduction of COVID-19 into long-term care—

Mr. Don Davies: Minister, when might we see national standards? I understand the Constitution and provincial health care delivery, but national standards by the federal government—

The Chair: Mr. Davies—

Mr. Don Davies: When might we see those national standards by your government?

Hon. Patty Hajdu: Well, again, Mr. Chair, I'll quickly respond. I think the premise of the question indicates a fundamental lack of understanding that we could not impose those on provinces and territories. They're responsible for providing the health care. It is collaborative work that we do with provinces and territories. It's important to have them. They are, by the way, the subject matter experts. They are the ones running the institutions and running the sector, and so we have to work with them.

You're right that there are many research studies and many organizations that have expertise in setting standards, but this is collaborative work. It always is. We are a federation.

I know the member opposite struggles to understand that we don't have the responsibility or the right to deliver health care, but I would like to remind him that we have been there for provinces and territories in an unprecedented way to help them through COVID-19 and beyond.

● (1415)

The Chair: Thank you, Mr. Davies. That brings round two to a close.

We'll start a round one at this point with Mr. Maguire.

Please go ahead, Mr. Maguire, for five minutes.

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

I related this in the emergency debate on Monday evening. I'm just wondering what we can get for changes out of this.

Purolator doesn't really have a presence in a lot of rural areas in Canada, and people are having difficult times sending in their PCR tests within the allocated time frame.

A mother shared with me the ordeal her son had to go through. Because Purolator doesn't come out to the community every day, she waited on hold for hours and hours and was told that someone would be coming to pick up the package, and lo and behold, they never got there. They waited another full day and then were told to leave the package outside at a building in their local community and Purolator would pick it up. By the time the package got back to get tested, almost five days had passed.

I'm wondering about the reliability of those results. Will you commit to working with other couriers and engaging private sectors to fill the gaps in these rural areas where Purolator is having trouble picking them up, if at all?

Hon. Patty Hajdu: Mr. Chair, I've been very clear that if Switch Health doesn't deliver, we will find another provider. In fact, we've been working with Switch Health, but we will not hesitate to replace them if they don't meet the needs of Canadians.

Maybe Mr. Stewart can speak a little bit more about the work that they've been doing with Switch.

Mr. Iain Stewart: First of all, it's distressing to hear the anecdote, so thank you, honourable member, for sharing it. We do, in fact, have a number of couriers that we're working with, and we have experienced delays in getting service responses, so we note that and thank you for that feedback.

The Purolator system doesn't always go to every household in Canada, and sometimes there are drop-off sites that are used in more rural areas and so on, and that may have been part of the issue here. We note with interest your comment and thank you for the feedback.

Mr. Larry Maguire: Even at that, they were told to leave it outside.

I think your answer to this was that 1,400 people who have been infected landed in our four designated Canadian airports. I'm wondering how this can happen when they have to have a negative test before they get on the plane. I know there's a time frame in there of 72 hours, but is that a correct number that you just gave us—1,400 of the 96,000?

Mr. Iain Stewart: Yes, that was the correct number for the day 10 positives. It was 1,400.

With respect to the three tests, how many get caught by the first test, how many get caught by the second and how many get caught by the third, the day eight test, are a function of the profile of how infection moves through the body and when people are detectable, as it were.

Dr. Tam is better positioned than I am to explain the cycle of the disease in that way as infection mounts and as we can detect it. The reason we do multiple tests is that people can arrive and test negative, and then two days later enough infection has grown to be able to be detected.

Hon. Patty Hajdu: I might also add, Mr. Chair, that the number alone doesn't tell the full story, because in fact about 1.4% of total travellers are found to be positive with COVID-19, so it's important we take things in perspective.

Mr. Larry Maguire: The perspective I see is the news that I heard this morning, which is that about 28% of the U.S. population has had the second dose. We're at 2.8%. In the U.S. also, about two-thirds of their people have had the first dose, and our first dosage is at the same level as the Americans who have had second dosages. Their caseloads were down about 8% this week, so in the spirit of transparency and accountability, I just want to know if you can make a commitment here to table with the health committee every time a vaccine shipment is delayed within 72 hours of being notified about the delay, including the name of the company, how many individual doses were delayed and which provinces will be impacted.

Could we have a commitment to have that transparency?

● (1420)

Hon. Patty Hajdu: Mr. Chair, what I will say is that this transparency already exists. On the Public Health Agency of Canada's website, all members, and indeed all Canadians, can track the shipment delivery that we have that is confirmed by the manufacturers. Any delays are also reflected in a revised delivery schedule, so provinces and territories know, and Canadians know, exactly how many vaccines are coming into the country and from which manufacturers.

Mr. Larry Maguire: I was just wondering if you could table that when it's available.

Hon. Patty Hajdu: It's available in real time, Mr. Chair. Certainly we can send a link to the committee that they can use to follow along.

Mr. Larry Maguire: I just wanted to—

The Chair: Sorry. Thank you, Mr. Maguire.

Mr. Kelloway, please go ahead.

Mr. Mike Kelloway (Cape Breton—Canso, Lib.): Thank you, Mr. Chair, and thank you, colleagues. Hello to you.

Thank you to the witnesses as well today.

Minister Hajdu, in the last week the COVID situation in my home province of Nova Scotia, which is also MP d'Entremont's home province, has been for me a great cause of concern. In just two weeks, we went from 42 active cases to 589 cases. The majority of those new cases were reported just this last week.

I have to tell you, though, and Canadians, that I am so proud of my constituents and all Nova Scotians who have been getting tested to identify and reduce the spread of the virus in our communities. In Nova Scotia we are also so lucky to have provincial leadership that has taken this pandemic seriously from the beginning. We are now in day three of our two-week province-wide shutdown. I know that Nova Scotians will do whatever it takes to get this virus out of our province once again. I want to thank you and the Prime Minister for your role in supporting provinces and territories as we fight this virus together.

My question is simply this: Can you tell us more about the direct supports our federal government has provided to provinces and territories as we fight this third wave?

Hon. Patty Hajdu: I can, MP Kelloway. I do want to congratulate Nova Scotia for their very rapid action on putting out cases of COVID-19. That's exactly what helps communities when provinces take quick action the way Nova Scotia has.

I have to say hello to Minister Delorey, who was the minister of health. I worked very closely with him, and he was really proactive. Hello as well to Minister Churchill, who is now working on the file, and of course Premier Rankin. Their leadership has been really a model not just for Canada but for the world. In fact, they have realized that they cannot allow community spread to continue, that the best marker of safety is less COVID, and that when there is less to no COVID is when you can actually see these outbreaks and you can see when cases are growing, so I just want to thank them.

As you know, MP Kelloway, we have been there for the Province of Nova Scotia as well as all other provinces and territories—for example, through the safe restart agreement, providing billions of dollars for preparing for resurgence. The testing that Nova Scotia is now becoming famous for as well—extensive testing; rapid testing; testing pilot programs; making sure that anyone who is experiencing illness or that a public health unit that needs to test contact has the capacity to do that—that is federal government funding. There are federal government tests, by the way, that we have provided free of charge to provinces and territories.

There's also data capacity. Data is a huge component in managing and tracking COVID-19. The ability to put together those webs of how people interact, who is coming in contact with whom, and really tracking how the virus is spreading has been essential. Of course, we supported provinces with that.

There's also all the PPE, MP Kelloway, that is being used in hospitals and community settings and health care settings across each province and territory. That's been purchased for provinces and territories by the federal government.

Then there are the additional supports—contact tracers, isolation centres and rapid tests, as you know. We continue to be there for provinces, including Nova Scotia, for whatever they need.

For me, what has really been very fulfilling, despite how challenging it has been, has been the personal relationships I have developed with other health ministers. Regardless of party, I might say, they know that the phone line is open. They all have my cellphone number. We speak on a regular basis about how things are going, what they need and where we can best support them at the federal level.

● (1425)

Mr. Mike Kelloway: Thank you, Minister.

On Saturday, I think, it was quoted in the press that approximately 15,000 tests were completed in just one day. Comparatively speaking, I think that at this time last year, or maybe a little later, there were approximately 200, so the advancements we have made have been immense. Again, I can't thank you enough, and also the people of Nova Scotia. It's a real inspiration to see everyone come together to really stamp this out. I think this is overused, but it's apt to say that COVID-19 has changed our day-to-day lives, and yet we're finding innovative ways to adapt.

My question is around virtual care. How is the federal government supporting Canadians in expanding access to virtual care services? We're upping our game there, and I'm curious to get an answer to that question, particularly for the rural parts of my riding.

Hon. Patty Hajdu: Thank you very much.

Through the chair, you're absolutely right. There are very few silver linings to COVID-19. Maybe that's just my perspective today.

One of the silver linings is that it really accelerated provinces' commitment to creating B-codes for virtual care and to empowering physicians across the country to use virtual care and be able to be compensated for providing virtual care. This a game-changer. It's a game-changer for places like Nova Scotia and my own home community or region of Thunder Bay—Superior North. I'm looking at Dr. Powlowski, who would have struggled to be able to provide care for patients in remote communities who maybe just wanted to talk to him to follow up. This is an ability, actually, for Canadians to get access to care. It obviously doesn't replace face-to-face care. I don't think anyone would expect it to, but it certainly can help get people access to primary care much more quickly.

Last May, we announced $240.5 million to support this work to enhance digital tools, such as secure messaging and digital video conferencing, for example, because confidentiality and privacy issues are very important in the context of health care.

We have signed seven bilateral agreements for virtual care with provinces and territories, including one with Nova Scotia. We have investments of over $98 million towards that.

Also, we immediately knew that this would create mental health stress for Canadians across the country, so we launched wellnesstogether.ca. This is a provision of a mental health service support for Canadians regardless of where they live that's available online through a variety of ways.

The neat thing is that Wellness Together is essentially reaching Canadians who, prior to this, maybe had a hard time reaching out for help, didn't have coverage for help or just hadn't thought about using mental health supports as a way to help with some dark moments in their life. I'm very thrilled to say that we'll be sustaining that investment over the next year.

The Chair: Thank you, Mr. Kelloway.

We will go now to Mr. Barlow. Mr. Barlow, please go ahead. You have five minutes.

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

My first question is for Dr. Lucas.

Dr. Lucas, will the known traveller digital identity pilot project, which is included in budget 2021, be used to provide proof of COVID vaccinations for Canadians travelling abroad?

Dr. Stephen Lucas: Mr. Chair, I may direct that question to the president, Mr. Stewart. It is not a direct area for Health Canada.

Mr. John Barlow: Go ahead, Mr. Stewart.

Mr. Iain Stewart: That is a Transport Canada investment, I believe, for border measure certification.

Mr. John Barlow: Is Transport Canada not talking to Health Canada on this issue at all? Is this something none of you are aware of in terms of how that will be used or implemented?

No? Okay.

Minister, you had a number of scathing audits on your performance, and they continue to pile up. Your own department's internal report from September has shown a slow response to the pandemic. The external review panel's interim report outlines the failure in cancelling the pandemic early warning system before COVID. Certainly there is the Auditor General's report on the lack of pandemic preparedness, surveillance and border control measures. Most recently was the Auditor General's report pointing out gaps in the oversight on the natural health products.

Two weeks ago my colleague, Mr. Davies, asked if you accepted any responsibility for the failures outlined in the Auditor General's report. You avoided any accountability. Do you now accept some responsibility for the failures of the departments of which you are in charge?

● (1430)

Hon. Patty Hajdu: Mr. Chair, we've been very clear to accept all the recommendations of the Auditor General. Accepting the responsibility includes, for example, appointing independent investigators into what happened with GPHIN and making commitments to restoring the Global Public Health Intelligence Network.

This government has been clear that there is much to learn by this country. There is much to learn by every country. We will be very focused on those recommendations and indeed on ensuring that we have a world-class Public Health Agency of Canada and a world-class global pandemic response system going forward.

Mr. John Barlow: I'll take that as a no. You won't take responsibility for some pretty significant failures in the departments of which you are—

Hon. Patty Hajdu: Actually, Mr. Chair, I would prefer not to have words put in my mouth.

Mr. John Barlow: I've asked you a question. You have answered the question. I am moving on.

The recent Auditor General's report concluded that “Health Canada did not ensure that natural health products offered...Canadians were safe, effective, and accurately represented”.

Maybe Dr. Stewart or Dr. Lucas would know the answer to this question. Do we know how many Canadians were harmed or had medical incidents as a result of adverse reactions to the natural health products in the past five years?

Dr. Stephen Lucas: Mr. Chair, in response to that, I don't have that information at hand. I could follow up.

What I would observe is that Health Canada, in its regulatory areas, including the natural health products area, does have a strong system of oversight on safety, efficacy and quality with the responses. Our response to the report of the Auditor General indicates we are taking further action to strengthen that, including working with patient groups, the industry and others to ensure that support and oversight are strong to protect Canadians.

Mr. John Barlow: Thank you, Dr. Lucas.

The Food and Drugs Act and the regulations set out the reporting requirements of adverse reactions, which the department collects. Can you table with the committee the number of adverse reactions Canadians have had with natural health products over the past five years? Can you table that with the committee?

Dr. Stephen Lucas: Mr. Chair, as I indicated, Health Canada will follow up and provide the committee with our report on reported adverse reactions to natural health products.

Mr. John Barlow: Thank you.

I'll go back to the minister. We've certainly had some evidence that the hotels used for hotel quarantines are now advertising that they are booking hotel quarantine stays well into September, now till the end of September 30, but the most recent order in council mandates that the quarantine hotels will expire on May 21.

Is it your intention to maintain the quarantine hotels into September and into the fall of next year? If it is, why?

Hon. Patty Hajdu: Mr. Chair, I will just say that we will follow the advice of the researchers and public health experts who are advising us on how best to manage the border. We will be prepared to continue to isolate Canadians returning from international travel for as long as the virus is presenting a threat to Canadians.

The Chair: Thank you, Mr. Barlow.

We will now go to Dr. Powlowski.

Dr. Powlowski, please go ahead for five minutes.

Mr. Marcus Powlowski: I have a bit of a technical question. It would seem like Major-General Fortin might be the person to answer it, but this isn't really something he's been dealing with.

I know the government has agreed to deploy the army—at least, medical assistance teams—and the Red Cross to southern Ontario to help them deal with the large number of cases overwhelming the health care system there.

Question number one is this: What exactly are they going to do? My understanding is it's likely they have limited ICU capacity. I think the hospital in Kandahar had 10 to 20 ventilated beds. Certainly that's not going to make much of a difference in terms of stemming the number of people in ICUs. How are they going to be used?

Then the second thing is—and this is the important one for me—who determines what they're going to do?

Having been in contact with infectious disease doctors in Ontario in London, Oshawa, Markham and Stouffville, I know there are infectious disease people there who are eager to use the bamlanivimab that was purchased by our government is basically sitting on the shelves. They want to use it. They want to get it into people's arms. Exactly where the problem lies in doing this isn't totally clear, but one of the problems is having infusion sites. Certainly having tents with medics and/or nurses who could infuse them would certainly seem to me to be one way of addressing and trying to deal with the large number of people ending up in the hospital, when studies seem to indicate you need treat eight people as an outpatient to prevent one hospitalization. This is something we could be doing.

Now, who makes the decisions as to what those army units will doing? I kind of fear it isn't going to be as simple as the doctors asking the army for some help. It's going to be, well, the doctors have to talk to the hospital, which has to talk to the province, which has to talk to the science table, which has to talk to PHAC, and it will take months for any decision to be made. Who's going to make that decision as to what the army does?

One, what are they going to do? Two, who is going to determine what they can do? Three, how about using them to infuse monoclonals?

● (1435)

MGen Dany Fortin: Mr. Chair, I'm happy to provide some comments.

From past experience as commander of the joint task force Laser, the response for the pandemic last spring, I can say that the Canadian Armed Forces are prepared to support, at the request of provinces and territories, in a range of capacities and tasks that fit the profile of the capabilities we deploy. In this current case, given the pandemic and the way it's going, the way it's been and the way it's affected the CAF, as well as other activities, mobile medical assistance teams have been purpose-built to deal with the different requests.

As we have seen in supportive activities in northern Ontario, northern Manitoba and currently in Sunnybrook in Ontario, they're really there to bolster capacity and provide assistance at the request of the Government of Ontario. Maintaining a military chain of command, they provide assistance to support the needs of the local hospitals, local long-term care homes or what have you, as they see appropriate.

Mr. Marcus Powlowski: In terms of a chain of command—because I'm in touch with these doctors—they have to then get the Ontario government in the Ministry of Health to then put in a specific request to the army to do a specific thing.

Again, I'm focused on.... If they want to use the tents, the medics and the nurses to infuse monoclonal antibodies, they first of all would have to go to the hospital, which would have to get the Ministry of Health to then ask the army to do something. There's no short circuit for this so that they can go directly to the army.

MGen Dany Fortin: Mr. Chair, I wouldn't be able to respond in great detail about what the CAF is doing in terms of technical support, but I can tell you that we have an omnibus RFA—request for assistance—and the current tasks fit the profile.

Hon. Patty Hajdu: Perhaps, Deputy Lucas, you can add a few words about the treatment aspect.

Dr. Stephen Lucas: Yes, indeed.

As Major-General Fortin indicated, the Government of Canada responded to a request for assistance from the Government of Ontario. As part of that response, the Canadian Armed Forced deployed 55 personnel, including ICU nurses and the mobile medical assistance teams, to Sunnybrook, where they're working with the hospital team at that location to provide support in a coordinated fashion.

In addition, the government has provided a series of medical equipment to the Government of Ontario as well as to other provinces, including ventilators and infusion pumps.

In terms of the Eli Lilly monoclonal antibody therapy that you noted, that drug was reviewed and approved on a rapid basis by Health Canada and was purchased and provided to provinces. They're working with clinicians in terms of its deployment. I think that provides the context for support to provinces and to clinicians in Ontario and across the country.

The Chair: Thank you, Dr. Powlowski.

[*Translation*]

Mr. Thériault, you have the floor for two and a half minutes.

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

My question is for Minister Hajdu.

Madam Minister, the Patented Medicine Prices Review Board is being reformed. Did you know that, when Mr. Levine and Mr. Clark appeared before the committee, they told us that they had done no studies on the impact of the reform on the life sciences ecosystem?

● (1440)

[*English*]

Hon. Patty Hajdu: I can't speak to former presenters at this committee, but I can say that the work we're doing right now is very important to lower the cost of drugs across the country.

I have met with a number of—

[*Translation*]

Mr. Luc Thériault: Did you know that no study has been done on the impact of the reform on the life sciences ecosystem? Did you know? That is my question. I gather that the answer is no.

We are in favour of reducing the price of medications and we want people to pay a fair price for their medications. But it seems more complex.

According to the testimony from patients' groups, from members of the industry and from researchers in various areas, the reform has a flaw. Everyone agrees that the basis of comparison has to be changed. According to the briefs we have received, that would allow the price of medications to be reduced by 20 to 30%, just as a start. Then, the only thing left would be to find points of commonality.

Are you going to apply that progressively, starting on June 1, by focusing on the service baskets? Then, people will have to be brought together to find the best possible solutions to ensure that patients, our children, will be able to get novel medications that could save their lives.

[*English*]

Hon. Patty Hajdu: I would say that our goals are the same. It is to make sure that people can afford medication and that patients who have rare conditions that require extremely novel or very expensive therapeutics also have access. That is why we have two processes: the PMPRB review, as you know; and also the rare diseases strategy that's under development.

I am going to continue this path, Mr. Chair, to ensure that we can get to a place where people are not having to choose between paying rent and buying medication.

[*Translation*]

Mr. Luc Thériault: Madam Minister, should you not introduce that strategy before you even apply the second part of the reform? This is not helping all the people I have told you about. Did you know that?

I would like a short answer, Mr. Chair.

[*English*]

Hon. Patty Hajdu: We will continue to keep Canadians and indeed this committee abreast of the work that we're doing to lower the cost of drugs and ensure that people with rare diseases have access to life-saving medication.

[*Translation*]

The Chair: Thank you, Mr. Thériault.

[*English*]

We'll go now to Mr. Davies.

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

Mr. Don Davies: Thank you.

Minister, many countries had employer-paid sick leave in place through statute prior to COVID-19. This includes countries like Finland, which has nine days; Australia, 10 days; Iceland, 12 days; Norway, 16 days; Switzerland, three weeks; and Germany, six weeks.

Minister, can you let us know if there are any plans with your government to amend the Canada Labour Code to match this international standard, such as by legislating a mandatory 10-day paid sick leave for every Canadian worker under federal jurisdiction?

Hon. Patty Hajdu: This gives me an opportunity to talk about some of my previous work as Canada's labour minister, updating the Canada Labour Code for the first time in—I don't know—three decades or more. Indeed, we included paid personal leave, up to five days of leave with three days paid, and we'll continue that work, Mr. Chair, working with employers and unions to get to the right balance here in Canada.

I think the member is on the right track. This is not just a matter of money; it's about protecting people's jobs. Of course, in the context of COVID-19, there's an important role for provinces to play in updating their provincial labour codes to protect people's jobs as we cover the financial—

Mr. Don Davies: Minister, I'm sorry. The question was about your job. You're a federal minister. I'm asking about the Canada Labour Code, Minister.

Dr. Tam, how long is a person who has COVID-19 infectious?

Dr. Theresa Tam: It varies, but overall, in terms of the infectious period, if someone is infected, it's usually within 10 days.

Mr. Don Davies: So if we have paid sick days of three days, that doesn't cover the period that a person is infectious with COVID-19, does it?

● (1445)

Dr. Theresa Tam: It depends on when the sick days start, but certainly it may take that long to recover. That also includes people who may be asymptomatic as well.

Mr. Don Davies: Right.

Minister, the Liberal-appointed Hoskins advisory council called on your government to establish a universal public pharmacare program for all Canadians no later than January 1, 2022. Will your government meet that deadline?

Hon. Patty Hajdu: First of all, just to respond to the previous question, I'll note that we do have the Canada recovery benefit, which is up to four weeks of income replacement, so it does cover the length of time that someone could potentially be sick with COVID-19. I think it's important that we have facts out there for Canadians so that Canadians are empowered to do the right thing if they feel unwell or if they are diagnosed with COVID or taking care of someone with COVID.

In terms of the work on pharmacare, we have taken significant steps, more than any government in the past, to ensure that we have a national pharmacare program. We now have a Canada drug agency that's being set up. We have an interim president and we have the interim president working on an essential medicines list. We'll continue to move forward with pharmacare with provinces and territories in collaboration.

The Chair: Thank you, Mr. Davies.

That brings round three to a close. We'll start round four. We're running out of time, so I'm going to abbreviate round four. We'll use three-minute slots for Liberals and Conservatives and minute-and-a-half slots for the Bloc and the NDP.

Next up—

Hon. Michelle Rempel Garner: I think we have enough time, though, for everyone to have their five-minute round.

The Chair: Well, that would take us well past noon, and we still do have to have a vote on the estimates, so—

Hon. Michelle Rempel Garner: Why not go four minutes and two? I think we have enough time for that.

The Chair: Sure. Let's go with four minutes, four minutes and two minutes. Okay?

Go ahead, Mr. Barlow.

Hon. Michelle Rempel Garner: I think it's me, Chair.

The Chair: If it's you, go ahead. My information says Mr. Barlow, but go ahead.

Hon. Michelle Rempel Garner: Thank you.

Mr. Stewart, just to confirm my colleague Mr. Barlow's question, is the known traveller digital identity project in budget 2021 not being considered for use as a system for providing proof of COVID vaccination for Canadians travelling abroad?

Mr. Iain Stewart: It's Transport Canada funding and a Transport Canada project, and therefore perhaps it would be appropriate to have officials of Transport Canada to speak to its purposes. I myself don't know that.

Hon. Michelle Rempel Garner: Thank you.

Dr. Lucas, the Prime Minister recently said that certificates of COVID vaccinations will be a reality for international travel. How we coordinate that and roll it out in alignment with partners and allies around the world is something that we are looking right now.

Dr. Lucas, is your department lead on these coordination efforts for Canada?

Dr. Stephen Lucas: Mr. Chair, there are a number of federal departments and agencies involved in considering such work.

Because of the link with the World Health Organization and their work, I think it would be best if I turn to Iain Stewart in terms of responding on the role within the health portfolio.

Hon. Michelle Rempel Garner: That's okay. Could someone just briefly say who's lead on that within the representatives here?

Dr. Stephen Lucas: Mr. Chair, as I'd indicated—

Hon. Michelle Rempel Garner: Okay. Maybe I'll ask this: Is there a task force that has been set within the government to put this together?

Mr. Iain Stewart: It's easier to say that there are a number of departments involved, and the Public Health Agency is certainly involved, because of course—

Hon. Michelle Rempel Garner: Are they a lead? Is there a lead person or minister on it?

Mr. Iain Stewart: I don't know whether it could be characterized that way. There are two components to the program. Certainly the Public Health Agency is leading the initial work being done around vaccination and borders.

Hon. Michelle Rempel Garner: Okay.

Also, is there a system being built right now to provide Canadians travelling abroad with proof of COVID vaccination for participation in a project like this?

Mr. Iain Stewart: Yes, there are plans under way and there are projects in development to do what you're referring to.

Hon. Michelle Rempel Garner: Have there been funds allocated for this?

Mr. Iain Stewart: Do you mean within my responsibility, have I allocated funds to the support of a project or work of that nature?

Hon. Michelle Rempel Garner: Are there funds allocated anywhere for a national system for proof of COVID vaccination for international travel?

Mr. Iain Stewart: For the work that my agency is doing, we've appropriated funding internally to support that work.

Hon. Michelle Rempel Garner: How much have you appropriated?

Mr. Iain Stewart: We have, for instance, a representative at the World Health Organization working on standards: Luc Gagnon.

Hon. Michelle Rempel Garner: What about a data management system? Have there been funds appropriated for the build-out of something like that?

Mr. Iain Stewart: There is a project called VaccineConnect, which is in the field with the provinces. It does provide a platform that would provide some of the infrastructure you're referring to.

Hon. Michelle Rempel Garner: Would you be looking to use VaccineConnect as a national system for proof of COVID vaccination for Canadians travelling abroad?

● (1450)

Mr. Iain Stewart: That is a technical question about what kind of certification is going to be required. I'm not really a technical expert in that area, but VaccineConnect is certainly an IT platform that could enable some of the data sharing that we're referring to here.

Hon. Michelle Rempel Garner: Is it being actively considered as a candidate for that purpose?

Mr. Iain Stewart: Yes, we are actively looking at how to support the development of a way to confirm vaccination at borders.

Hon. Michelle Rempel Garner: When will the public be aware of what the system requirements are, or when would that be available for use by the public?

Mr. Iain Stewart: This is a discussion among technical experts that isn't resolved yet, so I don't think that information could be made public the way you're referring to. It's a discussion—

Hon. Michelle Rempel Garner: What's the timeline? What kind of timeline are you working on right now, or has the government given you any timeline to work on?

Mr. Iain Stewart: As you know, our plan is to see all Canadians vaccinated by September, and we're working in that regard. Obviously, that sets a timeline for the utility of this particular topic we're referring to.

Hon. Michelle Rempel Garner: You said, “by September”. Is that fully vaccinated?

Mr. Iain Stewart: How are you defining “fully vaccinated”?

Hon. Michelle Rempel Garner: That's two shots for every Canadian who needs it, or one shot of J & J.

Mr. Iain Stewart: The addressable public who want to have a vaccine will be offered a vaccine sufficient—

Hon. Michelle Rempel Garner: Will they be fully vaccinated?

Mr. Iain Stewart: We're hoping by the end of September that all eligible Canadians who want to be vaccinated have had the offer of two doses. Yes, that is our intent.

The Chair: Thank you, Ms. Rempel Garner.

We'll go now to Ms. Sidhu for four minutes.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Mr. Chair; and thank you, minister, to you and your team for appearing today.

My question is to Dr. Tam.

Dr. Tam, there's a false belief out there that young adults and children do not need to worry about COVID. Tragically, a 13-year-old girl from Brampton passed away from the virus last week, and many of the individuals filling our hospitals are under the age of 40.

What message would you like to send to Canadians about the threat posed by COVID-19 to young people?

Dr. Theresa Tam: Thank you for the question.

Chair, I want to reiterate that although COVID-19 can affect individuals of any age, serious outcomes are much more common in older age groups.

However, when there are a lot of cases and the third wave is accelerating through the population, we are seeing younger populations being affected. In fact, one of the higher increases we're seeing is actually the 40- to 49-year age group, and then the 60- to 69-year age group, as well as some even younger individuals. That's what's actually impacting the ICU capacity at the moment in a number of the provinces.

The bottom line is that everyone needs to protect themselves by using individual protective measures and also getting the vaccine as soon as they're eligible for it.

Ms. Sonia Sidhu: Thank you.

The next question is for Mr. Stewart.

Just to clarify, earlier you spoke about the number of people who tested positive at the border. I wanted to confirm that the number was at arrival and not after three days.

Mr. Iain Stewart: Thank you for the follow-up question. The number I provided was specifically in response to a question about the day eight test. It was not a question of the total testing and the total numbers of people tested.

Just to clarify in that regard, we tested about 369,000 people, if you include the day one test and the day 10 test, in Canada, and then, of course, everybody was tested external to Canada before they even arrived at the gate.

Thank you for your question.

Ms. Sonia Sidhu: Thank you for the clarification.

Minister, as you know, Brampton is a hot-spot zone for COVID-19. The region is home to so many essential workers who live in multi-generational homes. With a positivity rate of 22%, Peel needs support. Unfortunately, the province did not direct sufficient resources to Peel early enough.

Minister, what support has the federal government already provided directly to Peel?

Hon. Patty Hajdu: Listen, I'll repeat that managing COVID in communities is a lot of work at every level of government and community. It's been a pleasure to work with Dr. Loh. I have to say that meeting with Dr. Loh and his team early on in the pandemic and regularly connecting with him to understand how we can best support Peel and the Brampton region has been really critically important and has informed us.

As you know, we've provided many supports to Peel, including on-the-ground support in long-term care facilities in the tragic first wave, the public health outbreak response from the Public Health Agency of Canada, a voluntary isolation site for the Peel region, 300 federal contact tracers performing 2,500 to 3,000 calls a day in Ontario, additional voluntary isolation sites across the province, 11 million rapid tests, support to deploy those rapid tests in workplaces, and of course the $5 billion to Ontario through the safe restart.

I'll continue to work with Dr. Loh, MP Sidhu; you have my word. I want to congratulate him on taking strong measures to protect workers in workplaces. I do believe that will really help the Peel region and protect those vulnerable workers.

● (1455)

The Chair: Thank you, Ms. Sidhu.

We'll now go to...I'm not sure who. Is it Mr. Barlow?

Hon. Michelle Rempel Garner: I'm not sure if John wants to go, but I'll go—very quickly, if we're out of time.

The Chair: Okay, Ms. Rempel Garner. We are really hamstrung for time, so please try to shorten it up.

Hon. Michelle Rempel Garner: I will.

Mr. Stewart, Major-General Fortin said that we don't have a line of sight on the AstraZeneca vaccine deliveries for the coming months. In France there has been a recommendation made for persons who have received the first shot of the AstraZeneca vaccine, but now aren't eligible for it given other risk concerns, to be given a dose of an mRNA vaccine or another vaccine.

Is Health Canada actively looking at providing similar advice to such persons?

Mr. Iain Stewart: Deputy Lucas would be better placed to speak about Health Canada advice.

Dany was accurate in saying that we do not currently know of plans for AstraZeneca deliveries on a specific date, which was your question, but we do in fact have AstraZeneca forthcoming and we have several sources of supply in that regard. I myself had a first dose of AstraZeneca, and I have every comfort that I'll get my second dose in due course.

There are studies internationally looking at mixing doses. It seems like that's an area of science that might be promising. Dr. Tam is a far better person than I am to speak to this mix-and-match that is being investigated in Europe.

Hon. Michelle Rempel Garner: I would just ask if anybody is providing advice or if there is likely to be a recommendation forthcoming in this regard.

Mr. Iain Stewart: Perhaps I can ask Theresa to speak to your question.

Dr. Theresa Tam: Yes, the clinical trials are ongoing. The regulator, Health Canada, as well as the National Advisory Committee on Immunization will be looking at that very question.

Hon. Michelle Rempel Garner: When is that recommendation, that advice, likely to come out?

Dr. Theresa Tam: In the case of some of the international clinical trials, some of them will be available in the next weeks. What we're looking at is that the AstraZeneca vaccine actually performs better at 12 weeks, at least, in terms of interval, so we expect to have some of these answers prior to individuals needing their second dose.

Hon. Michelle Rempel Garner: Through Health Canada advice, are there currently any persons who may have received one dose of AstraZeneca so far who would not be eligible, or has Health Canada said anybody can have a dose of AstraZeneca at this point, and rescinded the previous advice for certain age groups?

Dr. Stephen Lucas: Mr. Chair, from a Health Canada regulatory perspective, the vaccine has been approved for people 18 and up. That's what creates the legal framework for its use. The only contraindication is people who had a vaccine-induced thrombotic event with thrombocytopenia associated with their first dose. They are not recommended to use it for their second dose. Beyond that, as Dr. Tam has noted, the guidance on optimal use of the vaccine is provided by the National Advisory Committee on Immunization.

Hon. Michelle Rempel Garner: Thank you, Chair.

The Chair: Thank you, Ms. Rempel Garner.

We will go now to Mr. Van Bynen.

Mr. Van Bynen, please go ahead. You have four minutes, but if you're able to shorten it up, it would be very helpful.

Mr. Tony Van Bynen: Okay.

As vaccines become more widely available across the country, I'm so proud to see so many Canadians step up and get vaccinated. Even though we should all have full confidence that the vaccines approved for use in Canada are safe and effective, we also know that some Canadians still have some vaccination hesitation. It's disappointing to see so many gotcha-type questions today, and we need to focus on better understanding the critical situation and work together to add value to the dialogue. It's not helpful to hear or to see repeated in social media spurious conjecture about vaccinations that is not based in fact.

What is this government doing to combat vaccine hesitancy, and what would you say to any Canadians who are listening and who aren't certain about getting the vaccine when it's their turn?

● (1500)

The Chair: Excuse me, Mr. Van Bynen; if you could turn your camera on, it's helpful for the interpreters to be able to see you speak.

Mr. Tony Van Bynen: I'm sorry. Do I need to repeat this, then? I think you've heard the question.

Hon. Patty Hajdu: I probably can answer, Mr. Chair, unless it's needed for translation.

Mr. Tony Van Bynen: Sorry.

The Chair: I think we're good.

Hon. Patty Hajdu: Okay, thank you.

The Chair: Mr. Van Bynen, please repeat the question so that the interpreters can keep up.

Mr. Tony Van Bynen: Okay. As vaccines—

Mr. Don Davies: Mr. Chair, the interpreter said that they didn't need to have the question repeated.

The Chair: I apologize. In that case, we'll go straight to the answer. Please go ahead, Minister.

Hon. Patty Hajdu: Thank you.

I wanted to start and then turn to President Stewart to talk about some of the exciting work we're doing in this area.

I will start by agreeing with the member that it's really important, especially as elected officials, that we're not in any way presenting, either knowingly or unknowingly, misinformation to Canadians, because they're counting on us. They're counting on us to be presenting them with accurate information and the right connections to the right resources. Government websites are always a safe place to find out information about the current research and science. Certainly, health care providers are another good choice; pharmacists are always available to talk through the pros and cons of vaccination and answer any questions.

By the way, it's perfectly normal for Canadians to have questions. These are new vaccines, and some people are anxious. Other people are very excited to get vaccinated, as we've seen around the country with lineups and folks very excited to take the vaccine when it's their turn.

Nonetheless, I do think, to your point, MP Van Bynen, that we have an obligation as visible leaders in our community to ensure we're not pushing misinformation in any way. I know that all of us want our communities to get back to normal, and that relies on people accepting vaccination when it's their turn and having the confidence to do that. It's very critically important to our economy and to the safety of Canadians that people get vaccinated. Saving lives and stopping the spread—that's the goal of this vaccination campaign.

I will just say it's exciting, because we have a special plan that we'll be announcing very soon to work with cultural communities and with under-represented communities to ensure that they get information in culturally appropriate ways, in language-appropriate ways, in communities, through educators that are sometimes health educators and other times community educators. That's very exciting. It's $53 million.

This is where I need Iain Stewart's wisdom. I understand we've increased the amount of funding available for that stream of funding because of the exciting uptake. What's great news is that there are so many Canadian organizations and stakeholders wanting to do this work with us.

Maybe, President Stewart, you can talk about the envelope of funding available that will be announced very soon.

Mr. Iain Stewart: Thank you for that, Minister.

There are two things that add up to the initiatives that Minister Hajdu is referring to. One is around building collaborative partnerships with the science centres and other social and scientific infrastructure to get them engaged in telling Canadians about immunization opportunities. Then, as Minister Hajdu was also saying, there's the vaccine community innovation challenge program, which we're very excited about. It's an open process. It invites community leaders from all different kinds of communities. We've had a response from every province and territory in Canada, including indigenous communities and linguistic and cultural groups. They have come forward to talk about how they're going to immunize or encourage immunization and overcome vaccine hesitancy in their community.

As Minister Hajdu said, we've increased support to that challenge program because the response has been so strong. People are interested in making sure that the people they know and the leaders in the communities marshal their community to go out and get immunized.

Thanks for the opportunity to mention that.

● (1505)

The Chair: Thank you, Mr. Van Bynen.

[*Translation*]

Mr. Thériault, you have the floor for two and a half minutes.

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

Madam Minister, before the first wave, healthcare networks were already fragile and under a lot of pressure because of chronic underfunding. With the passage of time, the pandemic will have harmful, long-term, collateral effects on patients who do not have COVID-19. According to representatives of various associations, 94,000 patients in Quebec are being seen beyond the required timeframe. In oncology, we know that a delay of three or four weeks increases the mortality rate by 8% to 10%.

You have reached agreements and you have showed us the breakdown of the $19 billion you have allocated for patients with COVID-19. However, why did you not make the political choice to immediately inject money into the networks so that they can not only look after patients with conditions other than COVID-19, but also fill the breach and stop the bleeding caused by the exodus of employees, our human resources, because they are sick or they decide to change careers?

Soon, we will be losing trained people who have gained expertise in their areas. People are going to die. All because you made the wrong political choice. All the experts are saying that this is not justified either medically or economically.

Why did you make that choice?

[*English*]

Hon. Patty Hajdu: Mr. Chair, I think it's misinformation.

We have injected millions of dollars into Quebec, and indeed into all provinces and territories. We'll continue to be there for the provinces and territories including Quebec and—

[*Translation*]

Mr. Luc Thériault: I did not say that you have not injected money, Madam Minister. I said that the money you have injected through agreements with the provinces is strictly for the fight against COVID-19. You have added nothing in terms of health transfers. The misinformation at the moment is coming from you, not from me.

The Chair: Thank you, Mr. Thériault.

[*English*]

The witnesses may answer.

Hon. Patty Hajdu: I'll just repeat myself.

We've been there for provinces and territories with billions of dollars for specialized streams of health care and, indeed, generally for COVID-19. As the Prime Minister has said, we'll continue to be there for Quebec and Quebeckers. Right now, we stay solely focused on getting Canadians through COVID-19. That's what we'll do with all Canadians, including Quebeckers.

The Chair: Thank you, Mr. Thériault.

[*Translation*]

Mr. Luc Thériault: The choice is yours, Madam Minister.

[*English*]

The Chair: We'll go now to Mr. Davies.

Mr. Davies, go ahead. You have two minutes.

Mr. Don Davies: Thank you.

Mr. Stewart, have any of the 297 people who have paid a $3,000 fine for failing to stay in a quarantine hotel tested positive for COVID-19?

Mr. Iain Stewart: I'm not aware of the medical history of all of those people, sir.

Mr. Don Davies: Is it possible for you to get that information and supply it to the committee?

Mr. Iain Stewart: We can investigate, but to be honest, that's patient history and probably not for us to be providing. We'll explore what we can do in this space, sir.

Mr. Don Davies: Thank you.

Minister, when Doug Ford announced Ontario's stay-at-home order on April 7, he said the province's crisis had become worse than predicted. However, modelling presented two months earlier clearly signalled the trouble to come. Experts have noted that the Ford government's failure to act quickly and decisively on dire warnings has exacerbated the crisis and ultimately cost lives. We know that recently the Canadian Armed Forces have been sent into Ontario for the second time.

Minister, do you believe that the third wave of COVID-19 has exceeded the Ford government's capacity to respond effectively?

Hon. Patty Hajdu: Mr. Chair, all I will say is that we have committed to Ontarians, as we have to Quebeckers, to British Columbians and to every Canadian, that we'll be there no matter what COVID-19 throws at us.

I think it's also an important reminder to all of us that we need to let science and evidence lead. We have incredible scientists, public health experts and researchers volunteering time on a variety of different expert panels and on a variety of different tables, including Ontario's science table. It's very important that all of us commit together to respect the expertise of the leaders who are guiding us through this.

The Chair: Thank you, Mr. Davies.

Committee, that brings our questioning to a close. I would like to thank the witnesses, and the minister, of course. I'd like to thank you all and all of your staff for your 24-7 dedication and commitment to protecting the safety and well-being of Canadians. We do have some voting to carry out, so if you wish you may certainly withdraw.

To the committee, we have something like 11 votes to do. I'm wondering if we are able to do them in one fell swoop. It will require unanimous consent to conduct the votes in this way.

Do we have unanimous consent to do it in one fell swoop?

Some hon. members: Agreed.

CANADIAN FOOD INSPECTION AGENCY

Vote 1—Operating expenditures, grants and contributions.....$608,899,997

Vote 5—Capital expenditures.....$29,762,978

(Votes 1 and 5 agreed to on division)

CANADIAN INSTITUTES OF HEALTH RESEARCH

Vote 1—Operating expenditures.....$62,871,989

Vote 5—Grants.....$1,183,828,164

(Votes 1 and 5 agreed to on division)

DEPARTMENT OF HEALTH

Vote 1—Operating expenditures.....$1,141,052,704

Vote 5—Capital expenditures.....$17,505,187

Vote 10—Grants and contributions.....$2,538,934,868

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

PATENTED MEDICINE PRICES REVIEW BOARD

Vote 1—Program expenditures.....$17,580,493

(Vote 1 agreed to on division)

PUBLIC HEALTH AGENCY OF CANADA

Vote 1—Operating expenditures.....$8,219,228,533

Vote 5—Capital expenditures.....$26,200,000

Vote 10—Grants and contributions.....$426,771,816

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

The Chair: Thank you all. The estimates are passed on division.

Shall I report the main estimates 2021-22 to the House?

Some hon. members: Agreed.

An hon. member: On division.

The Chair: Thank you, committee, all of you, for your great questions today. Again, thank you to the minister and all of the witnesses for all that you do all the time. Thanks a lot.

With that, we are adjourned.